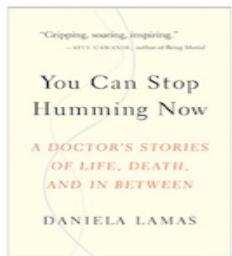


Stories from critical care: You can stop humming now



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Who should read *You Can Stop Humming Now*?

Everyone and anyone! These are the stories of what comes after the medical miracles, when the sirens and flashing lights have gone quiet, behind curtains and closed doors. In this book, you will meet those whose lives have been extended by days, months or years as a result of our treatments and technologies. A grandfather whose failing heart has been replaced by a battery-operated pump; a salesman who found himself a kidney donor on social media; a college student who survived a near fatal overdose and returned home, alive but not the same; and a young woman with cystic fibrosis, navigating an adulthood she never thought she'd live to see. These narratives will resonate for all critical care clinicians who have ever reflected on past patients and wondered what kind of lives they faced after survival, but they are also stories to inform the broader public —as we will all face illness, injury and decision-making at some point in our lives.

What would you like readers of *You Can Stop Humming Now* to take away?

Survival is not the only outcome that matters.

I hope that my readers remember Nancy Andrews, a Maine art professor who spent weeks in the intensive care unit of a Boston hospital, after a near-fatal tear in the wall of her aorta. She made it out of the ICU and though her body healed, she found herself haunted by flashbacks to horrific events that had never actually occurred. The sound of a helicopter terrified her. Nancy was ultimately diagnosed with post-traumatic stress, as a result of her critical illness. Intensive care has inadvertently created a new population of the walking wounded, and post-traumatic stress might affect up to one-in-three of those who require intubation. But Nancy Andrews thought she was alone. As critical care clinicians, we must do more to educate our patients about these possible outcomes, and to build systems that offer the screening and follow-up care they need.

I hope that they remember [Van Chauvin](#), a grandfather with a left-ventricular assist device. When Van's doctors gave him a choice, he decided to go with the VAD, though he would need to carry batteries each day, plug himself into a wall socket each night and risk a devastating stroke or bleed. But it would be worth it, because he had hoped that the VAD might just be a stop on his way to transplant. By the time I met Van, he had learned that transplant was not a possibility. As I prepared for our conversation, I wondered if he would be angry, or regret the decision he had made. But Van surprised me. He told me that as long as he could do the things that gave him pleasure—even if that meant bending the rules and going fishing with the VAD—he could enjoy his life despite the limitations the machine imposed.

The process of writing this book has shown me that the states we each find tolerable, how we adapt and find meaning in previously unimaginable realities, varies from person to person, and changes over time. And the stories that I share here will help us all prepare for the futures and decisions that any of us, and our families, might face.

Zoom On

What are your key areas of interest and research/assignment?

As a critical care doctor and clinical researcher, I am interested in the long-term outcomes of critical illness, communication around chronic critical illness and decision-making.

What are the major challenges in your field?

As our technologies improve, and we become increasingly adept at saving lives, the major challenge that now faces critical care is the need to focus in on improving the quality of the lives that we save.

What is your top management tip?

Delegate responsibility by giving your colleagues clear ownership over specific tasks. Learn from others. It might be more complex at first but will be worth it in the end.

What would you single out as a career highlight?

I'll single out two career highlights. First, finally finishing what felt like an infinite path through my training to become an attending physician in the Intensive Care Unit. And second, the recent publication of my first book, *You Can Stop Humming Now*.

If you had not chosen this career path you would have become a...?

Likely a journalist. I worked for *The Miami Herald* before medical school, and will always cherish my memories of driving around Miami in my Volkswagen Beetle, looking for stories to tell.

Your favourite quote?

"We shall not cease from exploration, and the end of all our exploring will be to arrive where we started and know the place for the first time." – T.S. Eliot

Further reading

Read an extract from *You Can Stop Humming Now*

[The man with the battery-powered heart](#) (New York Times, published 24 March 2018)

If you are curious about the book's title, read [Friend request](#) (New York Times, published 11 March 2010)

Daniela J. Lamas is a pulmonary and critical care doctor at the Brigham & Women's Hospital and on the faculty at Harvard Medical School. Following graduation from Harvard, she went on to earn her MD at Columbia University College of Physicians & Surgeons, where she also completed internship and residency. She then returned to Boston for her subspecialty fellowship. She writes frequently for the *New York Times* and has published her first book [*You Can Stop Humming Now: A Doctor's Stories of Life, Death, and In Between*](#).

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