# CRITICAL CARE

## CHAPTER 5: BEHIND THE SCENES

“You look like you’ve been hit by a truck, backed over, and then hit again,” Eli announced as I slid into our usual booth at The Nightcap, the bar across from the hospital where staff congregated after shifts.

“Thank you for that detailed assessment, Dr. Bennett,” I replied, signaling the waitress for a drink. “Your bedside manner remains impeccable.”

It was Friday night, nearly a week after the marathon Saturday shift that had left me questioning my life choices. I’d spent my rare day off sleeping, eating takeout in my pajamas, and steadfastly avoiding thoughts of the hospital, Luke Parker, or Diana’s diagnosis.

“Rough week?” Eli asked, pushing a basket of fries toward me. He’d already ordered my usual—thoughtful despite his teasing.

“When is it not?” I grabbed a handful of fries, suddenly realizing how hungry I was. “The documentary crew has been filming all week. Foster’s breathing down my neck about quarterly reports. And we’re still short-staffed because Chen’s out with whatever plague she caught.”

“At least you have a sexy filmmaker following you around,” Eli said with a grin. “Some of us just have boring old patients.”

I threw a fry at him, which he caught and ate with infuriating smugness. “He doesn’t follow me around. And he’s not sexy, he’s… professional.”

“Professionally sexy,” Eli amended. “According to the nurses’ poll, anyway.”

I nearly choked on my drink. “The nurses are polling on Luke’s sexiness? Please tell me you’re joking.”

“Wish I was. There’s an actual whiteboard in the break room with a scale of one to ten. He’s currently at a solid 8.7, with bonus points for the beard and what Olivia calls his ‘soulful documentarian eyes.’”

I groaned, sinking lower in my seat. “This is a nightmare. We’re supposed to be a professional medical facility, not the set of The Bachelor.”

“Oh, lighten up,” Eli said, nudging my foot under the table. “It’s harmless fun. And admit it—the guy is easy on the eyes.”

Before I could formulate a suitably cutting response, Zoe Chen appeared at our table, looking uncharacteristically flustered.

“May I join you?” she asked, her usual precise diction slightly rushed. “I require alcoholic beverages and social interaction following a particularly challenging day.”

“Pull up a chair,” I said, grateful for the interruption. “What happened?”

Zoe sat, carefully arranging her bag beside her. “I was filmed today. For the documentary. It was… disconcerting.”

“Luke interviewed you?” I asked, surprised. I hadn’t seen Zoe’s name on the interview schedule.

“Not formally. He observed my neurological assessments and asked questions about my diagnostic process.” Zoe fidgeted with a napkin, folding it into precise triangles. “He said I have an ‘unique perspective’ that would add depth to the documentary.”

“You do,” Eli said, signaling the waitress to bring Zoe a drink. “You’re the best neurologist in the hospital, and you see things others miss.”

A faint blush colored Zoe’s cheeks at the praise. “That’s objectively untrue. Dr. Winters has seventeen more years of experience and has published extensively in—”

“Winters is a dinosaur who hasn’t updated his knowledge since the ’90s,” Eli interrupted. “You’re innovative, thorough, and actually listen to patients. Luke’s right to want your perspective.”

I watched this exchange with interest. Eli had always been protective of Zoe, ever since her residency when other doctors had mistaken her directness for rudeness and her precision for rigidity. He’d recognized her brilliance and defended her fiercely against critics.

“Did you agree to be interviewed?” I asked Zoe.

She nodded, accepting the gin and tonic the waitress delivered. “Affirmative. Though I requested time to prepare. I’m not naturally… conversational.”

“Just be yourself,” I advised. “That’s what Luke wants—authentic perspectives, not polished soundbites.”

“Speaking of Luke,” Eli said with exaggerated casualness, “isn’t that him at the bar?”

