# CRITICAL CARE

## CHAPTER 3: THE LENS OF OTHERS

The week before Luke Parker and his documentary crew were scheduled to arrive passed in a blur of patient care, staff meetings, and my increasingly desperate attempts to prepare the ER for what was coming. I’d called an all-hands meeting to explain the project, expecting resistance or at least skepticism. Instead, I got enthusiasm bordering on mania.

“So we’re going to be on TV?” asked one of the newer nurses, her eyes wide with excitement.

“It’s a documentary series, not Grey’s Anatomy,” I corrected, looking around the crowded break room. “And participation is completely voluntary. Anyone who doesn’t want to be filmed won’t be.”

“Will we get paid?” This from Dr. Chen, surprising me. She was usually so focused on medicine that I couldn’t imagine her caring about publicity.

“No additional compensation,” I said, watching several faces fall. “But the hospital has agreed to direct any donations resulting from the documentary toward department improvements.”

That perked them up again. We’d been begging for new cardiac monitors and an ultrasound machine that wasn’t from the Stone Age for over a year.

“What about patients?” Raj asked, the only one besides me who seemed to have concerns. “How do we handle consent when someone’s bleeding out or unconscious?”

“No filming without explicit consent,” I assured him. “And even with consent, if the situation changes or escalates, we can ask them to stop filming immediately. Luke—Mr. Parker has agreed to these terms.”

“Luke, huh?” Olivia said with a knowing smirk. “First-name basis already?”

I ignored her, continuing with my prepared speech about professionalism and the importance of authentic representation. By the end, most of the staff seemed cautiously optimistic, even excited about the prospect of showing the world what emergency medicine really looked like.

Only Raj lingered after the meeting, his expression troubled.

“What’s really going on, Maya?” he asked when everyone else had left. “Last week you were ready to fight Foster to the death over this, and now you’re calling the filmmaker by his first name and talking about ‘authentic representation’?”

I hesitated, not ready to share Diana’s diagnosis with anyone yet. “I spoke with Diana,” I said finally. “She thinks this could be good for the department. Bring attention to the issues we’ve been fighting for.”

Raj studied me, clearly sensing there was more to the story. “And you trust her judgment that much? Enough to completely change your mind?”

“I do,” I said simply, because it was true. Diana had earned my trust a thousand times over. If she believed in this project, in Luke Parker’s vision, then I would give it a chance. For her.

Raj nodded slowly. “Okay then. I’m with you. But the first time a camera gets in the way of patient care—”

“We shut it down,” I finished for him. “I promise.”

The conversation with Raj was the easiest part of my week. The rest was spent in meetings with Foster, the hospital’s legal team, and the PR department, all of whom had their own agendas for the documentary. Foster wanted the hospital to look cutting-edge and efficient (ha!), legal wanted to minimize liability, and PR wanted heartwarming stories that would open donors’ wallets.

None of them seemed particularly concerned with what I wanted: an honest portrayal of the challenges facing emergency medicine and the people who practiced it.

By Sunday night, I was exhausted and irritable, dreading the arrival of Luke and his crew the next morning. I’d spent the day at my parents’ apartment in Washington Heights, enduring my mother’s attempts to set me up with the new deacon (who was indeed handsome but about as interesting as watching paint dry) and deflecting questions about why I looked so tired.

I couldn’t tell them about Diana. I couldn’t tell anyone yet. It felt like carrying a boulder on my shoulders, the weight of her secret pressing down on me with every step.

I was soaking in a hot bath, trying to ease the tension in my neck and shoulders, when my phone buzzed with a text. Unknown number.

*Dr. Rodriguez, it’s Luke Parker. Foster gave me your number for tomorrow. We’ll arrive at 7 AM as discussed. Small crew—just me, a camera operator, and a sound tech. Let me know if that works for you.*

I stared at the text, debating whether to respond. On one hand, it was Sunday night, and I was off the clock. On the other, it was actually considerate of him to confirm the details instead of just showing up.

*7 AM is fine,* I texted back. *Meet me in the ER. And it’s Maya.*

His response came quickly: *Thank you, Maya. Looking forward to it.*

I put my phone down and sank deeper into the bath, trying to ignore the flutter of anxiety in my stomach. Tomorrow everything would change. Cameras in my ER, a filmmaker observing my every move, the weight of Diana’s expectations on my shoulders.

No pressure.

