

What gun violence looks like to a trauma surgeon

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Toronto doctor Dave Paskar says this major federal-election issue must be looked at ‘through the lens of public health’



Dave Paskar has treated more victims of gun violence than he can remember. For the past 4½ years, he has been a trauma surgeon at St. Michael’s Hospital in downtown Toronto, one of the city’s two major adult emergency centres. The hospital received 55 gunshot-related traumas in 2018; in the first eight months of 2019, it received 43. Guns have become a hot-button topic during the campaign for the Oct. 21 federal election, and doctors are speaking about the damage they cause, calling it a public-health crisis.

Dr. Paskar spoke to The Globe and Mail about his experience.

What do you do when a shooting victim is coming in?

The first priority is to get as much information as possible. If they’re arriving without vital signs, we need to make some very quick decisions about whether we’re going to stop treatment, or if we’re going to do something extreme, like open the chest and try to resuscitate them surgically in the emergency department. The last thing we want to do is open the chest of someone who’s unsalvageable. It’s violent, expensive to the system and potentially psychologically traumatic to people in the room.

Are there cases that have stuck with you?

All surgeons have this bank of patients in the depths of our psyche, where the outcomes weren't as good as what you'd hoped. Option A made sense at the time, and no one doubts what you did, but it was the wrong choice and the patient didn't do well. They haunt us for the rest of our careers.

Am I going to remember the many, many families of 85-year-olds, and telling them, "It's not going so well"?

It's not the same.

What is it like to speak with the victims' families?

The really tough ones are obviously if they're dead, or if you think the outcome is going to be very, very bad. People want to have hope, whether it's religious hope, or a belief that modern medicine has come so far that we can fix anything. When I tell them we can't, it's really tough. When they're dead, and there's nothing you can do to change that, effectively your job is to take away this family's hope.

How do they react?

I have experienced all types of responses. From extreme sadness, crying, wailing, screaming to the point where I need to get out of there because they're so angry that they may even assault me because of what I represent.

I've heard family members scream and yell so loud ... you didn't think a human could scream that loud. It's horrible. Absolutely horrible.

I've had parents be so mellow and matter-of-fact. "Yes, doctor." "I understand, doctor." "Thank you, doctor."

I've had parents joke around after I told them. I want to stress: This is the most abnormal thing in the human experience, the death of your child. There's no normal way to respond to that.

I've had parents just be deeply grateful for us trying.

I had a mother who didn't stop hugging me for 20 minutes.

Getting shot is a very particular type of trauma, right? It's not like a car crash.

In the past, we've been under-attuned to the mental, spiritual side of postinjury life. It's not just broken bones, it's broken souls afterwards. We're only starting to focus a bit more on that in terms of providing aftercare. When I'm seeing patients in clinic followups, they come into the room, they're wearing their street clothes, they've

gained some weight back. Your initial instinct is: “Awesome. Life saved.” You get talking to them and you realize they’re not doing so good. They have [post-traumatic stress disorder]. They don’t feel safe. Outside their immediate family, they don’t know who they can trust.

You saved that person’s life, but there’s still a lot more to help them with.

What about the psychological effect on you?

When we have a really bad trauma come in, we don’t stop much during that time to be harmed. But if the person dies, and we’re all down, we’re trying to be a little more attuned to that: “We did this and it wasn’t the right move,” or “This is what I was thinking about and obviously it didn’t work because the person’s dead,” or “We did everything right and it was just an unsalvageable case.” Young patients, in particular, are often very mentally, spiritually challenging for us.

Do these cases still affect you like they did in the beginning?

To some degree, I’m being affected more. A large part of it has to do with becoming a father. It makes you more sensitive. But I don’t want anyone to think that’s a bad thing. Being affected more, I think it’s a good thing. For those of us who live and work in emergency environments, there’s a fine line you have to walk in terms of being impacted just enough and being immune, not just to human suffering, but also the visual, graphic nature of some of these things. You can’t be so paralyzed by death, dying, injury, destruction, that you can’t function, because then you can’t do that job.

You have to be comfortable with it to some degree.

But if you become so comfortable with it that you can, in the next breath, walk away from it and act like nothing happened, one of two things is happening: Either you’re not human enough for that job, because there’s so much humanity you need to do these jobs well, or you aren’t taking care of yourself, because you’re just pushing it away.

It has to still be real to you.

One problem in the gun debate is that shootings are easy to consider as statistics. When someone dies, particularly a young person, there’s an incredible void in that family’s life, that neighbourhood. That person had a constructive life ahead of them where they could have contributed to society.

When [the pro-gun community] interacts with us, or you hear something about the self-righteous doctors who want to take away guns, what we hear is a little of, “Shut up, and fix the holes.”

Shootings are a biological manifestation of a societal problem. It can't just be “Shut up and fix the holes.”

There are more victims than just the person who was shot. When I deliver bad news, it's almost like I'm finishing the bullet's job. When I go into the room and say, “Your son is dead,” you see that wave of grief and anguish spread across the family ... they're not dead until the family knows they're dead.

It's not just one human body shutting down. It's a complex web.

Do you have thoughts on what should be done about gun violence?

This all has to be seen through the lens of public health. It's all about how we, living as a group, can increase our group's healthiness and happiness so that we can live longer, healthier, happier lives.

I would argue that removing many of these guns from the equation will do that.