



Episode 34: Behind the Scenes of Hadassah's ICU with Dr. Vernon Van Heerden

Benyamin Cohen:

This is “Hadassah On Call: New Frontiers in Medicine.” I'm your host, Benyamin Cohen. In each episode of this podcast, we'll get an inside look at what goes on behind the scenes at one of Israel's premier medical centers. We'll travel to Jerusalem to meet up with the doctors and nurses at Hadassah Medical Organization. From striving for peace through medicine, to performing surgeries with robots, they're working on medical breakthroughs that are impacting people around the world. That's what Hadassah is all about. The power to heal our world together. From cornea transplants to developments in pediatric oncology, we'll learn about the latest cutting edge research coming out of Hadassah Hospital. All that, plus the inspiring stories of patients who have recovered from near death experiences. Our appointment starts now, this is Hadassah On Call.

Benyamin Cohen:

Today's guest is Dr. Vernon Van Heerden. He's the head of the intensive care unit at Hadassah Hospital in Jerusalem, which means if there's a critical case, he's on the front lines. He's also a professor of anesthesiology at Hebrew University. Dr. Van Heerden conducts research, and in this new episode of Hadassah On Call, we chatted with him about an intriguing study he's worked on related to doctor burnout. We also talked about what makes Hadassah's ICUs unique, including the treatment of both terrorists and their victims. As the doctor points out: a patient is a patient is a patient. Just a quick note, we recorded this episode before the coronavirus outbreak. These days, Hadassah's ICUs are heavily focused treating patients with Covid-19. The doctor and I had a great conversation and I hope you'll enjoy it.

Benyamin Cohen:

All right. Welcome to the show, everyone. We are excited to have Dr. Vernon Van Heerden today here at Hadassah Hospital Ein Kerem in Jerusalem. Welcome to the show.

Dr Van Heerden:

Well, thanks very much for having me.

Benyamin Cohen:

Thank you so much for taking the time to chat with us today. I really appreciate it. First off, are you from Israel?

Dr Van Heerden:

No, I've got a bit of a checkered past, if I might say. I was born in South Africa.

Benyamin Cohen:

Where in South Africa?

Dr Van Heerden:

In a small place called Brakpan, which is near Johannesburg. So that's on the so called East Rand, near Johannesburg. And I went to university there and then went to Australia, like many South Africans, and spent 22 years there before coming to Israel.

Benyamin Cohen:

And when you were growing up, was medicine something that you wanted to do, or what did you want to be growing up?

Dr Van Heerden:

It's kind of an embarrassing story. When I was three or four years old as a little kid, I used to wash my hands a lot and people used to say I couldn't stand being dirty. And someone said he's probably going to be a doctor. And then I guess I took that to heart. And that's the only thing I ever wanted to be.

Benyamin Cohen:

Was anyone in your family doctor?

Dr Van Heerden:

No, I'm the first one in my family to go to university.

Benyamin Cohen:

Wow. So you spent the first part of your career in Australia. What brought you to the Holy land?

Dr Van Heerden:

Okay, so that has a bit of a story attached to it as well.

Benyamin Cohen:

I'm all ears.

Dr Van Heerden:

So in 1984, we got married, my wife and I got married.

Benyamin Cohen:

Just for our listeners, you and I did not get married. You said we got married.

Dr Van Heerden:

No, no. My wife and I got married and came to Israel on honeymoon.

Benyamin Cohen:

Okay.

Dr Van Heerden:

Okay. And I was very excited to be here and she was less excited because she could see my enthusiasm.

Benyamin Cohen:

Was she from Australia?

Dr Van Heerden:

Also from South Africa. So she could see my enthusiasm. And she thought if she gave me the smallest chance that I would want to stay, which was in fact true, because as a student in 1981, in fifth year, I had come here on elective and I had exactly the cliched experience that some people have. As I got off the plane, I felt that this is the place for me and I wanted to stay then, but I thought, "I'll go back, finish my medical education and maybe come back as soon as I could after that."

Dr Van Heerden:

Anyway, so in 1984, she was scared to come. And she dissuaded me between 1984 and 2012 that it's not a great idea, let the kids grow up, let them go to school, all of these practical things. And in 2012, she had no more excuses. Kids were out of the house. And, yep, so we came here.

Benyamin Cohen:

So when you moved to Hadassah in 2012, you started working in the ICU. Was that your first position here?