I arrived at the hospital at 6:30 the next morning, determined to have time to center myself before Luke and his crew appeared. The ER was relatively quiet—a Monday morning lull before the inevitable rush. I checked in with the night shift, reviewed the patients currently being treated, and made sure everything was as organized as an emergency department could possibly be.

At precisely 7 AM, Luke Parker walked through the ER doors, followed by a woman carrying a professional camera and a man with what looked like sound equipment. Luke spotted me immediately, his face breaking into a warm smile that made the flutter in my stomach return with annoying persistence.

“Maya,” he said, extending his hand. “Thank you for this opportunity. This is Gabriela Diaz, our cinematographer, and Marcus Lee, our sound engineer.”

I shook hands with all three, noting that both Gabriela and Marcus had the same calm, unobtrusive demeanor as Luke. They were dressed simply in dark clothes that wouldn’t stand out, and their equipment, while professional-looking, was more compact than I’d expected.

“We’ll start with just observation today,” Luke explained. “No cameras yet. We want to get a feel for the flow of the department, the routines, the dynamics. Is there somewhere Gabriela and Marcus can store their equipment while they’re not using it?”

I showed them to a small storage closet near my office, then gave them a brief tour of the department, introducing them to the staff on duty. Everyone was on their best behavior, almost unnaturally so. Raj was actually wearing a pressed lab coat instead of his usual scrubs, and Olivia had applied makeup, something I’d seen her do maybe three times in five years.

“You can use my office as a base if you need to,” I told Luke as we finished the tour. “It’s not much, but it’s private.”

“Thank you,” he said, his eyes taking in every detail of the ER with keen interest. “But I’d prefer to be out here, observing. If that’s okay with you.”

I nodded, oddly relieved that he wasn’t going to be hiding away, directing from a distance. “Just stay out of the way during emergencies, and if anyone—staff or patient—asks you to leave, you go immediately. No questions asked.”

“Agreed,” Luke said solemnly. “We’re guests here. We respect that.”

The morning progressed with surprising smoothness. Luke shadowed me as I saw patients, keeping a respectful distance but watching everything with those observant blue eyes. He asked thoughtful questions during the brief moments between patients, never interrupting actual care. Gabriela and Marcus circulated separately, getting to know the layout and the staff, occasionally making notes but never intruding.

By lunchtime, I’d almost forgotten they were there. Almost.

“You should eat something,” Luke said as I finished updating a chart. “You’ve been going nonstop since I arrived.”

I glanced up, surprised by his concern. “Welcome to emergency medicine. Meals are a luxury, not a right.”

“Even surgeons take breaks,” he countered. “I’ve filmed enough hospitals to know that skipping meals just leads to mistakes later.”

He had a point, though I was reluctant to admit it. “Fine. I’ll grab something from the cafeteria. But I’m bringing it back here to eat.”

“Mind if I join you?” Luke asked. “I have some questions about the department structure, and it might be a good time to discuss them without interruptions.”

I hesitated, then nodded. “Sure. But if my pager goes off—”

“You run, I understand,” he finished with a small smile.

The cafeteria was crowded with the lunch rush, but we managed to find a small table in the corner after getting our food. I’d opted for a sad-looking salad and coffee, while Luke had chosen the daily special, some kind of pasta dish that smelled surprisingly good.

“So,” I said, stabbing a piece of lettuce with my fork, “what questions do you have about department structure?”

Luke took a bite of his pasta before answering. “I’m interested in the relationship between the ER and other departments. I’ve noticed some tension with admitting, for example.”

I raised an eyebrow, impressed that he’d picked up on that already. “Tension is putting it mildly. We’re constantly fighting for beds for our admitted patients. The hospital runs at near capacity, so when we need to move someone upstairs, it’s like trying to find a parking spot in Manhattan on a Friday night.”

“And that affects patient care how?”

“Patients end up boarding in the ER, sometimes for hours or even days,” I explained, warming to the topic. “We’re not set up for long-term care. We don’t have the staff or the resources. So those patients get suboptimal care, and meanwhile, we can’t use those beds for new emergencies.”

Luke nodded, taking notes on his phone. “What about relationships with specialists? I saw how quickly cardiology responded to that STEMI last week, but is that typical?”

I snorted. “Hardly. That was because Eli—Dr. Bennett—was on call. Some specialists treat the ER like we’re an inconvenience rather than colleagues. They question our judgment, take their time responding to consults, and generally act like we’re wasting their precious time.”