I turned, following Eli’s gaze, and sure enough, there was Luke Parker, sitting alone at the bar with a beer and what looked like a notebook. He was dressed more casually than I’d seen him at the hospital—faded jeans, a simple henley pushed up to his elbows, revealing forearms corded with lean muscle. His dark curls were slightly damp, as if he’d recently showered, and his beard was neatly trimmed.

Not that I was noticing these details. I was simply… observant. Professionally observant.

“Should we invite him over?” Eli suggested, already half-rising from his seat.

“No,” I said quickly, then moderated my tone at Eli’s knowing smirk. “I mean, he’s probably working. We shouldn’t disturb him.”

“Too late,” Eli said cheerfully. “He’s seen us.”

Luke had indeed spotted our table and was raising his beer in a small salute of recognition. After a moment’s hesitation, he gathered his notebook and made his way over.

“Sorry to interrupt,” he said, stopping at our table. “Just wanted to say hello.”

“Join us,” Eli offered immediately, ignoring my subtle head shake. “We’re just unwinding after the week from hell.”

Luke glanced at me, clearly checking if the invitation was genuine. “I don’t want to intrude on your downtime.”

“You’re not intruding,” Eli assured him, pulling out a chair. “Right, Maya?”

Put on the spot, I could hardly say otherwise without seeming rude. “Of course not,” I said, aiming for casual and probably missing by a mile. “Sit. Meet the team outside of crisis mode.”

Luke took the offered seat, setting his beer and notebook on the table. “Thanks. It’s nice to see you all in a setting that doesn’t involve blood or medical emergencies.”

“Give it time,” Eli joked. “The night is young, and this bar is directly across from a hospital. Medical emergencies have been known to follow us.”

“Statistically improbable,” Zoe commented, sipping her drink. “Though the proximity to the hospital does increase the likelihood of encountering medical scenarios compared to establishments further away.”

Luke smiled at Zoe, his expression warm. “Dr. Chen. Thank you again for allowing me to observe your work today. Your approach to neurological assessment was fascinating.”

Zoe blinked, clearly surprised by the genuine interest. “You’re welcome. Though I’m curious what aspects you found particularly noteworthy, as neurological examinations follow a standard protocol.”

“It wasn’t the protocol itself, but how you adapted it to each patient,” Luke explained. “The way you adjusted your communication style for the elderly woman with dementia versus the teenager with the sports injury. You were technically performing the same assessments, but the approach was completely personalized.”

I watched Zoe’s face as she processed this observation. Most people didn’t notice the subtle adjustments she made for different patients—they just saw her methodical approach and sometimes mistook it for coldness.

“That’s… accurate,” Zoe said, sounding slightly surprised. “I find that modifying my communication style based on patient demographics and cognitive status improves diagnostic accuracy and patient compliance.”

“It also makes you an excellent doctor,” Luke said simply, then turned to Eli. “Dr. Bennett, right? Cardiology?”

“The one and only,” Eli confirmed with his usual charm. “Though I haven’t had the pleasure of being followed around by your cameras yet.”

“We’re working our way through departments,” Luke explained. “Cardiology is on the schedule for next week, if that works for you.”

“Looking forward to it,” Eli said. “Fair warning—I’m much more photogenic than Maya. You might want to adjust your lighting.”

I kicked him under the table, but Luke just laughed. “I’ll make a note of that. Though Dr. Rodriguez is actually quite photogenic, despite her best efforts to avoid the camera.”

I felt heat rise to my cheeks and quickly took a sip of my drink to hide it. “I’m not avoiding the camera. I’m just busy doing my actual job.”

“Which is exactly what makes the footage compelling,” Luke said, his blue eyes meeting mine with that now-familiar intensity. “You’re completely authentic, completely focused on patient care. It’s refreshing in a media landscape full of performative medicine.”

Before I could respond to this unexpected compliment, Jackson Hayes appeared at our table, immaculately dressed as always despite the late hour.

“Sorry I’m late,” he said, sliding into the booth beside Zoe. “Surgery ran long.” He noticed Luke and extended a hand. “Dr. Jackson Hayes. Surgical oncology.”

