# CRITICAL CARE

## CHAPTER 6: EXPOSURE

Sunday morning dawned clear and crisp, the kind of perfect autumn day that made New York City almost magical. I’d spent Saturday catching up on laundry, grocery shopping, and the stack of medical journals that had been accumulating on my coffee table for weeks. I’d also, embarrassingly, spent more time than I cared to admit thinking about what to wear for my interview with Luke.

It was ridiculous. This wasn’t a date; it was a professional interaction being filmed for a documentary. And yet, I’d tried on and discarded four different outfits before settling on dark jeans, a soft blue sweater, and boots—casual but put-together, professional without looking like I was trying too hard.

Hippo watched my preparations with his usual one-eyed judgment, meowing his disapproval when I spent too long fussing with my hair.

“I know, I know,” I told him, giving up and letting my dark waves fall naturally around my shoulders. “It’s just an interview. No big deal.”

Hippo blinked slowly, clearly unconvinced.

I arrived at Groundwork fifteen minutes early, wanting to secure the quiet back room before the Sunday morning crowd descended. The café was just beginning to fill, the aroma of fresh coffee and baking pastries creating a welcoming atmosphere.

“Dr. Rodriguez,” called the owner, Elena, from behind the counter. “Your usual?”

“Please,” I said with a smile. I’d been coming here for years, often to read journals or work on research papers away from the chaos of the hospital. “And I’m meeting someone. We were hoping to use the back room for a bit.”

“Of course,” Elena said, already preparing my coffee—strong, with just a touch of cream. “It’s all yours. Not too busy yet.”

I thanked her and made my way to the small room at the back of the café, separated from the main space by a partial wall and curtain. It was cozy, with a worn leather couch, two armchairs, and a small table—perfect for a quiet conversation or, apparently, a documentary interview.

I was arranging myself in one of the armchairs, trying to look natural and failing miserably, when Luke arrived. He was alone, no camera crew in sight, dressed in jeans and a simple button-down shirt under a light jacket.

“Maya,” he said with a warm smile, setting down a small bag beside the couch. “Thank you for doing this. I hope I’m not late.”

“You’re right on time,” I assured him, gesturing to the couch. “No crew today?”

“They’ll be here in about twenty minutes,” Luke explained, taking a seat. “I thought we could talk a bit first, get comfortable, go over the format before the cameras start rolling.”

It was a thoughtful approach, and I felt some of my tension ease. “That sounds good. What did you have in mind for the interview?”

“Nothing too structured,” Luke said, pulling a small notebook from his bag. “I have some general topics I’d like to cover—your background, your approach to emergency medicine, your vision for the department—but I want it to feel like a conversation, not an interrogation.”

I nodded, taking a sip of my coffee. “And what about… sensitive topics? Diana, hospital politics, that sort of thing?”

Luke’s expression turned serious. “As I promised, anything related to Diana’s health is completely off-limits unless you choose to discuss it. As for hospital politics—that’s up to you. I’m interested in the real challenges you face, including administrative ones, but I don’t want to put you in a difficult position with Foster or the board.”

His consideration was unexpected but welcome. Most journalists I’d encountered were more interested in controversy than in protecting their sources.

“I appreciate that,” I said. “I’m willing to discuss the challenges of running an underfunded department, the tension between administrative priorities and patient care. That’s important context for understanding emergency medicine. But I won’t directly criticize Foster or specific board members.”

“Fair enough,” Luke agreed. “The systemic issues are more relevant to the documentary anyway. This isn’t about individual villains, but about the larger challenges facing emergency medicine.”

We spent the next fifteen minutes discussing the interview format, potential questions, and boundaries. Luke was thorough but respectful, never pushing when I indicated certain topics were off-limits. By the time Gabriela and Marcus arrived with their equipment, I felt surprisingly at ease.

“We’ll keep the setup minimal,” Luke assured me as they arranged lights and sound equipment. “Just try to forget about the camera and talk to me, not the lens.”

Easier said than done, but I appreciated the guidance. Once everything was in place, with Gabriela behind the camera and Marcus monitoring sound, Luke took a seat across from me and gave me an encouraging smile.

“Ready?”

I nodded, taking a deep breath. “As I’ll ever be.”

“Great,” Luke said, then turned slightly toward the camera. “Interview with Dr. Maya Rodriguez, Acting Chief of Emergency Medicine at Manhattan Memorial Hospital, October 15th.”

He turned back to me, his expression warm and engaged. “Dr. Rodriguez—Maya—thank you for agreeing to this interview. Let’s start with something simple: What drew you to emergency medicine?”