“Not all specialists, surely?”

“No, not all,” I conceded. “Neurology is usually responsive. Trauma surgery, obviously. But some departments…” I trailed off, realizing I was perhaps being too candid.

Luke seemed to sense my hesitation. “Everything you tell me is background at this point. I’m just trying to understand the ecosystem of the hospital. Nothing’s on the record until cameras are rolling, and even then, you’ll have final approval on what makes it into the documentary.”

I studied him, trying to gauge his sincerity. His eyes met mine steadily, no hint of deception or manipulation that I could detect. Either he was being honest, or he was a very good actor.

“Why emergency medicine?” I asked suddenly. “Of all the specialties, all the aspects of healthcare you could focus on, why the ER?”

Luke set down his fork, considering the question. “Because it’s the front line. The place where healthcare meets humanity in its rawest form. No appointments, no screening, no selection bias. Just people in need and the professionals who help them, regardless of ability to pay or social status or any other factor that might influence care elsewhere in the system.”

It was a good answer—too good, almost, like something rehearsed for a grant application or pitch meeting.

“And the real reason?” I pressed.

A smile tugged at the corner of his mouth. “That obvious, huh?”

I shrugged. “I spend my days reading people quickly. It’s part of the job.”

Luke took a sip of his water before answering. “My younger brother died in an ER when I was nineteen. Rural hospital, understaffed, underequipped. Ruptured appendix that should have been a routine save.”

The blunt admission caught me off guard. “I’m sorry,” I said automatically.

He nodded, acknowledging the sentiment. “It was a long time ago. But it shaped me, shaped my understanding of how healthcare works—or doesn’t work. The doctors and nurses did everything they could with what they had, but what they had wasn’t enough. Not enough staff, not enough equipment, not enough support from the system.”

“So this documentary is personal for you,” I said, understanding dawning.

“All my work is personal,” Luke replied. “I don’t think you can tell stories that matter otherwise. But yes, this one especially so.”

Before I could respond, my pager went off. I checked it quickly—trauma alert, ETA five minutes.

“I have to go,” I said, standing and gathering my barely-touched lunch. “Multiple trauma coming in.”

Luke stood as well. “Mind if I observe?”

I hesitated, then nodded. “Just stay back, and if I tell you to leave—”

“I’m gone,” he promised. “No questions asked.”

We hurried back to the ER, where the trauma team was already assembling. Raj was preparing the trauma bay, Olivia was coordinating with radiology for immediate CT availability, and Dr. Chen was reviewing the trauma protocol on a tablet.

“What do we have?” I asked as I pulled on a trauma gown and gloves.

“Multi-vehicle accident on the FDR,” Raj reported. “Two critical patients coming to us, more to other hospitals. First patient is a 45-year-old male, head trauma, possible internal bleeding. Second is a 30-year-old female, pregnant, approximately 32 weeks, with pelvic fractures and lacerations.”

My mind immediately shifted into trauma mode, all thoughts of Luke Parker and his documentary fading to the background. “Page OB stat for the pregnant patient. Dr. Chen, you’re with me on the male trauma. Raj, make sure blood bank is ready with O-neg, at least four units for each patient.”

Everyone moved with practiced efficiency, the choreography of trauma response as familiar as breathing. I was vaguely aware of Luke positioning himself against the wall, well out of the way but with a clear view of the action.

The ambulances arrived within minutes of each other, and the ER erupted into controlled chaos. The male patient—James Wilson according to his driver’s license—was unconscious with a Glasgow Coma Scale score of 7, indicating severe head trauma. The pregnant woman—Sarah Chen, no relation to our Dr. Chen—was conscious but in severe pain, her vital signs unstable.

“Get ultrasound in here now!” I called, quickly assessing Mr. Wilson’s pupils while Dr. Chen established an airway. “And where the hell is neurosurgery?”

The next hour was a blur of activity—assessments, interventions, diagnostic tests, consultations. Mr. Wilson had a subdural hematoma requiring immediate surgery, while Ms. Chen had a pelvic fracture and placental abruption that threatened both her life and her baby’s.

Through it all, Luke remained silent and motionless against the wall, his expression a mixture of concentration and respect. He never once got in the way, never asked questions, never did anything to distract from the critical work at hand.