“Luke Parker,” Luke replied, shaking his hand. “Documentary filmmaker.”

“Ah, the famous documentarian,” Jackson said with a nod. “I’ve heard about your project. Interesting choice, focusing on emergency medicine.”

“It’s where healthcare meets humanity in its rawest form,” Luke said, repeating the phrase he’d used with me. “Though I’m finding that every department has its own unique story.”

“Some more dramatic than others,” Jackson commented. “Emergency medicine certainly provides more obvious visual interest than, say, pathology.”

“You’d be surprised,” Luke countered. “Some of the most compelling footage I’ve ever shot was in a pathology lab in Baltimore. The pathologist had been examining cancer specimens for forty years—could diagnose certain types just by their smell. It was fascinating.”

Jackson raised an eyebrow, clearly reassessing his initial impression of Luke. “I stand corrected. Though I maintain that Maya’s department provides more immediate drama.”

“Speaking of drama,” Eli interjected, “did you hear about Foster’s latest budget proposal? He wants to cut night shift staffing by 15% while increasing administrative positions.”

And just like that, we were off on a spirited discussion of hospital politics, budget constraints, and the eternal battle between clinical staff and administration. Luke listened more than he spoke, occasionally asking insightful questions that revealed his growing understanding of hospital dynamics.

I found myself watching him as the conversation flowed around us—the way he leaned forward slightly when someone was speaking, the genuine interest in his eyes, the occasional notes he jotted in his notebook. He wasn’t performing or networking; he was genuinely engaged, genuinely curious about our world.

“Earth to Maya,” Eli’s voice broke into my thoughts. “You with us?”

I blinked, realizing I’d completely missed whatever question had been directed my way. “Sorry, what?”

“I asked if you’d heard from Diana lately,” Eli repeated, his expression curious. “You mentioned she might be back from sabbatical soon?”

The question caught me off guard. I’d been so careful not to mention Diana’s condition to anyone, maintaining the fiction of her sabbatical as she’d requested.

“I spoke with her last week,” I said carefully. “She’s… doing well. Taking the time she needs.”

“Good,” Eli said, though his eyes narrowed slightly at my hesitation. “The department misses her. Though you’re doing an admirable job in her absence.”

“High praise from Dr. Bennett,” Jackson commented. “He’s not usually so generous with compliments.”

“I’m selective, not stingy,” Eli protested. “And Maya deserves it. Running the ER is like herding cats while juggling chainsaws.”

“An apt metaphor,” Zoe agreed. “Though physically impossible and therefore not literally accurate.”

The conversation shifted again, this time to Zoe’s recent publication and the research she was conducting on traumatic brain injuries. I contributed occasionally but found my attention repeatedly drawn to Luke, who was now engaged in a detailed discussion with Jackson about surgical techniques.

There was something about him that didn’t fit my initial impression of a documentary filmmaker—no ego, no agenda beyond understanding our world, no attempt to shape the narrative to fit preconceived notions. He was simply… present. Observant. Genuinely interested.

It was disconcerting.

“Another round?” Eli suggested as our glasses emptied.

“Not for me,” I said, checking my watch. “Early shift tomorrow.”

“Same,” Luke said, finishing his beer. “And I should let you all enjoy your evening without feeling like you’re being documented.”

“You’re off the clock,” Eli pointed out. “This isn’t part of your documentary.”

Luke smiled. “True, but I imagine it’s still strange having me here, given the circumstances of our meeting.”

“Not at all,” Jackson said smoothly. “It’s actually refreshing to meet someone from outside the medical bubble. Gives us perspective.”

“What Jackson means,” Eli translated with a grin, “is that we’re all so used to talking about bodily fluids over dinner that we’ve forgotten how to have normal human conversations. You’re helping us remember.”

Luke laughed, a warm sound that crinkled the corners of his eyes. “Happy to help, though I’m not sure I qualify as normal. Most of my recent conversations have been with war correspondents or disaster relief workers.”

“Still more normal than us,” Eli insisted. “Last week, Maya and I discussed parasitic infections over pasta. The waitress nearly quit.”