It was a standard opening question, one I’d answered countless times for medical students and residents. I found myself relaxing into the familiar territory.

“I like the variety,” I began. “The challenge of never knowing what’s coming through the door next. But more than that, I’m drawn to the immediacy of emergency medicine—the ability to intervene at critical moments, to make a difference when it matters most.”

Luke nodded encouragingly. “Was there a specific moment when you knew this was the specialty for you?”

I hesitated, considering how much to share. The true answer was personal, tied to my family history in ways I rarely discussed. But something about Luke’s genuine interest made me want to offer more than my usual professional response.

“My grandfather died of a heart attack when I was sixteen,” I said, the memory still sharp despite the years. “He was at home, in Washington Heights. By the time the ambulance arrived, it was too late. I remember thinking that if he’d been closer to a hospital, if he’d received care sooner, he might have survived.”

“I’m sorry,” Luke said, his sympathy genuine.

“It was a long time ago,” I said, though the loss still ached in quiet moments. “But it shaped my understanding of healthcare access, of the critical importance of immediate intervention. Emergency medicine is the front line—the place where minutes and seconds can mean the difference between life and death.”

“And yet, emergency departments are often underfunded, understaffed, treated as cost centers rather than essential services,” Luke observed. “How do you reconcile that reality with your commitment to patient care?”

The question cut to the heart of my daily frustration. “With difficulty,” I admitted. “Every shift involves compromise—not in the quality of care we provide, but in the conditions under which we provide it. We make do with outdated equipment, we work double shifts when we’re short-staffed, we find creative solutions to systemic problems.”

“That takes a toll,” Luke suggested.

“Of course it does,” I agreed. “Burnout is a real issue in emergency medicine. We lose good doctors and nurses every year because the system grinds them down. But we also gain incredible colleagues who are drawn to the challenge, who thrive under pressure, who are committed to this work despite the obstacles.”

“Like your team at Manhattan Memorial,” Luke said.

I felt a surge of pride thinking about my staff. “Exactly. They’re exceptional—not just in their clinical skills, but in their resilience, their compassion, their unwavering commitment to patient care. They’re the reason I keep fighting for better resources, better conditions, better recognition of the essential role emergency medicine plays in our healthcare system.”

The conversation flowed naturally from there, covering my training, my approach to leadership, my vision for the department. Luke was a skilled interviewer, asking thoughtful questions that built on my responses rather than following a rigid script. I found myself sharing more than I’d intended—my frustration with administrative priorities that didn’t align with patient needs, my concern about the increasing volume of mental health crises in the ER without adequate psychiatric resources, my belief in the potential of emergency medicine to address healthcare disparities.

“You mentioned healthcare disparities,” Luke said, leaning forward slightly. “Manhattan Memorial serves a diverse patient population, including many who are uninsured or underinsured. How does that shape your approach to emergency medicine?”

“It’s central to everything we do,” I said without hesitation. “The ER is often the only point of access to healthcare for marginalized communities. We see patients who’ve delayed care because they couldn’t afford it, who use the ER for conditions that could have been managed earlier and more effectively in primary care settings. It’s a symptom of the larger failures of our healthcare system.”

“And yet, emergency departments are legally required to treat everyone, regardless of ability to pay,” Luke noted.

“As they should be,” I said firmly. “Healthcare is a human right, not a privilege. But that mandate isn’t matched with appropriate funding or resources. We’re expected to be the safety net without the support needed to fulfill that role effectively.”

Luke nodded thoughtfully. “That brings me to a question about your mentor, Dr. Diana Patel. She’s been a vocal advocate for emergency medicine reform throughout her career. How has her leadership influenced your approach?”

I tensed slightly at the mention of Diana, though the question itself was innocuous. “Diana is… extraordinary,” I said, choosing my words carefully. “She built this department from the ground up, established a culture of excellence and compassion that guides everything we do. But more than that, she taught me that being a good emergency physician isn’t just about clinical skills—it’s about advocacy, about fighting for your patients and your department within the larger system.”

“And now you’re continuing that fight as Acting Chief,” Luke observed.

“Trying to,” I acknowledged. “Diana left big shoes to fill. But she also prepared me well, involved me in administrative decisions, taught me how to navigate hospital politics without compromising patient care.”

“Do you hope to become the permanent Chief of Emergency Medicine?” Luke asked, the question direct but not confrontational.

