

A TRIP TO A CARIBBEAN HOSPITAL

By Dr. Derek Conte

I arrived in mid-November to the warmth and music of the Caribbean. People chasing around, jumping on and off of moving doorless buses, hand carts full of sugar cane, pineapples and avocados. I had one vendor open up a coconut for me with his machete. I happily drank the milk as he used a spoon to scoop the soft, buttery flesh out of its insides for me: delicious. Price: about 70 cents. I was easily spotted as a foreigner by the locals and gently repel led numerous solicitations from hustlers offering me everything from clothing, art, food and cigars to women for sale. One man angrily chased another with a long stick, beating him with it as they ran down the street. It felt like 42nd Street before Giuliani. But the chaos was



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with visitors, the ER entry and recovery rooms almost overflowed with patients and the floors glistened pink with the blood and juices of the day's wounds. Dr. Lacy led me to the suture room. He grabbed a kit and said, "Just watch what I do and then you'll do one." He began the sterile protocol, washing and disinfecting a whimpering little girl's toe. She wailed and squirmed as he injected the anesthetic and reattached the top of her toe to hide the exposed bone. When the ordeal was done, her teary little face was brightened by a piece of candy.

A young woman came in who had a motorcycle accident and couldn't move her jaw. When I saw the X-Ray I understood why: the right jaw was cleanly fractured at its angle and would need percutaneous screws (through the skin) to secure it. This would be done by a maxillofacial surgeon. Next up was a Haitian teen with a superficial 1" stab wound to the chest and, under the supervision of Dr. Lacy, I cleaned, closed and bandaged his wound. I was surprised how tough the skin was to penetrate with the needle. Then I watched a medic (in this room for non-critical patients almost none of the suturing was done by MD's) close two long gashes from a machete to the forearm and palm of a young man. He said his friend did it, "Because he wanted my phone."

Later we moved to the casting room where bones were set and cast. The X-rays showed very violent breaks involving large forces like scooter crashes or falls. I usually see X-rays of fractures after they've healed. It is impossible to be in the environment of an emergency room and not reflect on the specialness of the doctors and nurses who patiently and lovingly care for people who are afraid and vulnerable. I was proud to be a small part of it.





balanced by the easy joy of the Dominican people who, though they drove their cars and scooters like there was a national emergency, walked through the world like they were in a dreamy paradise. But, like happy children, they zoomed from 0-100 in a flash. In a day, I would be stitching up their wounds.

The invitation came to me from Dr. Rod Lacy, a Chiropractor and MD, to visit, learn, and assist in the emergency room of Dario Contreras Hospital, Santo Domingo, Dominican Republic. We were on opposite sides of a philosophical divide: Should chiropractors receive additional medical training sufficient to gain license to write prescriptions and perform minor surgery? My readers know I have advocated that chiropractors remain distinct and focus on drugless, non-surgical healing techniques. There are already 500,000 MD's in the US and only 50,000 chiropractors and I felt medical duplication was unnecessary. Yet, when the opportunity to spend time in the trenches of a third-world ER came along, I could not refuse. In fact, I was eager for the experience.

The dinov hospital halls were crowded

"Do you want to see a brain surgery?" Dr. Lacy said. "There's a brain injury upstairs and they're ready to go". We dressed for the surgical room. There, the surgeons referred to CT scans which showed a skull fracture and bleeding inside the left brain of a man picked up off the street by a cop. The man's breathing was abnormal and he was in a coma. The force of the leaking blood had begun to crush the brain against the opposite wall of the skull (also visible on the CT) and press the brainstem downward through the top of the spinal column; a critical situation. The surgeons worked calmly but swiftly while I filmed from a few feet away. They reflected the skin and removed the bone exposing the brain, which slowly pulsed with the flow of cerebrospinal fluid. Soon the bleed was found, the huge clot was vacuumed out, and the head was closed, hopefully saving this man's life.

What I witnessed over that weekend reinforced my deep appreciation for the dedication of emergency medical providers and made me wonder if it might be useful to the public for chiropractors to receive additional training and lend a hand in delivering minor surgical services at low cost. I don't know. But with more freedom always come more responsibility. It is a very complex issue and one that rankles MD's and DC's on both sides of the debate. I do believe that chiropractors mustn't abandon their primary mission: to heal the patient through the art of adjusting the human frame. It's a hard thing to do well and must be practiced every day.

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