“It was a relevant medical case,” I protested, though I couldn’t help smiling at the memory. “And the linguine did bear a striking resemblance to the worms we extracted.”

Luke winced theatrically. “And on that appetizing note, I think I’ll head out.” He stood, gathering his notebook. “Thank you for letting me join you. It was… illuminating.”

“Illuminating?” Eli repeated with a raised eyebrow. “Should we be worried about what’s going in your documentary?”

“Not at all,” Luke assured him. “Just getting a better understanding of the people behind the medical professionals. It adds depth to the storytelling.”

His eyes met mine briefly, and I had the unsettling feeling that he’d seen more than I’d intended to reveal during our casual evening. What had he noticed? What conclusions had he drawn?

“I should go too,” I said, standing and gathering my things. “Early shift, like I said.”

“I’ll walk out with you,” Luke offered. “My hotel’s just a few blocks away.”

Before I could formulate a reason to refuse, Eli was grinning like the Cheshire Cat and making shooing motions. “Go, go. Rest up for tomorrow’s medical adventures.”

I shot him a look promising future retribution, but he just winked, completely unrepentant.

The night air was cool as Luke and I stepped out of the bar, a welcome relief after the warmth and noise inside. We walked in silence for a moment, the sounds of the city creating a familiar backdrop.

“Your friends are great,” Luke said finally. “You’re lucky to have that kind of support system.”

I nodded, thinking about the unlikely bond that had formed between the four of us during our training. “We went through residency together. Well, different specialties, but the same hospital, the same years. You form connections in the trenches.”

“Like war,” Luke observed. “Different kind of battlefield, but similar bonds.”

“You’d know better than I would,” I said, glancing at him. “You’ve actually covered wars.”

Luke’s expression sobered. “I have. And there are parallels—the intensity, the life-and-death decisions, the gallows humor as a coping mechanism. But there’s a fundamental difference.”

“What’s that?”

“In war, the goal is destruction. In medicine, it’s healing. Even when you lose a patient, the intention behind every action is to heal, to save, to comfort. That matters.”

I considered his words, finding unexpected resonance in them. “I’ve never thought about it that way, but you’re right. The intention does matter, even when the outcome isn’t what we hoped for.”

We walked another block in companionable silence before Luke spoke again. “Can I ask you something? Off the record, just between us.”

I tensed slightly, wary of personal questions. “Depends on the question.”

“Fair enough,” Luke said with a small smile. “It’s about Dr. Patel. Diana.”

My steps faltered slightly before I caught myself. “What about her?”

Luke’s voice was gentle, his eyes kind when I glanced at him. “She’s not coming back from sabbatical, is she?”

The question hit me like a physical blow, stopping me in my tracks. “What makes you say that?”

“Several things,” Luke said, stopping beside me. “The way you change the subject when she’s mentioned. The fact that no one seems to know exactly where she is or when she’s returning. The way Foster is already treating you like the permanent chief, not an interim replacement.”

I stared at him, caught between denial and the desperate need to share the burden I’d been carrying alone. “Luke—”

“You don’t have to tell me,” he said quickly. “It’s none of my business. I just… I wanted you to know that if you ever need someone to talk to, someone outside the hospital dynamics, I’m a good listener.”

The kindness in his offer nearly undid me. For weeks, I’d been carrying Diana’s secret alone, navigating my grief and worry without anyone to confide in. The temptation to share that burden, even for a moment, was almost overwhelming.

“She has cancer,” I said, the words escaping before I could reconsider. “Pancreatic. Stage four. She’s not coming back.”

Luke’s expression softened with genuine sympathy. “I’m so sorry, Maya. That’s… that’s incredibly difficult. For her, and for you.”

“No one else knows,” I added quickly. “She doesn’t want them to, not yet. She’s still processing it herself, making treatment decisions, coming to terms with… everything.”

“I understand,” Luke assured me. “Your secret is safe with me. Completely off the record.”

