A Pharmacist’s Reflection: Living a week, when death’s four seconds away

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Living a week, when death’s four seconds away

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“37.8 mph” displayed on my speedometer. And I was still gaining speed. Looking down had consumed about two usually inconsequential seconds, but upon looking up my mind registered the danger: an oncoming car. Lamentably, my life’s would-be final thoughts were not affection sentiments towards loved ones, but a self-conversation in mathematics. “What’s the car’s weight?” Given my predicament, 2000 pounds was accurate enough. “What’s the car’s speed?” I guessed 45 miles per hour. In contrast I precisely knew my own values. Speed? Already stated. Weight? 197 pounds, comprised of my body’s 181 pounds plus the 16 pounds of my polycarbon, road-racing bicycle.

Swim among sharks off Australia’s coast. Tempt running bulls in Spain. Let your APPE students talk freely to a Joint Commission inspector. Seriously, step away from helping others avoid their mortality and find the edge of your own. Peril’s lessons, excitement, and sheer terror can power your life’s essence, bridging you through other doldrums. Too often we pharmacists are fortresses of rules, prudence, logic, and quests for the “right” answer. We neglect the value of risk-taking and remain blind to failure’s merits. So sporadically flood yourself in a bad decision and just ride with the current instead of fighting towards the shore.

Redemption

In 2015 I decided to bike three days of Ragbrai, an impulsive decision as wise as a physician’s “flu shot, stat!” order. Ragbrai (RB) is an annual, week-long bike ride across the entire state of Iowa that spans 500 miles, give or take. I arrived lacking training, essential equipment, and companions. I quickly became lost, i.e. lost hamstring function, lost wrist sensations, and lost willpower to bike any further; my three-day trip lasted two days. During the forlorn drive home I resolved to do better next time, assuming there ever was a next time.

There was. And so I did.

In the Spring of 2016 I uncharacteristically ignored costs when purchasing a premium bicycle and other gear. Then, despite Illinois’ lousy weather, I biked. A lot. A spreadsheet tracked my miles, those empty data boxes initially taunting me. Yet I assailed training, rarely wavering (if only all of my life’s endeavors were so). Insidiously the boxes filled and the tally of miles grew. 100 went by the wayside. Then 200. Then 500. Then 1000. I arrived at RB with 1422 training miles completed. A few months earlier I had bemoaned trying to reach one hundred miles. Now I bemoaned not reaching 1500 miles. Funny how your expectations change, once you consistently put forth the effort.
By the way, without intending to do so I lost a dozen pounds. Note to everyone: do you or your patients want to lose weight? Really, truly, and genuinely want to lose weight? Then bike a thousand miles in the span of a few months.

The Event

To say RB is a “bike ride” is analogous to saying that a woman who endured 24 hours of contractions while in labor “went to the hospital one day”. For both events being immersed in the struggle etches the experience’s joy onto the consciousness. For people lacking first-hand involvement attempting to fathom RB’s environment can be an exercise in futility. Imagine a constantly-moving carnival atmosphere of food and entertainment, with stretches of rural nothingness where your only options are to strike-up a conversation with other bikers or just disappear into your own thoughts. And pedaling, always pedaling. You freely do things that you would have deplored a week earlier. Normal social etiquettes are abandoned in subtle and overt ways; like childbirth, at RB modesty gets suspended by necessity. Iowa’s late-July, six-foot tall corn offers the world’s largest, semi-private, eco-friendly porta-potty. The event’s vernacular includes “Ragbrai clean”, which signifies that something’s cleanliness level (e.g. food, hands) probably won’t cause sepsis. Everyone flaunts coalescence sheens of sweat and sunscreen, fashioned by the summer sun’s toll. People NOT wearing ill-fitted spandex shorts look funny. Sleep occurs in a hot, humid tent, which is to say not at all. With luck you’ll sleep in a stranger’s house’s basement floor atop a 2-inch air mattress (oh, the buzz of hypercapnia) surrounded by other snoring individuals. Yes, on RB you ‘get to know people’ in ways never previously pondered. Yet on RB nobody notices. Because on RB nobody cares. A survivalist’s freedom reigns, a welcomed ying to the pharmacy profession’s over-regulated yang.