I considered my answer carefully. “I’m focused on doing the job well right now, on maintaining the standards Diana established while addressing the evolving challenges our department faces. If that leads to a permanent appointment, I’d be honored to continue her legacy.”

It was a diplomatic response, but not dishonest. I did want the permanent position, not for the title or status, but because I believed in the department Diana had built and wanted to protect it from whatever corporate-minded replacement Foster might choose if given the opportunity.

Luke seemed to sense the complexity behind my answer but didn’t press further. Instead, he shifted to questions about specific cases, about the documentary process itself, about my hopes for what viewers might take away from the series.

By the time he signaled to Gabriela that we had enough footage, nearly two hours had passed, and my coffee had long since gone cold. I felt drained but oddly satisfied, as if I’d completed a difficult but necessary procedure.

“That was excellent,” Luke said as Marcus began packing up the sound equipment. “Thank you, Maya. Your perspective adds so much depth to the documentary.”

“I hope so,” I said, suddenly self-conscious about how much I’d shared. “I’m not used to being on this side of the conversation.”

“You were natural,” Gabriela commented, surprising me. She’d been silent throughout the interview, focused on her camera work. “Authentic. That’s rare in documentary subjects, especially professionals used to controlling their image.”

I wasn’t sure if that was a compliment or an observation, but I nodded my thanks anyway. “Will I get to see the footage before it’s finalized?”

“Absolutely,” Luke assured me. “As promised, you’ll have approval on your segments. I’ll send you rough cuts as we edit.”

As Gabriela and Marcus finished packing their equipment, Luke suggested they take it back to the hotel while he stayed to discuss next steps for the documentary. Once we were alone again, he visibly relaxed, leaning back on the couch.

“That really was great, Maya. You articulated the challenges and rewards of emergency medicine better than anyone I’ve interviewed.”

“I just spoke from experience,” I said, uncomfortable with the praise. “Nothing special.”

“That’s exactly what makes it special,” Luke countered. “Your authenticity, your obvious passion for the work. It comes through clearly on camera.”

I shifted in my seat, eager to change the subject. “What’s next for the documentary? You’ve been filming for nearly two weeks now.”

“We’ll continue for another four weeks as planned,” Luke explained. “Next week we’re focusing more on the interdepartmental dynamics—how the ER interacts with other specialties, the challenges of patient flow, that sort of thing. Then we’ll spend time with specific staff members, following their experiences more closely.”

“And after the six weeks?”

“Post-production,” Luke said. “Editing, scoring, finalizing the narrative structure. That will take several months. The series is scheduled to air next spring on PBS, with potential streaming distribution afterward.”

“PBS,” I repeated, surprised. “Not exactly prime-time television.”

Luke smiled. “But exactly the right audience for this kind of documentary. People who care about healthcare policy, who might be in positions to influence change. Plus, PBS gives us creative control and journalistic integrity that commercial networks don’t always allow.”

His answer reminded me why I’d begun to trust him—his commitment to the substance of the story, not just its commercial appeal. It aligned with Diana’s assessment of him as someone who could make a difference through his work.

“Well, I hope it has the impact you’re aiming for,” I said sincerely. “Emergency medicine could use some powerful advocates right now.”

“Speaking of advocates,” Luke said, his expression turning more serious. “How’s Diana doing? If you don’t mind my asking.”

The question caught me off guard, though it shouldn’t have. Luke knew Diana’s diagnosis, knew she was the reason I’d agreed to the documentary in the first place.

“She’s… fighting,” I said after a moment. “The chemo is brutal, but she’s handling it with her usual determination. I visit when I can, between shifts.”

“And she still doesn’t want the staff to know?”

I shook my head. “Not yet. She’s private about personal matters, always has been. And I think… I think she’s not ready to be seen as a patient rather than the formidable Dr. Patel.”

Luke nodded understanding. “That makes sense. It’s a profound identity shift, especially for someone who’s defined herself through her work for so long.”

“Exactly,” I said, relieved that he understood without further explanation. “She’ll tell people when she’s ready. In the meantime, I’m trying to honor her wishes while supporting her however I can.”

“That can’t be easy,” Luke observed. “Carrying that knowledge alone, maintaining the fiction of a sabbatical, taking on her responsibilities without the context being known.”

His perception was uncomfortably accurate. “It’s what she needs right now,” I said simply. “And after everything Diana has done for me, for the department, it’s the least I can do.”

Luke studied me for a moment, his blue eyes thoughtful. “You’re remarkably loyal, Maya. It’s a quality I’ve noticed throughout our time filming—your loyalty to your patients, your staff, your mentor. It’s admirable.”

