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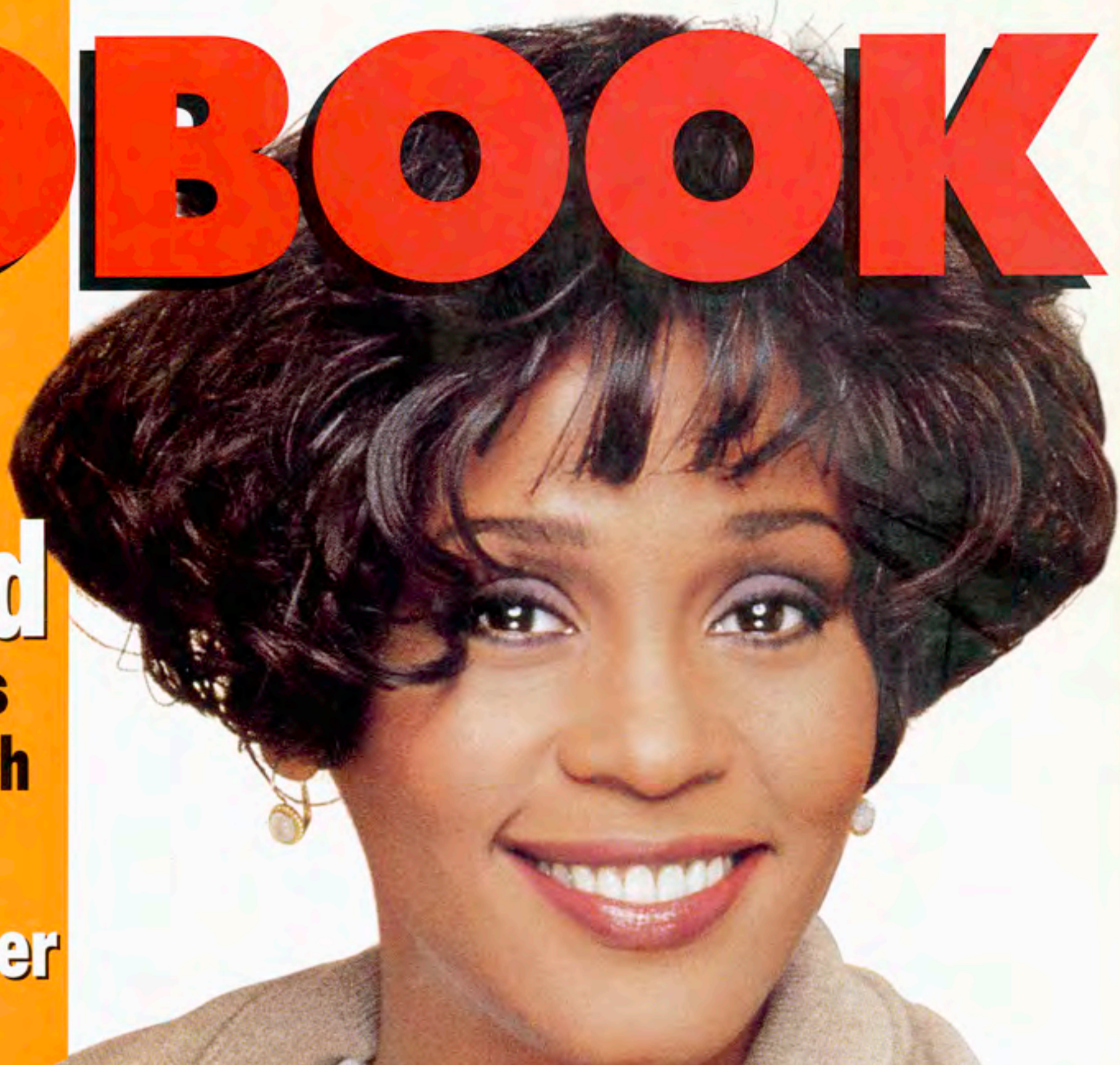
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taught her about love





Dr. Julie Gorchynski is on a mission to find out what really happened that night in the emergency room.

