

Guiding

I went to medical school in New York. But some of the most important things about being a doctor I learned before that, at the Telluride Guide School. Now 32 years an MD, I often think this was some of my most valuable training.

We learned mountaineering and river running: How to read a topographic map, tie a Prusik knot, stop a fall with an ice ax, ferry a raft, and know where not to sleep. We even learned checklists: "You forgot the water tabs!" In residency, I learned to take a history, dose vancomycin, and get central venous access quickly. But that was the easy stuff. The important lessons were often harder.

First, look at the maps. To get up Mount Wilson, start at the shack, then traverse north across the snowfield to the gully that takes you to the summit ridge. To run Indian Joe Rapids, start right, then ferry left around the big rock. The subclavian vein is just under that inner curve of the clavicle. Point the needle toward the top of the opposite shoulder.

Sometimes, responsibility means a dozen doubts on your pillow: "What if John panics?" "What if there is lightning before we're off the snowfields?" "What if the norepinephrine doesn't hold her pressure?" "This seems like more than just urosepsis."

Even if you hadn't slept well, you got up early in the dark to get to the summit and down before the snow got soft and melting ice caused rockfall. You learned pain, cold, exhaustion, and to ask more of yourself and that you really can do so much more than you think. You were cold, hungry, and tired, but a storm was coming and you better keep moving. You took a step up, another step, another step, and then another step up. Now at 3 a.m., I can take one more admission from the ER.

A raft glides quietly on the entry tongue of quiet water before it drops into the chaos of a big river rapids. Your mouth turns acid. You take a breath and then pull the oars. You learn composure. Last time, I got too far right at Hance Creek Rapids. Two dry bags and two passengers overboard. Got them back in the boat, but the teacher from Des Moines nearly drowned. I didn't sleep that night. I didn't sleep last night either, because here is Hance Creek Rapids again this morning. Act cool and confident. Act because they need it. Act because I need it. Years later, Code Blue or the frightened eyes of pulmonary edema weren't so scary to me. I was surprised by my calm. Then I realized where I'd learned it.

Before I ever heard it from a medical mentor, the backcountry taught me that good judgment comes from experience, which comes from bad judgment. Wilderness taught this by direct consequence: Four hours in the dark and dangerous on West Maroon Pass because I should have stopped us at the creek. At the oars of the luggage boat, sideways and tipped over the

big rock at Warm Springs Rapids, I knew my mistake 5 seconds too late. Some misjudgment sent Henry and Sam falling 400 feet to their deaths on the rocks at the base of the Ophir Wall. Eight years later at 2 a.m., I gave the right drug an hour too late and he was never himself again. The price of experience is sometimes regret.

Rivers are never the same. Warmth in the mountains means more snowmelt, and now the Green River is a lot bigger. Now Indian Joe Rapids looks safer going right. "Could also go left first, then right. Or . . . maybe right down the middle. What do you think?" Same river, always different, but always going downstream. With skill, you find the best way through. "Mrs. Erickson, your cancer has grown and spread. I'm sorry. We can't cure it, but we can talk about some choices."

Climbing teaches that, like a rope, trust has two ends: Belaying and on belay. You had to know both. Trust was found elsewhere, as well. Sometimes, if the evening light was right and the fire wasn't too smoky and you could find the right kind of quiet, you might, as the guide, create a trusted space for stories, dreams, or fears. This could also happen in a raft on a sunny, quiet section of river with sandstone cliffs spinning slowly overhead or in a tent on a misty Alpine day when there would be no climbing. I learned this long before I read of *Sacred Space* in medicine. Now I sometimes imagine a quiet campfire at the foot of the hospital bed as I sit and pause and make myself still.

We learned the large kindness of small acts: Take some of the stragglers' load. Do the dishes. "I'll clean the boats." Now I adjust a pillow or raise the head of the bed.

The old lessons still inform, sometimes in new ways. Years ago, there was a cry and the rope was suddenly still and lonely. Jim's climbing partners were gone. Trapped on a cold, late afternoon knife ridge, he watched what he was sure was his last sunset. "What a wonderful time I had with my friends in these mountains I love," he revealed, strangely happy in the dying light and the coming cold, purple darkness.

He didn't die. Afterward, we talked about that evening and the unexpected transcendent joy he felt. Jim was blunt: "Well, when your back's against the wall, you look for the best." Nowadays, palliative medicine teaches about transforming hope, from hope for cure to hope for meaning, resolution, perhaps even joy. As I talk to my dying patients, I often think of Jim celebrating beautiful twilight alone on his icy, dark ridge.

Guiding was a tough job, like medicine. Being a good guide was an ideal. I kept trying and learning and falling short and trying and learning some more. I never mastered it. I finally realized I never would.

I'm a better doctor for what I learned as a guide. Some of the lessons were very hard. But they have lasted. Most else has changed. Mountaineers no longer

need knot craft—now devices do all that. Pitons and jam nuts are gone. Now GORE-TEX keeps you dry, polypropylene fleece keeps you warm, and coolers actually keep stuff cold. We used to treat PVCs, but now we don't. We didn't treat an LDL of 120, and now we do. I put in a lot of Swan-Ganz catheters back when we thought it helped. Imaging and drugs and labs all advance so quickly. Now I order them electronically, with instant digital advice about indications and cost-effectiveness. But this is still the same: Medicine still asks a lot of us. There is still the page in the middle of the night, the make yourself get out of bed and the walk right into pulmonary edema and wide-eyed fear

and yet remain composed and know what to do and how to calm and comfort. It is, for them, a new wilderness. They need a good guide.

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