I shifted uncomfortably under his gaze. “It’s not admirable. It’s just… reciprocal. Diana took a chance on me when others wouldn’t. My staff works incredibly hard under difficult conditions. My patients trust me with their lives. Loyalty is the minimum they deserve in return.”

“And yet, it’s increasingly rare in our transactional society,” Luke pointed out. “People change jobs, change cities, change relationships with dizzying frequency. Commitment to people and places over time—that’s becoming exceptional.”

I hadn’t thought about it that way. My loyalty had always seemed natural, not noteworthy. But Luke’s observation made me consider how my approach might appear to others, particularly someone like him who moved from project to project, place to place, as his work demanded.

“What about you?” I asked, turning the conversation away from myself. “Do you ever get tired of the constant movement, the temporary connections your work requires?”

Luke’s expression turned reflective. “Sometimes,” he admitted. “Especially after intense projects—war zones, disaster areas, places of profound human suffering. There’s a particular kind of loneliness in witnessing trauma and then moving on, leaving those communities to rebuild while you return to the comfort of your normal life.”

The honesty of his answer surprised me. “Is that why you’re focusing on healthcare now? Less acute trauma, more systemic issues?”

“Partly,” Luke acknowledged. “But also because I realized that some of the most important stories aren’t in far-flung crisis zones, but right here in our own communities. The slow-motion healthcare crisis in America doesn’t have the dramatic visuals of a war or natural disaster, but its impact is just as profound, affecting millions of lives every day.”

His perspective resonated with my own experience—the daily battles in the ER that never made headlines but represented systemic failures with real human consequences.

“Well, I hope your documentary helps people see that reality,” I said. “Though I’m not holding my breath for revolutionary change based on one PBS series.”

Luke smiled at my cynicism. “Small steps, Maya. Awareness leads to conversation, conversation leads to advocacy, advocacy leads to change. It’s slow, but it happens.”

“The optimist’s view,” I observed.

“The documentarian’s view,” he corrected. “If I didn’t believe in the potential for change, I couldn’t do this work. What about you? Do you believe emergency medicine can be transformed, or are you just fighting a holding action against inevitable decline?”

The question was perceptive, cutting to the heart of my own internal struggle. “Some days I believe change is possible,” I admitted. “Other days, I’m just trying to get through the shift without losing a patient because we’re short-staffed or lacking essential equipment. But I keep showing up either way.”

“That’s its own kind of faith,” Luke said quietly.

Before I could respond, my phone buzzed with a text. I checked it quickly, expecting it to be from the hospital, but it was from Diana:

*Feeling better today. Come for dinner? 7 PM. Need to discuss something important.*

“Everything okay?” Luke asked, noting my expression.

“Fine,” I said, tucking my phone away. “Just Diana asking me to come for dinner tonight.”

“You should go,” Luke said immediately. “We’re done here, and time with her is precious.”

The simple understanding in his voice touched me unexpectedly. “I will,” I assured him. “But I should head home first, get some work done before then.”

We gathered our things and walked out of the café together, the Sunday morning crowd now in full force. Outside, the autumn air was crisp, the sunlight golden on the changing leaves in the nearby park.

“Thank you again for the interview,” Luke said as we prepared to go our separate ways. “It will add immeasurably to the documentary.”

“I’m glad,” I said, and found that I meant it. “When will you be back at the hospital?”

“Tomorrow morning,” Luke replied. “We’re following Dr. Bennett for the cardiology segments.”

“Eli will love that,” I said with a smile, imagining my friend’s delight at being the center of attention. “Just be prepared for excessive charm and terrible jokes.”

Luke laughed. “Noted. Though his perspective on the ER-cardiology relationship should be valuable, jokes notwithstanding.”

We stood for a moment in slightly awkward silence, neither quite ready to end the conversation but without a clear reason to continue it.

“Well, I should go,” I said finally. “Things to do before dinner with Diana.”

“Of course,” Luke agreed. “I’ll see you at the hospital tomorrow.”

As I walked toward the subway, I found myself replaying our conversation, analyzing the ease I felt in his presence despite the cameras and the professional context. There was something about Luke Parker that invited confidence, that made me want to share more than I typically would with someone I’d known for such a short time.

It was disconcerting. And yet, I couldn’t deny that I was looking forward to seeing him at the hospital tomorrow, to continuing the documentary project that had initially seemed like such an imposition but was now becoming… what? Important? Meaningful? A potential vehicle for the changes Diana and I had been fighting for?