The Medical Mystery No One Can Solve

One minute she was holding a syringe of blood drawn from a patient. The next she was

gasping for air. What was that smell? She lost consciousness before finding out. Ever since, she's battled for answers. And for her life... by KATHERINE SELIGMAN

It was an ordinary Saturday night, maybe even a little slow for a county hospital like Riverside General in Riverside, California. Julie Gorchynski, M.D., was disappointed, because as a resident in emergency room medicine, she preferred it when the ER was busy. So when the call came around 8 p.m. that a woman with a dangerously rapid heartbeat was on her way in, Dr. Gorchynski was ready.

The ER staff had heard the woman had advanced cervical cancer, so they were expecting an older woman. "Oh my God," Dr. Gorchynski remembers thinking when the paramedics rushed her in. "She's really young." Thirty-one—just a few years younger than Dr. Gorchynski. And very ill, even though she was sitting up and talking while the attending doctor, several nurses, and a respiratory therapist milled around her in the trauma room.

"We have to get your heart out of this rhythm," Dr. Gorchynski said. She gave the woman an intravenous dose of lidocaine, but her blood pressure dropped and she passed out. Dr. Gorchynski grabbed the defibrillation paddles and gave her an electric shock. Her heart slowed for a minute, then jumped back up. *Code Blue!* Dr. Gorchynski asked a nurse to draw a blood sample.

That's when she smelled ammonia.

And suddenly felt dizzy. Then the nurse who'd taken the blood fell over. Dr. Gorchynski caught her as she went down and took the syringe from her hand.

"What's this in her blood?" Dr. Gorchynski remembers saying. "I've never seen anything like it." There were cream-colored crystals in there, about three to four millimeters long. She smelled the syringe. Again, ammonia.

She was so dizzy she stumbled to the nurses' station ten feet away. Next thing she knew she was on the floor with a breathing bag (used to force air into lungs) over her face. It felt as if someone were sitting on her chest. She couldn't get enough air.

After Dr. Gorchynski passed out the first time, some nurses, the doctor, and the respiratory therapist got sick too. The remaining ER staff carried them into the parking lot because no one knew what was happening. Then the entire ER was evacuated. "What could drop people like this?" Dr. Gorchynski heard colleagues say, anx-

ious to figure it out so they'd know how to help. "Nerve gas," she heard someone answer.

It was pitch black outside, and chaotic. Dr. Gorchynski remembers people were screaming: "Another person's down! Another nurse is down! Oh my God, this person isn't breathing!" She was scared—these were her friends. But every time she tried to get up and say "I'm okay" she'd pass out again and someone would have to bag her so she could breathe.

By then, it was around 9 p.m. Dr. Gorchynski was so weak she couldn't move her legs. She had a headache, blurred vision, and was terribly nauseated. As a doctor, she knew her condition was serious: If she was sick enough to stop breathing, her heart might stop beating. "Come on, heart, keep going," she kept praying.

An ambulance raced her and one of the nurses to Parkview Community Hospital Medical Center several blocks away. The staff there didn't know what to (continued on page 74)

Medical Mystery

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expect, so they shut down the ER to receive them. Nurses wearing protective gear—gloves, masks, lab coats—cut off Dr. Gorchynski's clothes and scrubbed her from head to toe. Then they moved her into an isolation room. They had no idea what she had but they didn't want to risk contamination.

Dr. Gorchynski didn't know if she was going to live. She needed too much help breathing and kept drifting in and out of consciousness. During one of her periods awake, she saw that her urine was pink. *Possible kidney failure*, Dr. Gorchynski remembers thinking. And when they drew a blood sample, the doctors were shocked to see the same small crystals that had been in her patient's blood. *Oh my God, whatever was in the ER is now in my blood!* she thought. She was terrified because she didn't see how that patient could have survived.

As Dr. Gorchynski later found out, she hadn't.

Gloria Ramirez had died while Dr. Gorchynski was still in the parking lot.

Her Father's Daughter

All her life Dr. Gorchynski had wanted to be a doctor, like her father. Born in Winnipeg, Canada, she spent her childhood in a small town in British Columbia, often accompanying her father, a family practitioner, to the hospital where he visited his patients. Once she saw a mother rush in yelling, "Help, my baby isn't breathing!" Everyone cheered when the ER staff resuscitated the child. "I remember thinking, Wow, it's amazing someone could come in so sick and be saved," Dr. Gorchynski says.