Dr Van Heerden:

Yeah. So what happened was I arrived on the 3rd of July, 2012, started work on the 8th of July, 2012. So not much time for sort of acclimatization or anything in the new country, just straight to work. And I think that's been the blessing for me is that having come straight to work, that was my acclimatization. So for me Hadassah is Israel, Israel is Hadassah, and the two are very closely connected, both in my heart and in what I do.

Benyamin Cohen:

Talk about that. What makes Hadassah's ICU so special?

Dr Van Heerden:

Okay. So I've had experience of several ICUs in Hadassah. When I first arrived. I became the head of the medical intensive care unit.

Benyamin Cohen:

Is the ICU for people who don't, is that, it's different than the ER?

Dr Van Heerden:

Yes.

Benyamin Cohen:

Okay.

Dr Van Heerden:

Okay. So just to explain that point, the ER is like the front door of the hospital. So everybody arrives via the ER mostly. So this means if you have a broken toe or you have pneumonia or any range of things, you come in through the emergency room, get dealt with there. Many patients get sent straight home afterwards, after treatment, some get admitted to hospital, whereas intensive care is the other end of the spectrum.

Dr Van Heerden:

So all of the sickest patients that come in through the ER, through the operating room, from the wards, who need organ support, end up in the intensive care unit. So these are the sickest patients in the hospital. They need things like mechanical ventilation, dialysis support for their heart and their blood pressure and so on.

Benyamin Cohen:

I'm sorry I interrupted before you were saying what makes Hadassah's ICU unique.

Dr Van Heerden:

Yeah. Okay. So I was saying, I had experience of the medical intensive care unit when I arrived. And then a couple of years ago, I moved to the general intensive care unit. So I've had reasonable experience with the ICUs here. And what I can say if I compare them to the Australian situation where I must say medicine is of a very high standard, in Australia I'm talking about, that the Israeli and the Hadassah system is very comparable. So the main difference I think is that we work with less resources at Hadassah.

Dr Van Heerden:

We do the same job but with less resources and the other big difference is the cultural difference. So the interaction with families, families of patients and the patients themselves is much more intense in Israel than it is in Australia. There's a sort of distance between the caregivers and the patients.

Benyamin Cohen:

Is it just, it's like an Israeli cultural thing where they say what's on their mind type of thing?

Dr Van Heerden:

That's exactly true. They say exactly what's on their mind. The family says exactly what's on their mind.

Benyamin Cohen:

Everybody's family, even the doctors are family.

Dr Van Heerden:

Things like patient privacy are not as prominent in the thought process, among family members I'm talking about. So someone in the bed next door will have no trouble inquiring about the family in this bed. Not realizing that that's a border maybe not to be crossed, but it comes from a good place. People are interested and they care. So it's actually very nice to see.

Benyamin Cohen:

Yeah. So you said there's a medical and there's a general. So there's multiple ICUs here at Hadassah?

Dr Van Heerden:

Yeah. So those are two. There's also a neurosurgical intensive care unit, cardiothoracic intensive care unit, pediatric intensive care unit and neonatal intensive care.

Benyamin Cohen:

So someone came in here for some kind of surgery, so even a non ER patient could end up in an ICU.

Dr Van Heerden:

Yeah. Exactly. So all the major surgery which requires specialized care afterwards will come via my intensive care unit. So an example would be a liver transplantation.

Benyamin Cohen:

One of the things I read about the Hadassah ICU is that they deal with live donor organ transplants.

Dr Van Heerden:

Yes.

Benyamin Cohen:

I guess you kind of clarified it earlier because I pictured an ICU as, as more of an ER situation, but I guess if it's for any type of surgery, it would deal with something like an organ donation.

Dr Van Heerden:

Yes. We have an organ transplantation service which is becoming more and more active. So it's actually become very busy over the last couple of years. And the two main organs being transplanted are our kidneys and livers. So like in most other countries there's a shortage of donor organs. And so for that reason they're doing live, living related donor transplants of kidneys in particular.

Benyamin Cohen:

So instead of like a cadaver, taking a kidney from someone recently deceased, you're taking it from a family member or something like that.

Dr Van Heerden:

Yeah. And the amazing thing in Israel, there's an organization which matches people who want to donate kidneys as an altruistic exercise. So this is someone who's totally unrelated to the recipient who will donate his kidney. And there's an organization that takes care of that. So we deal with those, patients also. So they're sometimes looking after both the donor and the recipient at the same time, but the rewards are great, to see someone who's been on dialysis for instance who two days later no longer requires dialysis is an amazing thing.

