



The well-stocked interior of an MICU

# Red Star to the Rescue

Text and photos by Valerie Tan

*All names have been changed.*

## The life-saving Red Star of David

Armed with Google Maps and basic Hebrew, I made my way to the Magen David Adom (which means “Red Star of David”) or MDA station in Jerusalem for the very first time on 4 June this year. As the first Singaporean at this station, I was excited, nervous, ready to learn everything. Adrenaline pumping and eyes peeled, I absorbed all the surrounding details from the array of mobile intensive care unit (MICU) ambulances to the paramedics chatting over their morning coffee. The short four days of shadowing and volunteering would be a nice ending to my free and easy holiday in Israel, before the school holidays ended and I had to return to Singapore to start my third year in medical school.

MDA is Israel’s national emergency medical, disaster, ambulance and blood bank service. One of the most amazing things about MDA is that it started off during World War I as a purely voluntary organisation, much like the Red Cross. Over the years, MDA grew and eventually became Israel’s national emergency medical service – and it has survived mainly on volunteer power and donations till today!

People always say that Israel is unsafe, Israel has bombs, Israel fights with her neighbours all the time. These are all true, but things are a lot better now.

“Most of Israel, other than the tiny piece of land called the Gaza Strip, is relatively safe, and hasn’t had bombs since the serial suicide bombings in 2005,” Raphael, a senior paramedic, told me. “That’s why me and my good friend Aaron joined MDA eight years ago. Every week there was a bombing; people would be hurt. It was crazy. We wanted to help.”

## Day 1

Dressed in the MDA uniform, I stepped into MICU 17 and met the team – Avishai, Elijah and Israel. They readily took me under their wing, orienting me around the ambulance while doing the preround check of all equipment and medication stocks. I noticed that they had an intriguing but smart method of charging a laryngoscope lamp – by striking it against the metal grip to generate static, which is something that I’ve not encountered back home.

As we were drying the ambulance after its wash, an announcement blared for “sheva-ehsher”. Seventeen. Avishai,



A bird's eye view of Jerusalem

Elijah and Israel suddenly sprang into motion – we had a call! The stretcher was kept, doors slammed, Elijah reversed, turned, and we were out on the streets with sirens wailing away in a mere 30 seconds!

Exciting.

“There’s a lady having seizures,” Avishai calmly told me. “Wear your seat belt.”

Along the street, cars swerved to the peripheries so we had a clear route, just like the splitting of the Red Sea. The GPS system showed us driving along a pink route towards a red flag. Seizures are medical emergencies mainly because the longer you have them, the more physical damage is caused. We arrived in less than ten minutes, jumped out, grabbed the stretcher, medicine bag, oxygen tank and hurried over to the site, where another ambulance’s paramedics were already tending to the patient.

### **A reality check**

Before us lay a 27-year-old gentleman slumped on the ground, reeking of alcohol. His eyes were bloodshot, and motor and verbal replies only responsive to pain – making his Glasgow Coma Scale a 6/15. And apparently, drunk at 10 am in the middle of the street. Quite vastly different from the “lady with fits” case we had expected to see.

The other paramedics updated us on his vitals while we hauled him onto the stretcher and pushed him back into the ambulance. As we returned to the hospital, Avishai explained that it was common for reports to be inaccurate due to miscommunication. He then proceeded to rip open a 14G IV needle, and despite the bumpy ambulance ride, smoothly inserted the needle into the patient’s median cubital vein. Our patient winced a little, but was otherwise

fine, so we rehydrated him with a 500-cubic centimetre saline drip. Fantastic skill! I was impressed. Avishai humbly said that although this was normal enough, paramedics usually asked the driver to stop.

Around 15 minutes later, we reached Hadassah Medical Center, wheeled our patient into an overcrowded emergency department, transferred him onto a hospital bed, and were discharged of our duties. There was a pretty friendly atmosphere at the hospital – paramedics and doctors were on very cordial terms with each other. We hung around, chatted with doctors, nurses and other paramedics, got coffee at the hospital vending machine, and chilled near our ambulances. I was struck by everyone’s friendliness, something I loved most about the place. It was unlike what I normally experienced in Singapore. It may be partially because I haven’t been in any local emergency department much, and maybe it’s also because we are so focused, and get caught up on our work that we forget to be social. Not to mention that as Asians, we tend to be more reserved.

We soon returned to the ambulance, where Elijah began to type in the report on the handheld monitor. Halfway through, we received an update requesting for a patient transfer to Tel Aviv. A nonemergency transfer. Everyone groaned. Tel Aviv *wasn’t* near. With the sirens, the trip there would take one hour, but the trip back would take two hours. Considering it was 11 am in the morning, practically half the afternoon would be gone.

Arrangements were made to spare me the “boredom”, and I bid goodbye to the three guys and hopped onto another ambulance. This one was a regular ambulance without senior paramedics, so they didn’t stock medication other than adrenaline and diazepam, as they weren’t





allowed to give anything else. I spent the rest of the day taking on three cases with this team, in the process learning basic operational skills, such as how to maneuver the bed.

### The remaining three days

My sincerest thanks for Day 2 went out to Raphael for the entertaining Hebrew lessons, Ortal for being such an inspiring paramedic student who is constantly thinking of how to improve her skills, and our paramedic driver Aaron who could drive with coffee in hand.

I was fortunate enough to join Raphael again for Day 3, but this time with Uri and Shaun. I encountered many patients with arrhythmias who stabilised themselves in the ambulance without the need for adenosine or amiodarone. From them, I learnt a very important lesson: treat the patient, not the ECG results.

Alvin and Yakov took me for the last 11 pm to 7 am shift of my four-day stint in Jerusalem. I was really impressed by Yakov's efficiency in the way he moved – walking and packing in the fastest manner possible. The most memorable event on this shift was running up two stories, in time to see a lady holding her third newborn, who was covered in blood, with the umbilical cord still attached. That's when I was informed that it's actually common for a 27-year-old to have four children. And it's so common that people tend to deliver at home, or at birth centres (staffed by one gynaecologist and many midwives), instead of hospitals. Israelis love their kids.

### The end of the beginning

Four shifts, 32 hours, 13 new friends, and 11 cases later, I feel like I grew up a little. The three-day-and-one-night shifts were fantastic. Not only did I fulfill my desire to help,



Valerie with fellow paramedics Yakov (left) and Alvin

watching the paramedics in action and listening to mini debriefs honed my medical skills and supplemented my textbook knowledge. The best part of all – I got to meet all the friendly volunteers. Looking back, there was really nothing to be nervous about on Day 1, and I think I picked up a little of the calm confidence that the experienced paramedics exuded. This was really one of the best holidays I had so far. The additional few days I spent volunteering with MDA was absolutely worth it, and given the chance, I would definitely go back to volunteer again.

MDA (<http://www.mdais.com>) will be organising the International Seminar in Emergency Response from 24 to 29 November 2013 in Israel. To register or find out more, please email [vickia@mda.org.il](mailto:vickia@mda.org.il).

Additionally, there will be a two-week paramedic attachment trip to Israel in June next year. If you're interested to take part, or have any questions or feedback, you're most welcome to direct them to me at [valerie.thl@gmail.com](mailto:valerie.thl@gmail.com). **SMA**



Valerie is a third year medical student at Yong Loo Lin School of Medicine. She loves travelling, meeting new people and learning new things. To her, the best holiday involves doing all of the above, PLUS the opportunity to help others.