

The Pinnacle of Medicine

You-Chen Chao, Superintendent of Taipei Tzu Chi Hospital



On the winter of 1979, I was interning at Taipei Veteran General Hospital and it was my first night shift at the medical ward. I was awakened in the middle of the night by my pager, as there was an emergency at the gastroenterology ward. I jumped out of the bed, got dressed, grabbed my stethoscope and ran out of the duty room. I was shocked by what I saw as I entered the room - a middle-aged man painfully vomiting blood while his wife, holding on a trash can, catching all his vomit of blood and clots. Resident physician Yang who was also on duty rushed to the scene and ordered the nearby nurse to prepare a large nasogastric tube attached with a balloon (Segstaken-Blakemore tube, or S-B tube for short), attempting to insert the tube through the nostril down the esophagus and inflate the balloon to stop the bleeding, but the delirious patient might be uncooperative. After several attempts, the tube successfully inserted the nostril but exited the mouth, which caused the patient to spit several mouthful of blood. The anxious wife tried to comfort her husband, but was feeling helpless herself. I put on the gloves to measure the patient's blood pressure while restraining the patient, and the nurse skillfully transfusing blood. Dr. Yang tried very hard to insert the tube, but the patient could never swallow the large S-B tube. While everyone was struggling, the patient who was covered in cold sweat suddenly relaxed, his blood pressure dropped and heart beat slowed. Dr. Yang and I began CPR, but it was too late, the heart beat on the monitor became a straight line. We did not give up and continued the resuscitation, half an hour later,

Dr. Yang finally gave up, looked his watch and announced the time of death.

Upon hearing unsuccessful resuscitation, the patient's wife suddenly knelt down before us, begging at our feet not to give up. Dr. Yang held her up, shook his head at me and led me out of the room, leaving behind the grieving widow crying her heart out. Back at the nursing station, he began writing the records and educating me regarding this case. "This is esophageal varices hemorrhage, a common complication of liver cirrhosis. The mortality of its first onset can be as high as 50%, and the hemorrhagic shock can only be relieved through hemostasis with gastric balloon," he said, "unfortunately we did not succeed." This is the most profound first aid lesson in my career as a physician. The reason why I chose gastroenterology as my life career is not entirely due to this night, but it definitely played a role.

I returned to Tri-Service General Hospital after graduation to receive internal medicine residency training. Coincidentally, my first month started



Superintendent You-Chen Chao attended the disaster relief and free clinic in Tacloban, Philippine.

from gastroenterology, though I had acquired the skill to speedily insert S-B tube into patients suffering from esophageal varices hemorrhage, and to observe the balloon pressure to ensure the balloon is intact and the hemostasis is effective. Many patients, unfortunately, could not escape death due to reoccurring bleeding. This was the capability of doctors 30 years ago. With years of research and development in medicine, now we have antihypertensive drugs to reduce hepatic portal venous pressure, as well as esophageal varices injection and rubber band ligation, which drastically improved the approach of such acute cases. Of course the surgeons had developed surgeries that would control variceal hemorrhage without the fear of hepatic encephalopathy, a sequela of traditional vascular bypass surgery. Successful liver transplant is the ultimate solution to severe liver cirrhosis, but esophageal variceal ligation with endoscopy is already a safe, simple and minimally invasive procedure. Almost every new gastroenterologist can perform the surgery. Preventive ligation can save the patients from the fear of sudden mass bleeding.

The advancement in endoscopic treatment granted gastroenterologists more power to safeguard their patients' lives. It can be used in the treatment of esophageal varices and the resection of gastric, esophageal and colorectal cancer in its early stages. Senior patients in particular benefitted from the surgery. The surgery is quite difficult, though. One has to identify the size and depth of the cancerous lesion prior to surgery and signs of lymph node metastasis; cleanly resect the cancerous lesion during the operation, but not too deep to cause perforation. Taipei Tzu Chi Hospital now possesses proficient skills to save lives in such a way. Medicine continues to advance, while doctors endeavor to master new skills for the sake of patients. Although technology had giant breakthroughs in the past 30 years, there are always inadequacies. We can only stay diligent to qualify the role of a competent doctor.



Photo depicts Superintendent Chao(center) delivers prizes to the hospital staff winners of stair-climbing contest for the 8th anniversary of the hospital.

Years of practicing medicine, my skills, available medications and diagnostic tools have all advanced, but somehow I cannot help but lament the fragility of life and the inevitable aging and sickness. What is the pinnacle of medicine, I wonder? After I joined the Tzu Chi family, from the daily teachings of Master Cheng Yen I gradually understood the value and meaning of life, and how to cherish and utilize the limited life we have. I have learnt to utilize the Master's teachings on patients, to solace their fear and sorrow in the wake of impermanency. To resolve their sufferings, we must, in addition to progress our skills and remove their illnesses, empathetically console their hearts. I believe that every medical personnel should fathom the meaning of life and the profound teaching of Master Cheng Yen, "To treat their bodies, their diseases, and their hearts", so that all of us can play our roles competently within the limitations of medicine.