Dr Van Heerden:

The liver transplantation patients also, we see more and more of those. And they're very challenging to look after at times because of the complexity of the surgery and the fact that the liver is sort of central to almost everything.

Benyamin Cohen:

Is there a particular patient story that you could tell us about that was an inspirational or a miraculous type of story?

Dr Van Heerden:

It's hard to think of one story in particular off the cuff, but the stories are pretty much miraculous, even for renal transplant patients. Their quality of life is pretty miserable before. They're on dialysis two or three times a week, they're attached to the hospital, it's hard for them to travel because to arrange dialysis in distant locations is not so easy. They have to watch what they eat and drink every minute of the day. So life is very tough for them. And immediately after transplantation, all of that is sort of resolved.

Dr Van Heerden:

So it's an amazing thing. Also to see when it's altruistic, these transplantations, that's an amazing thing also, that someone has gone to that trouble to donate a kidney to someone that he doesn't even know. So I've seen examples where the donor and the recipient actually become good friends afterwards. They get invited to functions, bat mitzvahs and so on afterwards just because of that connection. And then it's an amazing gift for someone to give them. So whoever's listening should know that organ donation or to become a potential donor in the event, God forbid, that they end up in a brain dead situation is something to be greatly considered.

Benyamin Cohen:

And it's becoming easier. I know where I live, when you renew your driver's license, you can put a check box and become an organ donor.

Dr Van Heerden:

Yeah. Similar in Israel. You can elect to be a potential donor if that happens. So what people should do is they should speak to their family, make their wishes known so that if that situation arises, it's known what the patient would have wanted.

Benyamin Cohen:

Are you an organ donor?

Dr Van Heerden:

Yes.

Benyamin Cohen:

When we return, Dr. Van Heerden discusses the differences between working in Australia and Israel. Plus, he explains his research on doctor burnout and compassion fatigue.

Dr Van Heerden:

When you deal so much with severe illness and death, unfortunately, you become inured to it. And it just doesn't, it's not on the radar anymore, that it's something that bothers you.

Benyamin Cohen:

All that and much more after a quick break.

It seems that news headlines about the coronavirus are changing by the hour. Keep up to date with everything that Hadassah Hospital is doing to help combat this deadly disease. To find out how we're dealing with the crisis, visit our website at www.hadassah.org/covidupdates. We're posting frequently about how our doctors, nurses and researchers are working to fight the further spread of COVID-19. You can also follow Hadassah on our social media accounts on Facebook, Instagram, and Twitter.

Also, we're looking to you, our listeners, for which medical experts you'd like to hear from in the weeks ahead on this podcast. Please let us know by sending an email to us at marketing@hadassah.org. That's marketing@hadassah.org.

Benyamin Cohen:

And now, back to our conversation with Dr. Vernon Van Heerden.

One of the fascinating things I was reading about you was a project, some research you're working on about studying doctor burnout.

Dr Van Heerden:

Yes.

Benyamin Cohen:

Can you talk about that a little bit?

Dr Van Heerden:

So it's actually a project which is ongoing at the moment, and it's a project I'm doing with some colleagues from Australia. So they contacted me because they were looking for a site which is culturally different from where they work. So we're doing it at multiple sites, a few sites in Australia and in Israel. And what we're doing is interviewing doctors to see what adverse events they might've been exposed to in their working life. Someone died, someone-

Benyamin Cohen:

Like a patient died?

Dr Van Heerden:

Yeah. Someone was injured as a consequence of what they might've done or might've seen.

Benyamin Cohen:

So maybe there's guilt involved or something like that.

Dr Van Heerden:

Exactly. So to see what the events were. Secondly, to see what the doctor's response to those events were. I mean, how they felt about it, guilt, how they deal with that guilt, how they rationalize things, how they continue working the next day.

Benyamin Cohen:

How they get up the next day.

Dr Van Heerden:

So that's the second part of it. And then the third part of the process was to ask them what advice they would give to young doctors coming through in training to avoid these kinds of errors. So we're still in the process of sort of analyzing the data. We did interviews at several sites in, as I said here, and then Australia. And we transcribed the interviews and we're busy analyzing them now. So in order to write them up.

Benyamin Cohen:

And there's three different categories: there's burnout, bore out and compassion fatigue. Can you explain the differences between those three?

Dr Van Heerden:

So burnout is fairly well recognized-

Benyamin Cohen:

That's just like the stress of dealing, of being-

Dr Van Heerden:

Yeah. The constant stress of dealing with very sick patients every day. And the features of it are, for instance, de-personalization, in order to protect yourself in that environment, you kind of de-personalize the patients you're dealing with.

