

Hostage-taking at a Hospital? could happen, says local ER physician

GLENGARRY – In 1991, Richard Worthington planted sticks of dynamite outside a Utah hospital before he entered the labour and delivery area with a shotgun and a handgun.

When Dr. Melissa Yuan-Innes heard this story, she immediately recognized the inspiration for her newest medical thriller, *Stockholm Syndrome*.

Dr. Yuan-Innes, who practices emergency medicine at the Cornwall Community Hospital and the Glengarry Memorial Hospital, says, “After a scary night shift, I started researching hostage-taking at hospitals. As soon as I heard about a woman forced to give birth at gunpoint, I knew I had to write about it. Worthington kept two nurses, the woman, her partner, their older daughter, and their newborn daughter hostage. A third nurse wrestled the shotgun away from him, but he shot her in the back with the handgun.”

Could this happen at a hospital in Cornwall or Alexandria?

“Of course,” says Yuan-Innes, who writes her thrillers under the name Melissa Yi. “Canadians tend to be trusting. Hospitals have security, but I know of at least two emergency nurses and an emergency room attendant who were assaulted last year, one of whom needed surgery afterward. That’s not counting the man who was charged with attempted murder after attacking a nurse with a metal bar.”

Yuan-Innes is holding a Facebook launch of her book on December 1 at 7 p.m. Find her on Facebook at that time to chat about her newest book.

She has invited trauma and security experts to the *Stockholm Syndrome* book launch on December 6th at the Cornwall Public Library at 2 p.m. She says, “Most people are good, but what would you do if you were confronted with an active shooter? Life can change in an instant. Let’s talk about this in fiction and in real life.”

Yuan-Innes plans some light-hearted moments as well. “I’m asking people to wear blue and yellow, the colours of the Swedish flag, for the *Stockholm in Stockholm Syndrome*. And we’ll be serving a non-alcoholic version of Swedish Glögg.”

Stockholm Syndrome book launch: Sunday, December 6th at 2 p.m., Cornwall Public Library.

Insider offer: During the month of December, you can download *Stockholm Syndrome* for free from Kobo books by using this code: stockholm00.

Author website: <http://www.melissayuaninnes.com/>

To listen to an interview with author Melissa Yuan-Innes, visit: www.vankleekfm.com and select *Feature Interviews*. You can find this and other books by Yuan-Innes on sale at *The Review* offices in *Vankleek Hill*.

An excerpt from Melissa Yi’s ‘Stockholm Syndrome’

Birth smells. I’m not saying it stinks—well, to some people, it does. I remember the classmate who finished our med school OB/gyn rotation without ever delivering an infant. He delivered half of the head, and then the look on his face was so horrid that the obstetrician delivered the rest of the baby.

I’ve got a stronger stomach than that classmate, but when I stepped into the delivery room at Montreal’s St. Joseph’s Hospital, it only smelled like sweat and a little blood. The odours would grow more intense once the amniotic fluid broke and the afterbirth emerged, but for now, I didn’t hold my breath.

My eyes adjusted to the darkness. The nurse had turned the lights off, except a small fluorescent lamp beside the bed. The baby’s heartbeat chugged along on the fetal monitor. Whump, whump, whump at 162 beats per minute.

Most of obstetrics is nice and normal. Even our C-sections tend toward planned events instead of crash OR’s. They screen out congenital abnormalities at our small, Canadian community centre.

“This is the only happy area of the hospital!”

an obstetrician told me on my first day. “Everybody’s smiling!”

The black woman labouring in the bed wasn’t smiling. She was sweating. Which made sense. “That’s why they call it labour,” the nurse often says, while the woman recovers from the latest contraction. That’s normal too.

So I was pretty surprised when my obstetrics rotation transformed into a bone-chilling blood-bath.

But that evening of November fourteenth, I didn’t suspect anything except the fact that I might not get to eat the lentil casserole I’d stashed in the residents’ lounge for supper. I smiled at my newest patient, Ms. Beauzile. The nurse had cranked the back of the bed up so that the patient was half-sitting up, squinting at me from her pillows, with her legs bent at the hips and knees, and her thighs spread over a foot apart. Can’t say I’m looking forward to the indignity, should I ever get the chance to procreate. Especially if I had to labour solo, like this lady.

According to the electronic whiteboard posted in the nursing station, Ms. Beauzile was 28 years

old, or only a year older than me. This was her first baby, and she was at six centimetres, or sixty percent en route to pushing out this passenger. She also had a low grade fever of 38.1 Celsius, but the med student had noted that they weren’t giving her antibiotics, because she had a runny nose and they figured it was a cold. Good call.

