

Equanimity under Duress

By Clyde W. Jones, M.D., F.A.C.A.

Lasalle D. Leffall, Jr., M.D., F.A.C.S., former Chief of Surgery at Howard University and previous President of the American College of Surgeons, always sought to inculcate upon his residents and other trainees the most desirable quality of “equanimity under duress.” I have always deemed this an invaluable trait and tried to emulate it throughout my professional life. There were times when this equanimity was particularly and persistently tested, such as when I practiced in a combat zone in Vietnam at a Marine Field Hospital. I often worked in my flack jacket and helmet or had these reassuring implements of equanimity present and readily available, adjacent to my anesthetic cockpit.

A few years ago when I went on a mission to Mexicali, Mexico, with a Field Plastic Surgical Team from University of California, San Diego, I expected no impending equanimity test than perhaps an impatient or laggard surgeon. We had just started a cleft lip repair at my table when word came to us that there was a bomb threat at the Red Cross Clinic in which we were working, and that immediate evacuation of the building was ordered. A mass exodus ensued. Of course we could not abandon the patient, and naturally I was bereft of my helmet and flack jacket. I have always subscribed to the philosophy that at the time of an impending explosion, the absence of body is far better than the presence of mind. Unlike my colleagues in the next room who were well in the midst of a palatoplasty, we were able to close the incision and abort the procedure. We transported the patients to another Red Cross Clinic a few blocks away. One of our nurses took great pride photographing me as I ran across the street, with my little patient in my arms—amid police cars, ambulances, members of the local constabulary and a gathering crowd—toward an ambulance designed to take us to the alternate facility.

We continued the surgical schedule at the alternate facility until the “all clear” was declared. When we returned to the original clinic, I inquired of one of the policemen if the building had been cleared by canine or human agency. “No, no, Señor,” he remarked. “The bomber said he was going to bomb the clinic at three o’clock. It is three-thirty now. Besides these guys in Mexico never blow up anything.” Needless to say I did not find his pronouncement sufficiently reassuring. Obviously he was right, however. Yet, the thought did occur to me that this particular bomber might fit the alleged stereotypical “below the border” mind set, and may have been operating on a time schedule not as punctilious as ours. An unnecessary worry! Another blow for equanimity under duress!