Benyamin Cohen:

So they're just a... Right. Okay. So it's a number, it's a patient number almost.

Dr Van Heerden:

Exactly. Instead of having a close human connection, you kind of stepped back a little bit in order to protect yourself because there's so much emotion. Bore out is when you just can't face doing the same thing again.

Benyamin Cohen:

So monotony.

Dr Van Heerden:

Yeah. So it's not so much that you're not coping. You're coping very well, but just, you don't need to see it again.

Benyamin Cohen:

Probably a lot of professions have that.

Dr Van Heerden:

Yeah. Yeah. This is not unique to medicine at all. For instance, someone doing a repetitive job in a laundry could easily get bore out.

Benyamin Cohen:

Right.

Dr Van Heerden:

Okay. And compassion fatigue is somewhat related to burnout. So when you deal so much with severe illness and death, unfortunately, that you become inured to it. And it just doesn't, it's not on the radar anymore, that it's something that bothers you.

Benyamin Cohen:

How do you counteract that?

Dr Van Heerden:

So that was part of the project. In order to see what aspects of work affect people in that way. So to try and ameliorate them. And it's well known that you can't keep going at 110% all the time. So it's changing in work practices where you might ... the way we do it, for instance, is you might be the attending physician for a week or 10 days, and then you rotate off that position to do something else. For instance, anesthesia clinics, something else which is less intense and which just the change of scenery makes you ready for the next time that you are attending physician.

Benyamin Cohen:

I interview people for a living. It's stressful, but it's not that stressful. How do you cope? How do you deal with ... do you bring home the stress at night?

Dr Van Heerden:

That's exactly one of the questions we asked during this project and people deal with it differently. Okay. So some people will go home and they'll discuss things with their wife and they use their wife or

their partner as a sounding board and sort of to get perspective about what the problem might be during the day. I actually find that quite helpful, just to talk to someone else who's outside of the system, to decompress.

Dr Van Heerden:

Some people use physical activity – they go for a bike ride, or they go for a run. There's a small percentage that use substances. So they might know that they're having one or two too many whiskeys that night, but they know why they're doing it and that takes the edge off. It makes them able to battle work the next day.

Benyamin Cohen:

It's a form of self-medication I guess.

Dr Van Heerden:

Yeah.

Benyamin Cohen:

Yeah.

Dr Van Heerden:

Yeah. So coping skills are wide and varied. What's not so common, and which was interesting to us to find out from this project is that people don't turn to professional services. So doctors very rarely will go to a psychologist or psychiatrist to explain exactly what's going on in their life and what the stresses are.

Benyamin Cohen:

There's a whole other area of stress to the job which is helping the patient and their families, breaking tough news to them. I mean, all of that is just stress upon stress upon stress.

Dr Van Heerden:

Yeah. That actually touches on another project that we did which was to see how we transmit information to family members of patients who are very sick in the ICU. What we found out and what most people know in this specialty is that if you tell someone what you think you're telling them, and you might tell them in a very precise way, points one to five, and they look at you and they'll nod as if they are understanding. And then they'll go straight from that interview and speak to one of the nurses and say, "The doctor hasn't told me anything." And it used to make me angry, you know, because I'd spend the time trying to convey the information and then it clearly wasn't getting across.

Dr Van Heerden:

And what we found is that people in a stressful situation, talking about family members of sick patients, don't absorb information unless you repeat it again and again, multiple occasions and at different times. Eventually, the information will get through. Just it's one of our coping mechanisms as humans that when stressed, we don't take in bad news or more information unless we absolutely have to.

Benyamin Cohen:

So obviously you're here at Hadassah in Israel right now, but you've also worked in the United Kingdom and Australia. What are some of the differences and what are some of the similarities of working in those countries versus working here at Hadassah?

Dr Van Heerden:

Okay. So in terms of medicine, so the basis of what we do, it's pretty much the same in all of countries, so there's small variations in medical practice. The biggest differences are the cultural differences. So I'll give you one example. In Israel, regardless of the prognosis of the patient, the patient himself and the family members will request that all manner of maneuvers get done in order to extend the patient's life, regardless of quality of life, suffering or anything else related to that. They want the patient to live as long as he can.

Dr Van Heerden:

Whereas in Australia, maybe the other end of the spectrum, the emphasis is on quality of life. So if someone is suffering and clearly is not going to survive for very long, the family will often request palliative care rather than all sort of efforts to make the patient survive.

Benyamin Cohen:

What do you attribute that to?