By the time both patients were stabilized and transferred—Mr. Wilson to neurosurgery, Ms. Chen to obstetrics for emergency C-section—I was drenched in sweat and spattered with blood. I stripped off my trauma gown and gloves, disposing of them in the biohazard bin before washing my hands thoroughly.

“You okay?” Luke asked quietly as I dried my hands.

I glanced up, having almost forgotten he was there. “Fine. This is the job.”

“You were amazing,” he said, his voice sincere. “All of you. The coordination, the communication, the focus under pressure… it was like watching a perfect machine.”

I shrugged, uncomfortable with the praise. “We got lucky. Both patients were stabilized quickly, both had good chances of survival. It doesn’t always go that way.”

“I know,” Luke said, and something in his tone told me he truly did understand. “But that doesn’t make what you did any less impressive.”

Before I could respond, Olivia appeared with an update. “OB says Ms. Chen is in surgery now, baby’s heartbeat is strong. Neurosurg has Mr. Wilson in the OR, they’re cautiously optimistic.”

“Good,” I said, relief washing through me. “Keep me updated on both.”

As Olivia walked away, I became acutely aware of how I must look—exhausted, disheveled, probably with blood in my hair from where I’d pushed it back with my forearm during the trauma response.

“I need to clean up,” I said, suddenly self-conscious. “And check on other patients. We still have a department to run.”

Luke nodded. “Of course. I’ll find Gabriela and Marcus, check in with them. Thank you for letting me observe.”

I watched him walk away, struck by how different he was from what I’d expected. No pushy questions, no demands for better camera angles or more dramatic moments. Just quiet observation and genuine respect for the work.

Maybe, just maybe, this documentary wouldn’t be the disaster I’d feared.

The rest of the day passed in a series of less dramatic but no less important patient encounters. A child with a high fever that turned out to be strep throat. An elderly man with chest pain that was, thankfully, just gastritis. A college student with a severe allergic reaction to something she’d eaten at a campus cafeteria.

Luke and his team continued their observation, sometimes together, sometimes separately. They blended into the background so well that I often forgot they were there until I’d turn and catch Luke’s thoughtful gaze or notice Gabriela making notes in a small notebook.

By the end of my shift, I was exhausted but satisfied. It had been a good day—challenging cases, positive outcomes, and minimal administrative headaches. And surprisingly, the presence of the documentary team hadn’t been the disruption I’d feared.

I was changing out of my scrubs in the locker room when Olivia found me.

“Final updates,” she said, leaning against the lockers. “Ms. Chen delivered a healthy baby girl by C-section. Both are stable. Mr. Wilson made it through surgery, still critical but neurosurg is more optimistic now.”

“Good,” I said, relief washing through me. “Thanks for following up.”

Olivia nodded, then gave me a knowing look. “So, the filmmaker…”

I groaned. “Don’t start.”

“What? I was just going to say he seems professional. And he clearly respects what we do here.” She paused, a mischievous glint in her eye. “The fact that he looks like he walked off the cover of Rugged Documentary Filmmakers Monthly is just a bonus.”

“There’s no such magazine,” I said, pulling on my jacket.

“There should be,” Olivia replied with a grin. “Anyway, he’s been asking about you. Your background, your training, how long you’ve been at Manhattan Memorial.”

I frowned. “Why?”

“Because you’re going to be the main subject of his documentary?” Olivia suggested, as if explaining something to a particularly slow child. “Or because he finds you interesting? Possibly both?”

“He’s doing his job,” I said firmly. “Learning about the department, the key players, the dynamics. It’s not personal.”

Olivia rolled her eyes. “If you say so. But just so you know, he turned down Foster’s offer of a private tour of the hospital. Said he’d rather continue shadowing you tomorrow, if that’s okay.”

I wasn’t sure how I felt about that. On one hand, Luke had proven himself to be respectful and unobtrusive. On the other hand, having him follow me around all day, those observant blue eyes missing nothing, was… unsettling.

“Fine,” I said, closing my locker. “But if he gets in the way—”

“You’ll eviscerate him, I know,” Olivia finished with a smile. “He’s waiting in your office, by the way. Said he had a few questions before he leaves for the day.”

I sighed, resigning myself to a longer day than I’d planned. “Thanks for the warning.”

Luke was indeed waiting in my office, scrolling through his phone with a slight frown of concentration. He looked up when I entered, his expression brightening.

“Maya. Thank you for today. It was incredibly informative.”

