

# Special Section Research Article

## The Golden Hour

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#### **Abstract**

In interviews with leading emergency medicine doctors and developers of a national system of pre-hospital care in Nepal, they allude to the significance of treating trauma patients during "the golden hour". This flash ethnography highlights the intersubjective meaning making of an outsider ethnographer, whose familiarity with the metaphor comes from photography, and doctors, who use the phrase in its emergency medicine application to describe the brief window of opportunity to intervene after a traumatic injury.

### Keywords

Flash ethnography; hospitals; emergency medicine; ambulances; Nepal

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I grew up too close to the equator to know the golden hour. When I moved north, to a higher latitude, I became captivated by the golden light as the sun lingered low in the sky, in no rush to reach the horizon. Now, in Kathmandu, the air pollution steals the golden sunlight from the late afternoon sky.

In Kathmandu, hospital doctors sometimes speak with a subdued intensity that pulls one in to listen with one's whole being. I attribute it to what they have witnessed. It isn't a mannerism, or theatrics; it's speaking from a place of wisdom. Of having seen too much. I feel it strongly while interviewing emergency medicine doctors and technicians at a public hospital that serves the surrounding rural areas. "We have to tell the young man's parents that we cannot save them, no? How many times." Motorcycle accidents take the young more than any other trauma in Nepal. Emergency medicine doctors and technicians want to fix people, not break them by telling them it was too late to save their son.

"Many people arrive here in late stage, when their condition is very bad. There are

delays due to transportation, no medical care on the way. Some die simply due to a lack of oxygen." The head of the emergency department explains the historical absence in Nepal of an Emergency Medical Technician (EMT) in ambulances. My prior puzzlement over this fact is how I ended up in his office. We sit in a partitioned room the size of a closet, the most convenient place to talk so that he remains in reach of colleagues and patients. In fact, he is in earshot, as the partitions do not reach the ceiling, and patients are only a few meters away.

This man has over a decade of experience and is a national leader in developing a curriculum and training courses for EMTs. Before he developed a curriculum, he tells me, searching for a copy of his book, there was not much idea about emergency medical transport in Nepal. "Pre-hospital care had been neglected up to now, with people dying before ever reaching the hospital. The focus has been on building hospitals, not on transport." He offers a few dire examples. "People are carried



like a sack of potatoes, and they become paralyzed." "The driver stops to take tea, and the patient dies from heart attack or bleeding." "[Too often] we receive a body, not a patient."

I listen intently. It is easy to sense that repeatedly facing the effects of such scenarios, and the frustration of not being able to intervene earlier, created a deep resolve to start a system of pre-hospital transport care. This work feels like more than a career choice or a quest for accolades.

He explains the national grading system (A-C) he developed to create transparency among different types of ambulances available. It compels ambulance companies to declare what they provide. And it offers a way to educate the public about the importance of seeking an ambulance with at least an EMT present. I record in my fieldnotes:

A – doctor present, plus EMT

B - EMT present

C – nothing, like a taxi

Unlike in many other national systems of ambulatory care, in Nepal the driver is just a driver. An ambulance in category C is just a taxi. Or, as I saw them mocked on Nepali Twitter, "white jeeps".

He concludes, "To bring them in the golden hour, that is what is needed."

For me, the phrase refers to that distinctive period of illumination when the material world is transformed by a subtle golden glow. A period that photographers celebrated as the golden hour, before the days of digital filters.

I guess at the medical application of the metaphor from the context of our conversation. In Emergency Medicine, it designates the brief window of opportunity after a traumatic injury in which a doctor can save a life. Reminiscent of the magical hour of golden sunlight, when things feel illuminated with possibility, prior to darkness.

I hear the phrase again as I sip coffee under a grayscale sky with the Trauma Coordinator. We sit outdoors at a well-known coffee counter, strategically located next to the Emergency Department. I watch storm clouds approach. He describes his aspirations to develop helicopter emergency medical services in addition to ground ambulances so trauma patients might reach the hospital in time.

He returns to his duties, and I wonder if I'll make it back to the old bazaar before the dark skies spill. Heavy rain temporarily cleanses the air of pollution, so part of me hopes for a downpour. It would bring a golden hour.

Jan Brunson (PhD, Brown University) is an associate professor of anthropology at the University of Hawai'i at Mānoa. Her first book, Planning Families in Nepal: Global and Local Projects of Reproduction, offers an intersectional account of Hindu Nepali women and their sons as they face conflicting global and local ideals regarding reproduction and family. In her latest publication, the chapter "Reproduction through Revolution," she shares stories of PLA ex-combatants who fought to revolutionize Nepali society but were drawn back into longstanding gender relations and norms via procreation.