On Call in Hell

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I admit that as a child growing up in suburban Long Island, New York, I always liked war movies, especially those about World War II. I also enjoyed autobiographies of all types and dreamed about how various famous people faced their own challenges and overcame them. As a result, when a brand new book—On Call in Hell: A Doctor’s Iraq War Story—was published, I couldn’t wait to get my hands on it. Whatever one might think about the war in Iraq from a political perspective, I know our readers want only the best for our troops, and as clinicians, we want to make sure that they receive the best medical care possible.

It turns out that Navy Commander Richard Jadick, an orthopedist and trauma surgeon who volunteered to go into battle with the Marine Corps, was featured in an excerpt from the book: On Call in Hell: the importance of communication. Let me set the stage with an excerpt from the book:

During combat planning, the operations officers all sat down together and the battalion commanders all sat down together and they talked through the plan until everyone knew it inside and out. Unfortunately, doctors tend to be less focused on operational planning and we never sat down together as officers and leaders to discuss an overall scheme of maneuver for casualty evacuation. Medical leadership at the regimental level didn’t discuss the medical and evacuation plan with us either. It was just presented to us and we were expected to follow along.

This passage hit me like a two-by-four, and I recognized aspects of our own clinical culture. In a nutshell, we should never expect anyone to engage in behavior that serves our needs unless we give them adequate reasons to do so. How can we expect physicians and pharmacists on our medical staff to engage in the appropriate behavior regarding pharmacotherapy unless they are a part of the process? This passage also confirmed for me, once again, the power of good leadership—whether it is in the battlefield, in a P&T committee, in the intensive-care unit, or any place where people are engaged in collaborative activities.

The author also discusses his frustration with current Marine Corps and Navy medical practices. Again, the details are not essential, but an important message jumped out at me one more time. As the planning of the attack on Fallujah in Iraq became more intense, Commander Jadick began to ask more specific questions about his piece of the operation, namely the care and evacuation of the wounded. He outlined his concerns that the plan for the attack seemed pretty thorough, but many of his questions about evacuating the wounded went unanswered. This problem led him to an important decision, and I will share another excerpt:

I couldn’t trust my guys to a system I didn’t understand. A system that might or might not be able to guarantee that they get the very best care we could possibly provide. There was no way I was going to be OK with that for the sake of my Marines and honestly for the sake of professional and military pride as well … so I attempted to apply tactile thinking to the situation. What’s my sphere of influence here and how can I improve the situation we’re facing? What can I affect and how can I make it work? You could say that the Marine Corps has an acronym for every situation and the one called for here was SMEAC: Situation Mission Execution Administration and Logistics and Command and Control.

Military jargon aside, I think that every P&T committee faces its own “SMEAC.” We cannot just give orders and expect them to be followed—and maybe we are not as all gung-ho as the Marine Corps volunteers are, but surely there is another point here. The message I heard was the need for systems thinking.

What does the process of care look like? Who is involved? Where are the lines of authority? If the system is broken, how will we know it? If a break occurs, what can we do to fix it?

I thought it was fascinating that the continued on page 472
writer took a systems-like approach to improving medical care at the edge of a bloody battlefield. We certainly can improve our systems thinking and how we approach pharmacological care at the bedside. If he could do it under murderous fire from a hidden enemy, we can surely make improvements in peacetime and with more resources at our fingertips.

On Call in Hell is not a book for everyone. I would like to meet Richard Jadick and ask him more questions about his views on Marine Corps medicine. I was enthralled by his taut autobiography and the self-reflection that he has undergone since Fallujah. I bet that he can tell even more great stories, and I am sure that many patients in the civilian world would be similarly captivated by his wartime experiences.

An awareness of organizational culture, processes of care, systems thinking, and a willingness to self-evaluate, even in combat-type situations, are important attributes for P&T committee members. All clinicians are also indebted to soldiers like Commander Jadick and his team, who were willing to literally put their lives on the line to deliver medical care under the most adverse conditions. I ask only that we think about the sacrifice of all of our soldiers, sailors, and Marines and that we recognize these brave people for one minute at the next P&T committee meeting, especially those clinical brethren of ours who are literally “on call in hell.”

As usual, I am interested in your views. You can contact me at my e-mail address, david.nash@jefferson.edu.

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