“Madame Beauzile, I’m Dr. Hope Sze. I’m the resident doctor on call for obstetrics.” I glanced at the top right hand corner to find the stamp with her first name. It was one I’d never heard before, and sounded Russian to me: Manouchka.

Now was not the time to inquire about how she got such an unusual name. Not when she clutched the white plastic bed rails, dragging herself forward with both arms, heaving herself to 90 degrees, and started to huff.

The nurse grabbed her hand. “Yes, Manouchka! That’s it!”

I took a step forward and said, “Yes! Keep going!” I felt silly, since I was crashing their two-person party and didn’t really know how to encourage her.

But after half a minute, the patient sighed and settled back down in the bed. The dim, yellow light reflected the sweat on her deep brown forehead. The baby’s heart rate, which had only slowed down to 139, climbed back up again. The mini-contraction was over.

“Next time,” said the nurse, studiously ignoring me. OB nurses generally hate medical students and residents. You have to prove yourself.

They’d rather you left them alone while they coach the patient through labour and handle, well, just about everything else.

This Asian nurse was shorter than me, which always gets me excited, since I’m only five foot two and a

quarter. (The quarter makes people laugh, but it adds up to 158 centimetres instead of 157, and I’ve got to treasure every millimetre.) Her hair was a short bob, not unlike the cut I’d sported over the summer, until I decided to grow my hair down to my shoulders. Like me, she wore glasses. When I’m on call, I’m all about the glasses. Not only do they dry out my eyes less than contact lenses, but they’re also a built-in eye shield from bodily fluids.

However, the nurse was probably twenty years older than me, wearing fashionista-frightening purple scrubs covered in owls, and scowled like she’d rather push my face into a newly-delivered placenta than shake my hand. Too bad. Sometimes, I’ll meet another Asian and we’ll nod at each other in recognition, but not this time.

The speaker built into the wall at the head of the bed crackled with static. “Do you have a visitor in there?”

The nurse pressed the red button mounted on the wall. “No, it’s just the resident.” She had a way of biting off her words that sounded maybe Filipino.

“The junior obstetrics resident, Dr. Sze,” I called out. I tell people to pronounce it like the letter C.

The nurse snorted. Her flowery name tag, clipped to her already blinding purple scrub top, said JUNE, but she seemed more like a porcupine, to me.

The intercom crackled, and the unit secretary’s voice quavered, “We’ve got a woman here saying that her friend is in one of the case rooms. Casey? Maybe she’s with Dr. Beeman?”

“I can’t help you,” said June, letting go of the red button and turning back to Manouchka.

My pager beep-beep-beeped.

I had a feeling it was Dr. John Tucker, so I grinned even before I turned the pager so that its little plastic face could tell me who called.

I shouldn’t have been smiling. I should’ve been keeping my distance from him, since I’d officially contacted the University of Ottawa about transferring so that I could finally move back to my hometown and back to Ryan Wu, my past and present boyfriend, ideally before the end of 2012. And I usually yell at Tucker for paging me when I’m on call, when I’m already pulled in ten million directions. But he was also on call, albeit one floor up, and I could use a friend plus or minus benefits.

It wasn’t Tucker.

It was 3361. My senior resident, Stan Biedelman.

I’d have to answer it back at the nursing station, since the phone in the room belonged to the patient, and I didn’t want to use up my iPhone battery or my personal minutes. St. Joe’s was too cheap to give every resident a hospital phone. “Excuse me, Ms. Beauzile,” I said. “I’ll be back.”

She turned her cheek away from me, her face puffy with pregnancy.

Her hair tufted against the pillow.

I hadn’t even had a chance to check her cervix. I don’t always, because the fewer hands travelling up the va-jay-jay to contaminate the amniotic fluid, the better.

Luckily, the delivery rooms, or case rooms, are lined up one after the other, on the right side if you’re heading down the hall, and mine was directly opposite the nursing station on the left. So it was less than ten strides to the nearest beige phone sitting on the counter. I punched the four-digit extension in and introduced myself.

“There’s a consult in emerg,” said Stan, who’s only a year ahead of me in the family medicine program. “Vag bleed at ten weeks.”

That was slightly unusual. Nearly all our emergency consults are for vaginal bleeding at five to seven weeks, from women who may be miscarrying. Ten weeks is a bit late.

“It’s Dr. Callendar on, so you know what that means,” said Stan.