Approximately 19,000 individuals biked this year’s event. Perhaps they all came due to the farmer’s sign that said “Free bacon”? Seemingly each rider found humor in all the indignities. They know that RB, when seriously contemplated, is full of poor decisions; butt-numbing miles, sun burn, greasy food, sleep deprivation, just to name the docile bad decisions. So they don’t contemplate. They just keep biking in the midst of the crowd and soak up the energy, excitement, and purpose of this bucket-list event.

Two-wheeled drug dealers

Do you remember the last time you saw a group of health professionals that were visibly happy while flourishing towards a shared goal, day after day, without any disagreements? Me neither. At least not until RB.

Fulfilling the last of my post-2015 ride’s resolutions, in 2016 I joined a pharmacists’ RB team. There is such a thing! We were a motley ensemble wrested from university faculty, outpatient clinics, some hospitals, a state association, and some students. One pharmacist, approaching his sixth decade, bikes 10,000 miles annually, probably without breaking a sweat. Yes, that equates to 27 miles every day and makes anyone else’s lack-of-exercise excuse seem lame. Another was a woman, I’m guessing near her fifth decade, that nearly matched Mr. Ten Thousand’s abilities. Each day we stopped at a few local pharmacies to promote the profession, snap some pictures, escape the heat, and laugh. Most evenings we slept in a local pharmacist’s home. A typical arrival went like this: four of us secretly coveted the comfy-looking couch, yet a round-robin discussion ensued of declining to take the couch, insisting someone else was entitled to sleep there. Story telling was commonplace and, tellingly, few stories pertained to our jobs’ ordeals. Instead conversations focused on the day’s ride, craft beers (especially the one in our hand), music, families, food critiques, politics, previous RB regales, and all things Iowa (Go Hawks!). Laughter and one-liners materialized time and again. One guy pumped-up all the bike tires each morning. Sharing of food and supplies occurred instinctively. When one person was hobbled with
Going up and down some of Iowa’s many hills

an injury, another would ride along at the slower pace, just to be company. Wow. Patience, empathy, cooperation, laughter, and a singular focus on - and enjoyment of - the moment. Day after day. Is that known as teamwork? We gave away free stuff along the ride including ibuprofen, acetaminophen, sun screen, and TPNs (just kidding...we gave out levophed drips). I cherished dispensing professional advice to riders, knowing that my RB expenses were now tax-deductible. For insomnia I provided diphenhydramine, for dehydration-induced constipation I provided stimulant laxatives, and for entertainment I suggested taking both products simultaneously. What? Don’t think I’m a terrible person, I saw a guy fall over onto some gravel and quickly ran over ….to make sure that his bike was unharmed. My keen clinical skills allowed me to spot participants in need of help, such as the guy clutching a hamstring while screaming “oh my god this hurts!” Some asked about ibuprofen’s maximum dose, followed by “and what happens above that dose?” Other riders, far too many others, asked us some variation of “Got any Vicodin?” Whether their questions were humor, or not, remained uncertain. I am certain the person that asked for “just one dose of Xanax?” was completely serious. OMG, a disease-of-the-brain’s grip never relents, even among someone pumped with exercise-induced endorphins, surrounded by thousands of happy people, and figuratively-if-not-literally disconnected from the world; internet service during RB is often overwhelmed if not inaccessible, just like medication counseling in big chain pharmacies.

Amazing people
Actually, I apologize for the preceding paragraphs’ mockery. Truth be known, RB riders deserve our awe and wonder. The RB horde oozes with engaged, polite, happy-go-lucky souls willing-and-able to overcome whatever obstacle arises. Flat tire? Three people will stop their ride and come to your aid, one of whom will give you a replacement tube, thereby sparing you the expense. Conversations with strangers are common and always cheery.