I believed him, which was perhaps the most surprising part of this whole interaction. Something about Luke Parker inspired trust, despite my initial skepticism.

“Thank you,” I said simply.

We resumed walking, the confession creating a new intimacy between us that was both comforting and unsettling.

“Is that why you agreed to the documentary?” Luke asked after a moment. “Because Diana wanted it?”

I hesitated, then nodded. “Partly. She believes in your vision, in the potential impact of showing the realities of emergency medicine. And she wants to ensure her department is left in good hands.”

“Your hands,” Luke observed.

“That’s her plan,” I confirmed. “Whether Foster and the board agree remains to be seen.”

“Based on what I’ve observed this week, they’d be fools not to,” Luke said with quiet conviction. “You’re an exceptional physician and a natural leader. Your staff respects you, your patients trust you, and you navigate the chaos of the ER with remarkable skill.”

His praise made me uncomfortable, not because I doubted his sincerity but because I doubted myself. “I’m just trying to maintain what Diana built. She’s the exceptional one.”

“You’re both exceptional in different ways,” Luke countered. “And from what little I know of Diana, I suspect she chose you as her successor precisely because you’re not a carbon copy of her leadership style. You bring your own strengths to the role.”

We reached the corner where we would need to part ways—my apartment to the east, his hotel to the north. I paused, suddenly reluctant to end the conversation despite my earlier eagerness to escape.

“Thank you,” I said again, not just for his discretion about Diana but for his unexpected insight and support.

“For what it’s worth,” Luke said, his eyes meeting mine in the glow of the streetlight, “I think Diana made the right choice. And I think this documentary might help solidify your position when the time comes for a permanent appointment.”

“That’s not why I agreed to it,” I said quickly.

“I know,” Luke assured me. “Which is exactly why it will work. Your authenticity, your genuine commitment to patient care and your staff—that’s what comes through on camera. That’s what will resonate with viewers, including hospital boards and potential donors.”

I hadn’t considered the documentary from that angle—as a potential tool in securing my position as Diana’s permanent replacement. It was a pragmatic perspective that appealed to my practical nature.

“I should get home,” I said, suddenly aware of how long we’d been standing on the corner, talking like old friends rather than professional acquaintances. “Early shift, like I said.”

Luke nodded, taking a step back. “Of course. Thank you for the conversation, Maya. And for trusting me with Diana’s situation. I won’t betray that trust.”

“I know,” I said, and realized I meant it. “Goodnight, Luke.”

“Goodnight, Maya.”

As I walked the remaining blocks to my apartment, I found myself replaying our conversation, analyzing my unexpected candor and his thoughtful responses. I’d revealed more to Luke Parker in one evening than I had to colleagues I’d known for years. What was it about him that had lowered my carefully constructed defenses?

Whatever it was, I needed to be more cautious. The documentary project was professional, not personal. Luke’s job was to tell a compelling story, and while I believed his intentions were good, I couldn’t forget that his primary loyalty was to his film, not to me or my department.

And yet, as I unlocked my apartment door to Hippo’s demanding meows, I couldn’t shake the feeling that something had shifted between Luke and me tonight—a boundary crossed, a connection formed that went beyond filmmaker and subject.

Whether that was a good thing or a complication I didn’t need remained to be seen.

The next morning, I arrived at the hospital to find Luke already there, camera crew in tow, filming the early shift change with quiet efficiency. He nodded a greeting but maintained a professional distance, giving no indication of our more personal conversation the night before.

I was simultaneously relieved and oddly disappointed by his discretion.

“Morning, Dr. Rodriguez,” Raj called from the nurses’ station. “We’ve got a full house already. Three in the waiting room need beds, and there’s an incoming stroke alert, ETA five minutes.”

And just like that, I was back in the flow of emergency medicine, all personal thoughts pushed aside as I focused on the immediate needs of my department and our patients.

