



## HOSPITAL PRACTICE VERSUS WORK ON THE FRONT LINE. ABOUT ANNA WACŁAWIK'S BOOK "LEKARZE. WALKA O ŻYCIE"

Praktyka szpitalna a praca na linii frontu. O książce Anny Waclawik „Lekarze. Walka o życie”



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### Abstract

A book by Anna Waclawik entitled “Doctors. Fight for Life” is an important document worth recommending, showing the wartime work of Polish civilian doctors on the front line in Ukraine. A series of interviews with doctors shows how the skills of specialists, previously acquired in Polish hospitals, must be quickly supplemented with elements imposed by war, such as the ability to work without access to modern equipment, under direct life threat.

### Streszczenie

Książka Anny Waclawik jest ważnym, wartym polecenia dokumentem pokazującym wojenną odsłonę pracy polskich cywilnych lekarzy na linii frontu w Ukrainie. Seria wywiadów z lekarzami pokazuje, jak umiejętności specjalistów, wcześniej zdobyte w warunkach polskich szpitali, na ukraińskim froncie muszą być szybko uzupełnione o elementy, jakie narzuca wojna: umiejętność działania bez nowoczesnego sprzętu, w warunkach bezpośredniego zagrożenia życia.

**Keywords:** PTSD, war, hospital practice

**Słowa kluczowe:** PTSD, wojna, praktyka szpitalna

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### Introduction

The book by Anna Waclawik entitled “Doctors. Fight for Life” (original Polish title: *Lekarze. Walka o życie*) [1] was published in October 2023 and is a record of interviews conducted by the author among doctors and paramedics who volunteered to rescue and treat the victims of warfare in Ukraine. The documentary shows the service of Polish doctors on the frontline, their work in field conditions, without access to modern diagnostic equipment, under fire, among wounded soldiers and civilians.

Although Poland is a country where, according to the recent OECD report, the availability of medical services and expenditures on the broadly understood healthcare are relatively low [2], there is an ongoing debate on the need to improve the situation, and hospitals are constantly applying for more financing and additional equipment [3–5], working conditions for doctors in war zones pose an enormous challenge.

This is how Anna Waclawik writes about her idea to collect interviews among Polish medical professionals serving in Ukraine: ‘I wanted to see what MEDEVAC (medical evacuation) looks like in a country involved in a military conflict, where snipers shoot at doctors, invaders murder women and children, leaving grenades in kitchen cupboards as they depart’ (p. 8).

### Working conditions

The working conditions of doctors in war zones often extremely deviate from the comfort of their previous work in hospitals.

Justyna Jaszczuk, who treated those wounded at a stabilisation point and participated in transporting soldiers to such points, describes the available equipment: “In Ukraine, I was working in an ambulance with everything flying around on the rough terrain and limited supplies of medications at my disposal, which had to suffice for a long

time... I mean, it's possible. And when I go back to the hospital in Poland, I find problems like 'hand me a different laryngoscope blade because this one is the wrong size'" comical (p. 113).

Piotr Wolak, a surgeon from Krakow, describes the equipment available to the doctors at the stabilisation points in Donbass in the following way: "a primitive ultrasound machine, our hands and a stethoscope – these were the three diagnostic tools at our disposal. We made clinical decisions on this basis. We did not have access to modern imaging tools, such as CT or MRI, which are available on the spot in most emergency departments. [...] As for surgical equipment, it allowed for performing abdominal and thoracic procedures, life-saving surgeries for soldiers and to stabilise their condition" (p. 176).

### Types of injuries among those wounded

Wounds on the battlefield differ from those that doctors typically encounter in Polish hospitals. Although gunshot wounds also occur in peacetime conditions, they are relatively rare [6]. 'Combat injuries are a completely different type of trauma than gunshot wounds sustained under civilian conditions', says Piotr Wolak. – 'It is multifaceted. Firstly, apart from a few exceptions, gunshots from handguns or gunpowder weapons can be encountered in Poland, whereas shrapnel wounds predominate in the conditions of war in Ukraine. They develop when an explosive charge, which is used to 'fight a living force', in military jargon, breaks into several hundred small pieces after an explosion. [...] Shrapnel of this kind, however, is powerful enough to penetrate body cavities, such as the chest or abdomen. Such injuries usually do not kill immediately, but cause damage to internal organs, and the injured person must be transported to hospital within a certain timeframe to stand a chance of survival' (pp. 179–180).