All of the above, perhaps. And if I was also looking forward to seeing Luke himself, well, that was a complication I’d examine another time.

Diana’s apartment was warm and fragrant with the smell of cooking when I arrived that evening. She opened the door with a smile that looked stronger than the last time I’d seen her, though she was still alarmingly thin, her clothes hanging loosely on her diminished frame.

“Maya,” she said, embracing me briefly. “Right on time as always.”

“Something smells amazing,” I said, following her into the apartment. “Please tell me you’re not cooking. You should be resting.”

Diana waved away my concern. “My sister is visiting. She’s the culinary genius in the family. I’m just supervising and enjoying the results.”

Sure enough, Diana’s older sister Priya was in the kitchen, stirring something that smelled like the Indian comfort food Diana had introduced me to during my residency. Priya greeted me warmly, insisting I sit while she finished preparing the meal.

“You look better,” I told Diana as we settled in the living room with glasses of sparkling water. “The new treatment protocol is working?”

“Too soon to tell definitively,” Diana said, ever the scientist. “But my energy is improved, and the pain is more manageable. How are things at the hospital? How’s the documentary progressing?”

I filled her in on the past week’s developments, the cases we’d handled, the ongoing staffing challenges, and the documentary filming. Diana listened with keen interest, asking occasional questions but mostly allowing me to talk.

“And Luke Parker?” she asked when I’d finished my update. “Is he living up to your initial assessment?”

I hesitated, unsure how to characterize my evolving impression of Luke. “He’s… not what I expected,” I admitted. “More thoughtful, more genuinely interested in understanding emergency medicine than I anticipated. His approach is respectful, not exploitative.”

“As I thought,” Diana said with satisfaction. “I wouldn’t have recommended him otherwise. And the interview today? How did that go?”

“Fine,” I said, then amended at Diana’s skeptical look, “Actually, better than fine. He’s a skilled interviewer—asks good questions, listens to the answers, builds on what you say rather than following a rigid script. I found myself sharing more than I’d planned.”

“That’s his gift,” Diana observed. “The ability to create a space where people feel comfortable revealing their truths. It’s what makes his documentaries so compelling.”

I nodded, thinking about the ease I’d felt during our conversation despite the cameras. “He knows about your diagnosis,” I said quietly. “I hope that’s okay. He figured out something was wrong, and I… I needed to tell someone.”

Diana reached over and squeezed my hand. “Of course it’s okay. I trust your judgment, Maya. And from what you’ve said, Luke Parker seems worthy of that trust.”

“He promised it would stay off the record,” I assured her. “Completely separate from the documentary.”

“I believe that,” Diana said. “But even if it weren’t, I wouldn’t mind. My condition isn’t a secret I’m ashamed of—it’s just a private matter I’m not ready to discuss broadly.”

Priya called us to dinner then, and the conversation shifted to lighter topics as we enjoyed the delicious meal she’d prepared. It wasn’t until we were finishing dessert—a rice pudding that tasted like childhood comfort—that Diana returned to more serious matters.

“I asked you here tonight because I need to discuss something important,” she said, her expression turning solemn. “The board is meeting next week to discuss the permanent Chief of Emergency Medicine position.”

I set down my spoon, suddenly alert. “Already? I thought that wouldn’t happen until your sabbatical officially ended in January.”

“That was the original timeline,” Diana confirmed. “But Foster is pushing to accelerate the process. He claims the department needs stable leadership sooner rather than later.”

“What he means is he wants to install his own choice before you can influence the decision,” I said, unable to keep the bitterness from my voice.

“Precisely,” Diana agreed. “Which is why we need to act now. The documentary is part of that strategy—it’s already raising your profile within the hospital, showcasing your leadership. But we need more.”

“What did you have in mind?” I asked, though I had a sinking feeling I knew where this was heading.

Diana took a deep breath. “I need to tell the board about my diagnosis. And I need to formally recommend you as my permanent replacement.”

I stared at her, the implications sinking in. “Diana, no. You’re not ready for that to be public knowledge. You said yourself you’re still coming to terms with it.”

“I don’t have the luxury of perfect timing,” Diana said, her voice gentle but firm. “If I wait until I’m ‘ready,’ Foster will have already filled the position with someone who doesn’t understand or value what we’ve built in that department.”

“But once the board knows—”

“Everyone will know soon enough,” Diana finished for me. “Yes. That’s the reality I’m facing, Maya. My privacy versus the future of the department. It’s not really a choice at all.”