The stroke alert arrived—a 57-year-old woman whose husband had recognized the signs quickly enough that she was well within the window for thrombolytic therapy. I performed a rapid neurological assessment, ordered the necessary imaging, and consulted with neurology, all while Luke’s team documented from a respectful distance.

By the time the patient was stabilized and transferred to the stroke unit, three more critical cases had arrived, and the ER was in full swing. I moved from patient to patient, making decisions, performing procedures, coordinating care with a focus that left no room for distractions.

It wasn’t until mid-afternoon, during a rare lull, that Luke approached me directly.

“Do you have a few minutes?” he asked, his tone professional. “I’d like to discuss the interview we talked about earlier this week.”

I hesitated, checking the patient board. Everything was under control for the moment, no critical cases pending. “Sure. My office?”

Luke nodded, following me to the small space I’d inherited from Diana. Once inside, with the door closed against the constant noise of the ER, he seemed to relax slightly.

“I wanted to clarify something,” he said, taking the seat I offered. “Last night’s conversation—everything you shared about Diana—that’s completely separate from the documentary. I won’t use any of that information, directly or indirectly, without your explicit permission.”

I studied him, looking for any sign of insincerity and finding none. “Thank you. I appreciate that.”

“That said,” Luke continued, “I still believe your perspective is crucial to the documentary. Your leadership, your approach to emergency medicine, your vision for the department—these are central to the story we’re telling.”

“And you want to capture that through an interview,” I surmised.

“Yes. But on your terms. We can do it whenever you’re comfortable, cover whatever topics you’re willing to discuss, and you’ll have final approval on what makes it into the film.”

It was a generous offer, more control than I’d expected. “Why give me that much input? Doesn’t it compromise your artistic integrity or whatever?”

A smile tugged at the corner of Luke’s mouth. “My ‘artistic integrity’ isn’t worth much if it comes at the expense of the trust of my subjects. Besides, I’m not looking to create some exposé or gotcha piece. I want to tell the truth about emergency medicine—the challenges, the triumphs, the daily realities. Your honest perspective serves that goal better than any manipulated narrative I could create.”

His answer was perfect—too perfect, almost, like something rehearsed for reluctant documentary subjects. And yet, his eyes held that same genuine intensity I’d come to recognize, the same commitment to understanding rather than exploiting.

“Okay,” I said finally. “I’ll do the interview. But not here, not in the ER. Somewhere… neutral.”

Luke nodded, clearly pleased by my agreement. “Wherever you’re comfortable. Your apartment, a café, a park—you name it.”

“Not my apartment,” I said quickly, thinking of the disaster that was my living space and the terror that was my cat. “There’s a café near my place—Groundwork on 8th Street. They have a quiet back room. We could do it there, maybe Sunday morning? I’m off that day.”

“Sunday works perfectly,” Luke agreed. “What time?”

“Nine? Before the brunch crowd.”

“Nine it is.” Luke stood, his professional demeanor firmly back in place. “Thank you, Maya. I know this isn’t easy for you, being the focus rather than the one in charge.”

I shrugged, uncomfortable with his perception. “I’m still in charge. Just temporarily allowing cameras to document that fact.”

Luke’s smile widened. “Of course. My mistake.”

As he left my office, I found myself wondering what I’d just agreed to. An interview was one thing—I could handle questions about emergency medicine, about the department, about the challenges we faced. But what if Luke asked about Diana? About my own background and motivations? About the personal cost of the career I’d chosen?

I wasn’t sure I was ready to answer those questions, especially not on camera. And yet, I’d agreed to the interview, partly because I trusted Luke’s intentions, partly because Diana believed in this project, and partly because… well, because a small part of me wanted to tell my story, to have my perspective heard.

The realization was unsettling. I’d always been content to let my work speak for itself, to focus on patient care rather than personal recognition. When had that changed? And what did it mean for the careful boundaries I’d established between my professional and personal lives?

Questions for another time. Right now, I had patients waiting, an ER to run, and a documentary crew to accommodate. The personal implications of my decision would have to wait.

Just like everything else in my life that wasn’t directly related to medicine.