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BALANCING SCIENCE AND INTUITION: THE ART OF CRITICAL CARE

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"Medicine is a science of uncertainty and an art of probability." William Osler

The winter storm rages outside the hospital windows, typical of Lebanon's winters. Rain lashes against glass panes while the wind howls through the streets. Despite being trapped for an hour in heavy traffic, I arrive at the ICU with unexpected energy running through my veins, my optimism standing in defiant contrast to the gloomy weather, eager to begin my morning rounds.

A chilling sensation suddenly freezes me, as if the storm's icy fingers had reached through the hospital walls to grip my spine. Slowly, I turn, only to meet a piercing gaze that cuts through me like winter frost, its intensity challenging my presence in this ICU – a locale that is usually my comfort zone.

Through the observation glass of the Unit 6 corridor, our eyes meet. She stands there, her gray hair escaping from her cap, looking both strong and fragile at the same time. Her hands hold the metal rail

tightly, as if she is anchoring herself to this moment, to this place where her child lies dying. In that single shared glance, I witness the entire universe of motherhood: infinite love and boundless fear.

Behind my mask, my lips barely release a whisper to the nurse asking about the patient admitted to the ICU just thirty minutes ago – transferred from the oncology department. The nurse's eyes soften above her own mask as she begins to tell me about Alain, who is just twenty-two years old. Her voice catches slightly as she explains his battle with lymphoma – how hope had bloomed during remission. Unfortunately, the cancer returned. Now, science and medicine stand powerless: no more options, no more possibilities. Alain urgently needs platelets, but every compatible donor, following the elimination protocol, has been rejected.

The silence that follows the nurse's words fills the corridor with the kind of heaviness that only hospitals know. My mind takes me back, twenty-five years ago, to another young man, another mother. Same story. The cancer came back. He needed platelets, but we couldn't find any that would work. "I just wish... I just wish you could have kept him with us a little longer. Just a few more days to touch his hand, to smell his hair, to be his mother for just a little while more," his mother told me, her voice heavy with emotion, after I announced his passing.

In my early years of clinical practice, I was proud of my clinical knowledge. Textbooks and the latest research were my gospel. And I admit that I was not fully aware of the importance of listening and communicating with empathy and compassion with patients and their families during difficult moments like this. I should have expressed more understanding in that heartbreaking situation, rather than relying solely on the protocols. This experience has stayed with me.

I stand at the foot of Alain's bed. My eyes move methodically from his smiling face to the monitors surrounding him and to his latest lab results. His respiration is rapid, and his heart is racing. He is bleeding from his nose. I can also simultaneously feel the echo of his mother's love.

I leave the room and isolate myself in my office. I need to step back and reassess the case, to be able to take a different approach. Alain is dying; he will die anyway. If he doesn't receive platelets, he will die within hours; if he receives platelets, he could survive for a few days. It's no longer about cancer recurrence, medical expertise, protocols, and clinical evidence. It's about Alain's mother, father, and his two sisters. In the back of my mind, I am hearing "I just wish you could have kept him with us a little longer", like to tell me: "Trust your instinct, protocols are just guidelines."

I take a deep breath confident of my decision, ready for whatever challenges lie ahead, knowing that today, like every day in critical care, would bring new lessons and opportunities for growth.

Reflecting on the importance of communication in conflict situations with colleagues, I head toward the blood bank. There, in the waiting room, Alain's friends and cousins – young men and women from his university – are all eager to help and willing to donate their blood; some are already being turned away by the blood bank's physician.

Suddenly, my eyes meet the emotional eyes of Alain's girlfriend. It is her turn to answer the questionnaire. For a second, I imagine myself pulling her aside: "When you answer the blood bank's questions…perhaps you could...focus on relevant information only…omit something…a small lie…" But I immediately get rid of this thought. In my thirty years of practice and decades of medical ethics, I had never suggested anything like this before. After all, didn't these years teach me a lot about the power of communication?

Dr. Maria, the young blood bank physician, was doing her job exactly as she should. Each donor interview revealed something that triggered an exclusion protocol: recent travel, recent dental work, unclear medical history. The protocols exist for good reasons – to protect the blood supply, to ensure safety, to prevent disease transmission. But right now, these same protocols were becoming an immediate death sentence.

The next twenty minutes were some of the longest of my career. Finally, I am here with a humble smile, waiting for the precious units to be prepared. Alain stayed alive for seven more days.

This morning, the sun is rising as I drive to the hospital. Somewhere in the city, Alain's family is grieving. Despite her pain, Alain's mother has expressed her gratitude and respect for the whole ICU team.

Today, I feel more than ever the weight of thirty years in my career as a critical care physician. I find myself reflecting on the journey that has brought me here, to the kind of doctor I have become. Like Dr. Maria, I was once a proud young physician, swearing by the textbooks, following the protocols to the letter, yet sometimes the patient's condition worsened. With experience and maturity – both at work and in life – I gained the ability to see options in chaos, to know when to act aggressively and when to wait, when to trust the numbers and when to trust my instincts.

Wisdom! It is not about breaking the rules; the protocols exist for a reason. They are built on years of experience, on tragic lessons learned, on scientific evidence. They are designed to protect not just one patient but the entire system of care. But sometimes, in the balance between rigid adherence and

preserving someone's life, wisdom demands flexibility: it is about careful judgment in the face of impossible choices, careful deviation based on decades of clinical experience and an aware understanding of both the risks and benefits involved.

As I adjust another patient's medication, I reflect on another aspect of wisdom I have gained over the years– the importance of clear, compassionate communication with patients and their families, but also its power to resolve conflicts with my colleagues. Wisdom also means knowing my own limits. Critical care is unpredictable, and wisdom lays in remaining vigilant, adaptable, and humble in the face of the body's complexity. Early in my career, I tried to solve every problem on my own. With time, I understood the strength of collaboration, in knowing when to call for others' expertise.

It's break time and I am enjoying my coffee. Nurses remember the days spent with Alain and his mother, the challenges, the ups and downs, but also the smiles and laughter when Alain's mother recalled his childhood years and silly things. Maybe the most important wisdom I have gained through the years is the ability to balance emotional engagement with professional detachment: to care deeply for each patient, to fight tirelessly for their lives, yet to find the strength to move forward when, despite every effort, a life was lost.

As I finally left the hospital that evening, I planned to work to establish emergency protocols for situations like this, where the rigidity of protocols and rules might conflict with immediate life-saving care. Because perhaps that's also part of clinical wisdom – not just making difficult decisions in the moment, but also working to improve the system so that future clinicians might face fewer difficult decisions of their own. ■

Biographical note

Dr. Zeina Moukarzel is a retired anesthesiologist/intensivist from Beirut, Lebanon, with over 25 years of experience in intensive care, burn units, and anesthesiology. She holds a Master of Public Health (MPH) and a Master in Healthcare and Hospital Management, along with a diploma in addiction medicine. Additionally, she has an extensive experience in Lebanese hospitals accreditation. She is currently a university lecturer, teaching medical students a course on quality in healthcare.

Over the past decade, Dr. Moukarzel has dedicated herself to volunteer work, channeling her passion for healthcare into community service. In 2014, she founded LAMSA, a nonprofit organization focused on raising awareness about the dangers of tobacco, alcohol, and other psychoactive substances while promoting youth well-being.

A strong advocate for health promotion, Dr. Moukarzel is passionate about narrative medicine, mindfulness, and lifestyle medicine, highlighting the importance of holistic, preventive approaches to healthcare.

Writing Medical and Patient Stories - Dr. Zeina Moukarzel