I did. It meant that he hadn’t done a vaginal exam. Theoretically, the emergency staff should do a complete physical exam, but if they’re lazy like Dr. C, they’ll slog it off on the specialty service. Tonight, that meant me. The rash on my ankles started to itch under the cuff of my socks. I started playing with the tinsel on the desk so that I wouldn’t scratch myself or say something I’d regret.

“Page me when you’re done, and we can talk to her together.”

“Thanks,” I said. Still holding on to the phone receiver, I walked around the counter to eyeball the whiteboard mounted above the clerk’s head. They keep it inside the nursing station for patient privacy. We only had three patients, including Ms. Beauzile. If I was going to deliver any babies before supper, she was my best bet. I grabbed the mouse, right-clicked her name, and added my name beside Ms. Beauzile’s, so Stan or the medical student shouldn’t try to swoop down and steal

her.

I’d only delivered two infants as a medical student—not so many more than my queasy med school friend—but I had to liberate at least fifty this month, because St. Joseph’s has an unofficial quota. For every month on OB, you’re supposed to check off at least fifty newborns. If it’s a less fertile month, tough. Elbow the medical students out of the way and try and get the other resident to take over the wards while you run to the case room a minimum of fifty times.

So far, I’d delivered two babies in my first two days. Not bad, but I’d have to step it up if I was going to make quota before December tenth. I remembered something else to tell Stan. “Oh, by the way, the clerk said someone was looking for you. I assume it was you, anyway.”

“Dr. Beeman?” Sounded kind of like Biedelman. I’m used to people massaging my last name.

“If they need me, they know where to find me.”

“Three-three-six-one?” I said, citing his current extension.

“Yeah. You got my cell phone, too, but don’t give it out to strange men.”

“Strange women okay?”

“Yeah. Just don’t tell my wife.”

We both laughed, and I hung up, forgetting to tell him not to steal my delivery. Oh, well. He was probably too busy eating Cheetos while I slogged away, but it didn’t bother me. Much. The junior always does all the work. Or, as Jade, a second year resident, pointed out after a particularly terrible emerg shift, “Shit rolls downhill.”

The ER is kind of the mosh pit on the ground level where every man, woman, and child in Montreal ends up before we sort them out, and also where I want to work when I grow up. First, I had to get out of the labour and delivery area. I’m not sure why we call it the case room, because it’s basically a series of four rooms along the hallway, across from the nursing station. Up to four women can labour at once. If you continue past the case rooms to the end of the hall and turn left, along the bottom of a U shape, you’ll come out at the OR for emergency C-sections.

Instead, I forged a straight line in the opposite direction, toward the elevators. I passed a pregnant woman in a black burqa shuffling in the same direction. We often see women who wear head scarves—actually, I’m the one who gets them, because they invariably ask for a female doctor, and I often smile when I spot the trendy clothes underneath—so maybe this one would be my second delivery of the night. She was moving a little oddly, though. Not quite waddling, but kind of stiff-legged, although it was hard to tell because the fabric covered her head to toe.

The hem swept the floor, and the material hung over her hands, with only a letter slot opening for the eyes.

I turned sideways to pass the two couples waiting for triage. The women’s glazed eyes flickered past me. They were already tired, even before going into labour and actively pushing. Neither of them wore that eager, first-time relish. These women and men probably already had a kid or three at home, and wanted to get this over with so that they could start a new routine.

Triage is a doleful spot at the top of the corridor, because patients are waiting for one nurse to decide if they’re far enough along in labour to warrant being assigned to one of those four rooms, or if they’re going to get told to walk around and come back later. We also do non-stress tests here, or NST’s. Sounds horrible, but it just means a pregnant woman is strapped up to a monitor and we check the fetal heart rate for twenty minutes, to make sure it’s okay.

Usually, I’d sweep straight down to the emerg, the better to catch more deliveries. Instead, I glanced over my left shoulder. My potential new patient wore the most extreme sort of burqa, with a type of fabric grille over the eye opening. I couldn’t make out her expression, which freaked me out a little. Still, she was pointed toward triage, which was probably the right place for her, although it was hard to tell under all that cloth.

One lucky couple entered the triage room, leaving just the other couple in the hallway. Instead of queuing behind them, the burqa woman slowly passed them, following in my footsteps.

My eyes followed the burqa lady. My gut was trying to tell me something, although I couldn’t exactly tell what.

I had to finish the emerg consult before Manouchka delivered her baby. I should have shot right downstairs, but that nagging feeling made me wheel back toward the burqa woman, and I found myself saying, “May I help you?”

The figure in black turned toward me without speaking.

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