Dr Van Heerden:

It's very much a sort of cultural and I guess religious differences. So Australia is sort of a secular country. So religion doesn't enter much into these kinds of decision makings. Whereas in Israel, whether you're Jewish or Muslim, the impetus is to live and survive as long as you can. So it's an amazing environment working where people value life as much as they do in Israel and every minute is precious. So a lot of our effort often goes into extending life at all expenses.

Benyamin Cohen:

When we return Dr. Van Heerden tells the miraculous story of a patient on life support, who woke up two months after she arrived at Hadassah. Plus, what's it like being in an ICU with a terrorist and their victims in the same room?

Dr Van Heerden:

The way I look at that, and the way most of my colleagues look at it, is that we deal with the sick patient in front of us. We make no judgment about who they are, where they come from.

Benyamin Cohen:

All that, and much more after a break.

Dina Kraft:

I'm Dina Kraft, the host of a podcast called The Branch which tells the stories of relationships between everyday Israelis and Palestinians, Jews, and Arabs. I've been reporting on the lives of Israelis and Palestinians for two decades. And people always ask me, "Will things ever get better?" No doubt, the road is long, but when peace does come, it will be thanks to the groundwork being laid by the people whose stories we tell on The Branch.

Dina Kraft:

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Benyamin Cohen:

And now back to our conversation with Dr. Vernon Van Heerden.

So I asked you if you knew of an inspiring organ donation story, and you said, "Oh, I have an inspiring non organ donation story."

Dr Van Heerden:

Actually just the other day, I was telling a story that happened not in this intensive care unit, but in another intensive care unit that I worked in. If you'd like to hear that story.

Benyamin Cohen:

Sure.

Dr Van Heerden:

So what happened was this was a young woman who had given birth that morning in another hospital and had uncontrolled bleeding. So she was with a low blood pressure for many hours while they were trying to resuscitate her and transferred her to the hospital where I was working in. So a Jewish lady who had given birth to a little boy, and she was in a very difficult situation in our ICU. So she survived the first day or so. But we didn't hold much hope that she would survive longer than that. Anyway, she survived a week and it came time for the *brit milah* of the young boy.

Benyamin Cohen:

For the circumcision, yeah?

Dr Van Heerden:

Yes. So we decided to do the circumcision next to the mother's bed. She was on all kinds of life support. To do it next to the bed so that we could video the procedure so that when he grew up, he would have a picture of him and his mother who presumably would be passed on by then because that's what we thought would happen. And this little boy had his *brit milah* which was something hard to organize in that hospital. But anyway, we organized it.

Dr Van Heerden:

And then something like two months later, I was walking past this lady's bed and she had no signs of brain function at all. I was walking past her bed and I noticed suddenly that her eyes were following me. And that was the first sign of life that we'd seen for these two months, at least. So I went to, and I went closer to her to check and she, because I wear a kippah, this was what drew her attention.

Dr Van Heerden:

I went closer to her and I could see that she was actually looking at me. And from that point onwards, her brain function improved. She woke up, we could remove her from life support and she went home. So it was an amazing story of someone who we never expected to survive. And we did the *brit milah* next to the bed because of that. And everything came good in the end.

Benyamin Cohen:

Wow. That's incredible.

Dr Van Heerden:

So they eventually moved to Israel. This family moved to Israel, the mother and her husband and this young kid. So it's an amazing story.

Benyamin Cohen:

Yeah. So you mentioned, you touched on different cultural backgrounds. Here at Hadassah, it's amazing, when you get to the door, it doesn't matter what race, religion, nationality you are. It's kind of such a variety in inside.

Dr Van Heerden:

No. It's an amazing environment to work in. People ask me because I'm not such a new immigrant now, but reasonably new immigrant, my Hebrew skills are still not fantastic. And they ask me, "How do you manage at work?" And I explain to them, even if I was absolutely fluent in Hebrew, the next patient through the door might be a Russian speaker.

Dr Van Heerden:

And the one after that, a new immigrant from France and the one after that, an Arab patient from a small village who speaks only Arabic. So this interaction of the languages is part of the challenge every day of dealing with the patients and their families that we have.

Benyamin Cohen:

One of the things that fascinates me about Hadassah, and I'm sure you see this a lot in the ICU is that oftentimes when there's a, let's say a terrorist attack or something, you would see the terror victims as well as the terrorist in your ICU. Tell me about that. How does that...