The family moved to the Los Angeles suburbs when Julie Gorchynski was 11. She was a tomboy who never wanted to play inside, and got hooked on surfing in high school. But no one had to remind her to study. Her father had been the first in his family to go to college, and he had high expectations for his children. "You can be anything you want," he told Julie and her older sister, Ilaria. After college, Dr. Gorchynski did two years of cancer research and got a master's degree in molecular biology before going to medical school.

She considered other specialties, but she knew ER medicine was for her. "People call ER doctors adrena-

line junkies," she says, laughing. And for good cause: The rush from ER work is a lot like the one Dr. Gorchynski got from surfing—whatever comes at you, you must face with complete calm. And she's good at keeping cool—so cool she's been told people don't know what she's feeling. In high school, if friends were in trouble or had relationship problems, she was the one they sought for comfort. She could put aside her own emotions (she'd even returned to med school classes the day after her appendectomy), and that's an asset for an ER doctor. "When a patient's blood pressure drops and his heart stops, and everyone is calling 'Doctor, Doctor!' someone has to remain calm and cool," she says.

In the ER she was always waiting for trauma cases. "It sounds morbid," she says, "but I love resuscitating people. What other profession gives someone a second chance at life?"

When Gloria Ramirez was carried into the ER on February 19, 1994, Dr. Gorchynski's colleagues joked, "There goes Julie!" because she went right to her. Someone said to her later, "Maybe if you hadn't done that, a few more people would have gotten sick." And, of course, maybe Dr. Gorchynski wouldn't have nearly died.

From Worse to Worse

The day after she got sick, Dr. Gorchynski was moved to a third hospital—Loma Linda University Medical Center, where she was also in residency, having divided her time over the previous two years between Loma Linda and Riverside General. It was a shock to be on the other side of medical care, lying in the intensive care unit hooked up to machines from head to toe.

The first few days at Loma Linda she'd still stop breathing a few times an hour. "Dear God," she remembers praying, "obviously things aren't going good. I'm ready if you want to take me, but if you don't want me, knock this off."

Only her parents, sister, and closest friends were allowed to visit. She had to register under an alias because so many reporters wanted to interview her. TV cameras were stationed outside the hospital day and night. News of what had happened at Riverside General spread all over the world. And so far, there were no answers. All anyone knew was that Gloria Ramirez had come in, then ER workers began dropping.

But for those first few days in the

ICU, Dr. Gorchynski didn't focus on what had happened. She just wanted to live. She'd be lying in bed and suddenly she'd hear someone yell, "*She's stopped breathing again!*" and she'd wake up and have the bag on her, sometimes held by her own colleagues. Finally, after several days, doctors put a tube in her windpipe to help her breathe.

Yet when they removed the tube, Dr. Gorchynski didn't feel much better. It was a struggle to draw even one breath. "If I could have willfully stopped breathing right then I would have," she says. "I was so incredibly exhausted."

Finally doctors operated to remove scar tissue from her throat and she began to breathe more easily. She thought her prayers had been answered, that this was the turning point. But three days later Dr. Gorchynski started having leg pains so severe she thought she was becoming paralyzed. Then she developed pancreatitis and hepatitis. She was in agony, barely able to move, and wondering what was going to happen next.

An Unacceptable Explanation

After two weeks Dr. Gorchynski couldn't stand being in the hospital anymore. She was having flashbacks and nightmares, reliving that night when she was lying on a gurney in the parking lot, struggling to breathe and shaking with muscle spasms. She could still hear people screaming. Then she'd wake up in a sweat.

She convinced the doctors to let her parents take her home to her own apartment. Her father, who's now a psychiatrist, began commuting from there to work in Los Angeles, and her mother stayed with her around the clock. "It was the first time in my life I'd ever had to ask for help," she recalls. "They had to cook for me. My mom had to hold the shower nozzle for me. I felt like I was an infant."

Dr. Gorchynski was so weak she had to use crutches. The pain ran from her hips to her toes and kept getting worse. Three weeks after she went home, her doctors determined that the bones in her knees were dying. She landed back in the hospital for three weeks and three surgeries to relieve the pain and restore proper circulation. Doctors said it could take up to two years to recover and that she might never be able to run or play volleyball, much less surf.

That's when she hit rock bottom. "My friends (continued on page 76)