“You’re welcome,” I said, setting down my bag and taking a seat behind my desk. “Olivia said you had questions?”

Luke nodded, putting away his phone. “Just a few, to help me understand the context better. First, how long have you been Acting Chief of Emergency Medicine?”

“Two months,” I answered. “Since Diana—Dr. Patel—went on sabbatical.”

“And before that, you were an attending physician here?”

“For five years, yes. I did my residency here as well.”

Luke made a note on his phone. “What made you choose emergency medicine?”

I considered the question, which was more complex than it seemed. “I like the variety. The challenge of never knowing what’s coming through the door next. The opportunity to help people on what might be the worst day of their lives.”

“Not the adrenaline rush?” Luke asked with a small smile.

“That too,” I admitted. “I get bored easily. Emergency medicine never gets boring.”

“And Manhattan Memorial specifically? Why here?”

I hesitated, unsure how much to reveal. “It’s where I trained. Diana—Dr. Patel—was an exceptional mentor. And the patient population is diverse, the cases challenging. It’s never routine.”

Luke studied me for a moment, as if sensing there was more to the story. “Dr. Patel seems to inspire a lot of loyalty. Everyone speaks highly of her.”

“She’s earned it,” I said simply, not ready to discuss Diana’s condition with anyone, especially not a filmmaker I’d just met.

Luke seemed to sense my reluctance and changed the subject. “I noticed the equipment in the trauma bay is older than what I’ve seen in other hospitals. Is that typical throughout the department?”

And just like that, he’d hit on one of my biggest frustrations. “Yes. We’ve been requesting updates for years, but there’s always some reason the budget can’t accommodate it. Meanwhile, the cardiology department gets new equipment every fiscal year.”

“Because cardiology brings in more revenue,” Luke suggested.

“Exactly. Emergency medicine is a cost center, not a profit center. We don’t perform elective procedures or attract wealthy patients seeking specific treatments. We take all comers, many of whom are uninsured or underinsured.”

“Which is exactly why emergency departments should be better funded,” Luke said, a hint of passion breaking through his professional demeanor. “They’re the safety net of the healthcare system.”

“Try telling that to Foster and the board,” I said with a bitter laugh.

“Maybe I will,” Luke replied, his expression thoughtful. “Through this documentary.”

I studied him, trying to gauge his sincerity. “Is that really what you want to focus on? The economics of emergency medicine? Seems a bit dry for a documentary series.”

“Not dry at all when you see how it affects real patients, real providers,” Luke countered. “The human cost of these budget decisions. The stress it puts on dedicated professionals like you and your team. The compromises you’re forced to make because you don’t have the resources you need.”

Put that way, it did sound compelling. And it was certainly an accurate portrayal of our daily reality.

“Well, if that’s your angle, you’ll have plenty of material here,” I said, suddenly tired. It had been a long day, and tomorrow promised to be equally demanding.

Luke seemed to notice my fatigue. “I’ve kept you long enough,” he said, standing. “Thank you again for today. Your team is exceptional, and I’m grateful for the opportunity to document their work.”

“Our work,” I corrected automatically. “I’m part of the team, not separate from it.”

A smile tugged at the corner of Luke’s mouth. “Noted. And refreshing. Not all department heads see it that way.”

He extended his hand, and I shook it, once again struck by the warmth of his grip and the directness of his gaze.

“Same time tomorrow?” he asked.

I nodded. “I’ll be here at 6:30. We start rounds at 7.”

“I’ll be here at 6:30 then,” he said, surprising me. “I want to see the full day, not just the parts that happen during convenient hours.”

After he left, I sat at my desk for a few minutes, processing the day. It had gone better than I’d expected—much better. Luke and his team had been professional, respectful, and genuinely interested in understanding the realities of emergency medicine, not just capturing dramatic moments.

Maybe Diana was right. Maybe this documentary could actually make a difference. Maybe Luke Parker was exactly who he appeared to be—a filmmaker with a mission, a personal connection to emergency medicine, and the skills to tell our story in a way that might actually change things.

Or maybe I was just exhausted and letting my guard down too easily. Time would tell.

I gathered my things and headed for the subway, my mind already turning to tomorrow’s challenges. One day down, many more to go. The real test would come when the cameras started rolling, when the presence of lenses and microphones changed the dynamic of the department.

For now, though, I was cautiously optimistic. And that, in itself, was something of a miracle.