Dr Van Heerden:

Yeah. I mean, when you first think about it, it's kind of a bizarre situation where we have both of them come in. The way I look at it, and the way most of my colleagues look at it, is that we deal with the sick patient in front of us. We make no judgment about who they are, where they come from. And we try and save their lives, regardless of their background, we leave the judgment and the other things to follow, once the patient survived and he's recovered from his illness, then it's a matter for the courts and the police and so on.

Dr Van Heerden:

So up until that point, we're not interested. It's safe to say that there has been occasions when there's been a big incident when we don't know who the perpetrator is and who the victim is. We have sick

patients in front of us and we deal with them. And these things can clarify later on down the track. But I can honestly say that both me and the staff in the ICU treat each patient with equal intensity according to his medical condition.

Benyamin Cohen:

Right. You're here for one job and one job only.

Dr Van Heerden:

Yeah.

Benyamin Cohen:

Yeah. When they had the attack on the synagogue in Pittsburgh, there were stories similarly of Jewish doctors helping the attacker in the hospital.

Dr Van Heerden:

Yeah.

Benyamin Cohen:

Yeah.

Dr Van Heerden:

It's kind of training, which is deeply ingrained in us and it kicks in.

Benyamin Cohen:

Hippocratic oath.

Dr Van Heerden:

Yeah. You see the sick patient in front of you, you get to work and you deal with it. Later on you might have a thought about who he was and what he's done.

Benyamin Cohen:

You deal with a lot of life and death issues. What are your thoughts as a doctor, or maybe not even as a doctor, just as a philosopher or someone who thinks about these types of things, about near death experiences? And do you think people have near death experiences? What are your thoughts?

Dr Van Heerden:

They certainly do.

Benyamin Cohen:

Where they see a light and they come back.

Dr Van Heerden:

Yeah. Yeah. They certainly do have these experiences. And unfortunately we deal something like eight to 10% of our patients die during their intensive care stay. So a fair number do.

Benyamin Cohen:

Well, it's still 90% success.

Dr Van Heerden:

Exactly. Depends how you look at it. But there's a proportion of them that try and die and that we were able to save. So when I say try and die, their illness takes them down a path which takes them to near death experiences. And they come back because of the resuscitation attempt and whatever happens. And a proportion of those will describe this common thing that we all, stay away from the light. Describe-

Benyamin Cohen:

It's not your time, yet. That kind of a thing.

Dr Van Heerden:

Yeah. And they describe exactly that. They'll see a tunnel of light, light at the end of that tunnel, and often a feeling of calmness, supreme calmness, and they'll describe that when they come back. Some of them are very upset that we resuscitate them.

Benyamin Cohen:

Really?

Dr Van Heerden:

"Things were warm and comfortable, and I was headed for a good place and you brought me back. How dare you?"

Benyamin Cohen:

Wow.

Dr Van Heerden:

So all of these stories have happened. I've not had someone who's come back from that kind of experience who's described seeing family members for instance.

Benyamin Cohen:

You've not had that?

Dr Van Heerden:

No. We see a lot of resuscitation attempts successful and patients don't remember them at all because of medications that they might've been given, but there's a small proportion there.

Benyamin Cohen:

So do you, believe is not the word, but do you, I'm going to use it just for lack of a better word. Do you believe those patients, or do you think it's maybe just the drugs talking?

Dr Van Heerden:

I think if I didn't believe them, then I would have some trouble coming to work in the morning.

Benyamin Cohen:

Interesting.

Dr Van Heerden:

I think there has to be something more than just this physical life of ours, and this is me being a bit sort of philosophical and so on, but-

Benyamin Cohen:

That's great.

Dr Van Heerden:

But dealing with life and death on a sort of day-to-day basis, I believe there has to be something more.

Benyamin Cohen:

Well, I know you're extremely busy being in charge of the ICU, so I appreciate you taking the time to chat with us today. Dr. Van Heerden, hopefully I said that-

Dr Van Heerden:

Yeah, that's good.

Benyamin Cohen:

... Correctly. Thank you so much. I really enjoyed this.

Dr Van Heerden:

Absolute pleasure. Thank you.

Benyamin Cohen:

Hadassah On Call: New Frontiers in Medicine is a production of Hadassah, the Women's Zionist Organization of America. Hadassah enhances the health of people around the world through medical education, care, and research innovations at the Hadassah Medical Organization. For more information on the latest advances in medicine, please head on over to www.hadassah.org/news. Extra notes and a transcript of today's episode can be found at hadassah.org/hadassahoncall. When you're there, you can also sign up to receive an email and be the first to know when new episodes of the show are released.

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