I felt a surge of protective anger on her behalf. “It’s not fair that you have to expose your personal medical information to protect your professional legacy.”

“No, it’s not fair,” Diana agreed. “But it’s necessary. And I’ve made my peace with it.”

She looked so determined, so much like the mentor who had guided me through the toughest years of my training, that I couldn’t argue further. This was Diana’s decision to make, not mine.

“What do you need from me?” I asked instead.

“Your support at the board meeting,” Diana said. “I’ve already requested time to address them. I’ll announce my diagnosis, explain that my ‘sabbatical’ was actually medical leave, and formally recommend you as my permanent replacement. Your presence will strengthen that recommendation.”

“Of course I’ll be there,” I promised. “When is the meeting?”

“Wednesday afternoon,” Diana said. “And Maya… after the meeting, we’ll need to tell the staff. They deserve to hear it from us, not through hospital gossip.”

The thought of watching Diana announce her terminal diagnosis to the department she’d built, the people who respected and admired her, made my chest ache. But she was right—they deserved the truth, directly and compassionately delivered.

“I’ll arrange a department meeting for Wednesday evening,” I said. “We can do it after the board meeting, when the shift changes and most of the staff can be present.”

Diana nodded, relief evident in her expression. “Thank you. I know this isn’t easy for you either.”

“I’m not the one with cancer,” I pointed out, the words still difficult to say aloud.

“No, but you’re the one who’s been carrying this knowledge alone, maintaining the fiction of my sabbatical while taking on my responsibilities,” Diana said, echoing Luke’s observation from earlier that day. “That’s its own kind of burden, Maya. One I’m grateful you’ve been willing to bear.”

I swallowed hard against the sudden tightness in my throat. “You would have done the same for me.”

“Yes,” Diana agreed simply. “I would have.”

We finished our dessert in companionable silence, the weight of Wednesday’s revelations hanging between us but not crushing us. Diana had always faced challenges head-on, with clear-eyed pragmatism and unwavering courage. Her approach to her diagnosis was no different.

As I prepared to leave later that evening, Diana walked me to the door, her movements slower than they once were but still purposeful.

“One more thing,” she said, her expression serious. “After Wednesday, after the board and staff know about my condition, I want you to tell Luke Parker that he can include it in the documentary if he feels it’s relevant.”

I stared at her, caught off guard by the request. “Diana, are you sure? That’s… that’s very personal information to share publicly.”

“It’s also part of the reality of healthcare,” Diana said firmly. “Physicians get sick too. We face the same mortality, the same difficult decisions, the same healthcare system challenges as our patients. If my story can illuminate that reality, contribute to the larger narrative about emergency medicine and healthcare in America, then it should be included.”

Her perspective was so quintessentially Diana—pragmatic, principled, focused on the greater good even in the face of personal difficulty. It was why I admired her, why I’d followed her lead for so many years.

“If you’re certain,” I said, still hesitant.

“I am,” Diana assured me. “But the final decision will be yours and Luke’s. I trust your judgment on how or whether to include it.”

I nodded, accepting the responsibility she was entrusting to me. “I’ll tell him after Wednesday, then.”

Diana hugged me goodbye, her embrace stronger than I expected given her frail appearance. “You’re ready for this, Maya,” she said quietly. “All of it—the chief position, the documentary, the challenges ahead. I wouldn’t recommend you if I weren’t absolutely certain.”

Her confidence warmed me, a counterbalance to my own persistent doubts. “I’ll try not to let you down.”

“You couldn’t,” Diana said simply. “Now go home and get some rest. Wednesday will be here before we know it.”

As I rode the subway back to my apartment, I found myself thinking about the week ahead—the board meeting, Diana’s announcement, the staff’s reaction, the continuation of the documentary filming. Everything was about to change, personally and professionally, in ways I couldn’t fully anticipate.

And in the midst of it all was Luke Parker with his cameras and questions, documenting this pivotal moment in the department’s history, in Diana’s life, in my career. The thought should have been stressful, another complication in an already complex situation.

Instead, I found it oddly comforting. Whatever happened on Wednesday and beyond, it would be recorded, witnessed, given meaning beyond the immediate medical and administrative implications. Our story—Diana’s, mine, the department’s—would be told with the integrity and insight I’d come to expect from Luke.

It wasn’t nothing, in a world where so much important work went unseen and unacknowledged. It was, in its way, a kind of legacy—not just for Diana, but for all of us who fought daily battles in the trenches of emergency medicine.

And maybe, just maybe, it would make a difference.