For years I’ve told my students, “The ultimate health care question is how do we motivate someone to change?” Well, the answer to that critical question might be found at RB, an event where thousands of individuals uncharacteristically and quite literally push themselves out of their comfort zone, to their breaking point, even to the brink of death, or beyond; sadly, one person died from a heart attack at this year’s RB, a tragedy that befalls someone almost every year. Yet RB has no starting line, no finish line, and no trophies. How does this bike ride spark otherwise sedentary individuals to willingly - indeed, enthusiastically - attack the hills, the heat, and the miles for seven consecutive days? Or spark the pregnant woman (I’m guessing 8 months) that biked past me. Or spark the sister of one of my teammates, who gave birth to her first child one month before RB and with an omnipresent smile biked all seven days, managing stops to breastfeed too.

Yes, a bike ride inspires beyond compare. WHY? What summons the energy and resolve? Most importantly, how can we gain an understanding of this phenomena, of the desire overcome tribulations and achieve? How do we learn from and create RB’s level of inspiration and comradery to a year-round occurrence? Or even six months? Or just one month? If clinicians can ascertain some
answers, could they then expand this motivation to more people more of the time, especially the chronically ill? Image quality-of-life metrics among people who biked 70 miles a day. Or even 70 minutes a day. Moreover, we’d save billions of health care dollars, maybe then we could even afford drugs’ current prices. And imagine the teamwork within health care facilities; I might even be civil when a nurse asks “are prednisone eye drops given in the eyes?”

My pharmacists’ RB team. The thousands of riders. The throngs of local helpers. Everybody seemed different, yet I had not changed. Or perhaps nobody changed, I was just different? Actually, we all had changed. For one week, anyway.

Oh, and via the support of friends and coworkers I raised almost $1000 for charity too.

**The (almost) end**

Despite common perceptions Iowa’s topography is not flat and this year’s ride included 18,000 feet of uphill biking. Lug yourself to the crest of the biggest hills and you’re rewarded with a steep downhill, where velocities in excess of 40 mph beckon those audacious enough to try. Why try? Yes, yes, speeding downhill is a poor decision that risks serious harm and is difficult to justify, like abbreviations in medical charts. I won’t try to explain the unexplainable. In my defense I’m an amateur biker, but thankfully those using risky abbreviations are (supposedly) professionals.

Besides speed, also beckoning is the spaciousness of road’s left lane, which is less congested with riders and usually – but not always – void of cars. Unfortunately for me I had dared to exploit gravity’s pull to hit 37.8 mph on a hill with a blind curve, an oncoming car, and I was in the left lane. Not to worry, experience was my ally. For example, years earlier my parachute failed to open properly, causing a keen sense of awareness (and of permanently losing awareness) I did not know even existed.
During a different parachute jump I nearly collided with a zooming commercial jet; you should see the cool video. Perils such as these taught me to stay calm and to decide! Go straight and into the car? Go left into the rock-and-tree covered hill abutting the road? Slam the brakes and get run over by the speeding bikers behind me? My only option was to immediately and blindly move right, slow down, and hope I did not collide with something. I applied the back brake first (never go really fast on your bike and then jam on the front brake). “Moving right” I shouted. “Moving right” I heard from behind me, as well as the strained sounds of other bikes’ brake pads engaging at high speed. Confronted with a life-threatening situation several strangers and I had assessed the problem, arrived at the same conclusion, and acted in quick unison, actions that make any hospital committee envious. The car and I passed, with about a 2-foot gap between us. As best as I could tell the car had never stopped. Unintentionally, my mind had noted the time when I originally saw my 38.7 mph speed. I looked again at my speedometer immediately after passing the car. Nine seconds had elapsed and I was now going 15 miles per hour. At my original speed I was maybe 4 seconds from being swallowed whole by the metal beast.

“That was not funny!” screamed a biker next to me. Wanting but lacking a profound response, I simply said, “yea.” We were quiet for a moment. I added, “Too bad, I just missed 40 miles an hour.” “There’s a big hill coming up” he said. “Great, maybe I’ll hit 40.”

P.S. Courtney, special thanks and a fist-bump for you!
Thanks Anthony, Don, Tom, Nicole, Sharon, Ben, Mark, Holly, Matt, and students. Susan & Sophia, hugs.

P.S. #2
Updates about Ragbrai’s 2017 Pharmacy Team can be found at www.iarx.org/ragbrai

This article’s photographs are courtesy of Richard Wenzel, Anthony Pudlo, and the University of Iowa (Justin Torner)