Under war conditions, the majority of patients suffer combat wounds, most often shrapnel wounds, and these become an everyday occurrence. For some Polish doctors, the scenes at stabilisation points and hospitals remind of the World War II films they used to watch. "Those heavily wounded are placed on stretchers, bloody, torn uniforms, someone is unconscious [...] a piece of flesh is torn out somewhere at the back of the thigh. Everything is happening very fast here. [...] Many soldiers are victims of barotrauma, resulting from the force and the noise from the impact of a missile. They have paralysed tympanic membranes, impaired hearing, and neurological injuries caused by the force of the recoil" (pp. 64–65).

When rescuing the injured, even experienced doctors are forced to master new skills, treating injuries they have never encountered before during their daily practice in civilian hospitals.

This is how Justyna Jaszczuk, a paediatric anaesthetist, describes what she had to learn: "Faster assessment of patients and their general condition. I gained experience in other activities, I performed procedures that I do not normally perform in Warsaw, such as applying haemostatic dressings to gunshot wounds and chest-penetrating wounds, or removing shrapnel. I also learned how to

perform plexus blocks. From my professional perspective, this was a new and useful experience' (p. 94).

### Working under fire

Under wartime conditions, doctors also work under fire. When asked by Anna Waclawik what it is like to work when shelling is heard, Justyna Jaszczuk replies: "[There was shelling] close to the frontline. It's like the sound of a thunderstorm, to which you stop reacting after a while' (p. 128). 'In the evenings, hell began,' recalls Piotr Wolak, 'This was the situation on the frontline in Donbass [...] then the shelling would start with the coming of dusk' (p. 190).

Doctors also speak openly about targeted attacks on medical facilities and personnel. "Doctors are as important targets for the Russians as HIMARS (M142 High Mobility Artillery Rocket System), as recounted by Wolak. According to Conventions [7, 8], medical personnel may under no circumstances be attacked. During war, however, conventions can be put between fairy tales. [...] Eliminating medics from the battlefield means that many wounded soldiers cannot be helped, and have no chance of survival (p. 196).

### Stress and PTSD

The circumstances under which doctors work during shelling, so unlike civilian conditions, gave rise to enormous stress. Despite being aware of the threat to their own life and health, many doctors still performed surgeries, pushing away thoughts of danger. However, the consequences of exposure to such stress persist for a long time.

Piotr Wolak talks about recurring images of powerlessness in his dreams at night, caused by helplessness, lack of time and conditions to save those wounded, the pressure to choose whom to rescue first, giving up on hopeless cases. "Engaging in their rescue was pointless under conditions of limited equipment and personnel resources. If one believes in hell, it looked exactly like this: screams, suffering, darkness, begging for help, blood, sweat, tears, mud and hopelessness' (p. 187).

When asked by Anna Waclawik whether they were suffering from PTSD (post-traumatic stress disorder), the doctors confirmed that they developed the symptoms, although usually not immediately after returning from Ukraine, but with a delay, even after several months. Situations such as noises from a construction site reminiscent of anti-aircraft artillery or a siren from a nearby fire station that evoked memories of air alerts in Ukraine were the cause of "discomfort, unpleasant anxiety, agitation, nervousness". "This siren triggered the most intense somatic reaction in my body, with palpitations, shortness of breath. And I even caught myself crouching against the wall in the same way I did in the shelter" (p. 204), describes Piotr Wolak, who additionally admitted having sought psychological help to cope with PTSD.

Confronting both the immediate threat and the enormity of human suffering, including the deaths of civilians and children, under wartime conditions requires not only si-

gnificant mental resilience, but also the ability to cope with images that persist in one's memory, and to distance oneself from the realities of war.

### Conclusions

The book by Anna Waćławik is an important highly commendable document showing the wartime aspects of the work of civilian doctors. It shows how the specialist skills acquired in Polish hospitals, although essential and highly useful, had to be rapidly expanded to account for the harsh realities imposed by war, such as working without access to modern equipment, working under direct threat to life, or resistance to mental trauma.

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