

A Friend in the Sun

By Roshni Ray

“Would you like the window open?” I said cautiously.

During rounds, we had just informed Mr. F that he would have to spend longer in the hospital because that “god awful nasty cough” he had told us about may be a pneumonia. “Can my son come?” he had asked. “Because of COVID, this floor doesn’t allow visitors, Mr. F, I’m sorry.” At this, he had fought with the intern and then pretended to fall asleep. I had lingered behind, largely out of guilt of delivering bad news, and opening windows was the only expertise I could offer as a medical student.

At my question, his eyes snapped open. He nodded enthusiastically. I pulled the blinds open, which creaked and protested at my request. The sunlight, which had only peaked in before, rushed to fill the room. He sighed. “Thank you. The sun can never bring you bad news, you know. You always have a friend in the sun.”

Later that day, my intern was overjoyed to hear I would follow Mr. F, still a little burned from her earlier back and forth with him. “He’s going to be a handful, but I’m sure it’ll be good learning how to deal with difficult patients.”

A year later, I still have the one-liner introduction for him memorized: “Mr. F, a man in his 70s, presenting for COPD exacerbation with superimposed pneumonia. COVID negative. He has increasing oxygen requirements and today he is clinically worsening.”

As I walked in to see him the next morning, he greeted me warmly, saying, “Do you want to see my plants?” He pulled out his phone and his entire camera roll was hundreds of photos of plants and flowers. He explained he was a horticulturist, and he had spent most of his time outdoors cultivating his garden at home. “Worked on it my entire life,” he said proudly. “It’s my greatest masterpiece.”

After rounds, he would ask me to take a seat and he told me more about his plants, his children, how he found love. In those first few days, he spoke in full sentences, gossiped about the hospital food, and walked around chatting with anyone in the halls. “Just tell me shut up when you need to go,” Mr. F said laughing, “because I love to talk too much.”

A few days later he could no longer make it through a sentence without desaturating. “Alright, I’ll let you rest for a few seconds, Mr. F.” Annoyed, he would impatiently watch his numbers go up. At ninety-five percent SpO₂ he would start again.

Around Day Seven his good humor had begun to fade. Now on BiPAP with maximum settings, no amount of staring and waiting would get his numbers back up. His meal trays began to leave untouched and his long gray beard grew unkempt. I had seen it before in other patients but never quite put a name to the beast that seemed to haunt patients in the hospital. It was loneliness —something about isolation hastened clinical deterioration. And now, with COVID banning visitors, patients seemed to detach from the world beyond the hospital walls and get lonely faster.

One particular day, Social Work spoke to him about how the ambulance ride to send him home would not support his oxygen requirements. He stared straight ahead. “I don’t care if I die in the parking lot. I want to go home.” When they left, I opened his window again, and the sunlight poured into his room. He angled his face toward the sun and closed his eyes, soaking in the warmth. The air was brimming with the unspoken. With his eyes still closed he started slowly.

“When I came here, I didn’t realize I wasn’t going to leave.” His voice became more strained. “I didn’t think to say goodbye – I just want to see my garden one last time. I want to walk around my home and know that I did something important in my life.” He grabbed my white coat sleeve, “Please — don’t let me die here alone,” he gasped out through tears. “Even if I can’t go home, I just want to feel the sun on my skin one more time.”

I took care of him every day for his length of stay and pushed Social Work in rounds. “Have we exhausted every option?” I’d say. Response: “No options left.”

I encouraged Mr. F to not give up hope but as his fear worsened so did his pulmonary function. One of the interns turned to me. “Don’t get too attached, he’s going to die in this hospital.” A cold silence. “That doesn’t mean we shouldn’t keep trying,” I said. “It’s the only thing he wants.”

After days of asking, Social Work said, “Well, if they had an oxygen tank at home, we could try an ambulance ride. But he would have to be on requirements that the ambulance could support, which seems unlikely.”

My ears pricked up. “But we could try, right? If he was able to get better?”

She shrugged. “Yes, but he’d have to get better magically.”

Mr. F took the news like medicine. He improved his oxygen requirements within days. Each day, the sunken, gaunt look on his face seemed to reverse. My attending raised his eyebrows in surprise, “What changed? Did we add anything new to his treatment?”

On the day he reached the level the ambulance could support, he laughed in relief and high-fived me. In equal parts joy and anticipatory fear, I called his son again to make sure there was an oxygen tank ready to receive him. When I checked on him before I left that afternoon, he was shaving. “Got to look good for tomorrow,” he said, winking.

The next morning, Mr. F had been erased from our board.

With bated breath, I typed in his record number into the patient lookup and waited as the system lazily processed results. Latest note: “Called Mr. F household. He reports he is doing well on oxygen. Spoke to son and daughter.” I released a slow steady breath and felt my shoulders relaxing.

He had made it home.

With Mr. F, I learned how much of medicine is rooted in listening. When I listened, I found *lonely, lonely, lonely* everywhere. I found it in my patients, but also my peers, my residents and attendings. I found it in the imprint abrasions of the N95 masks in the trauma bay and the exhaustion as my intern declared time of death and excused himself to the bathroom. Yet, despite this fatigue, I’ve seen nurses draw birthday balloons on ICU doors and residents decorating their masks to comfort children. It’s an act of defiance to provide each other that

basic human need of community when everyone feels isolation weighing heavier than ever before.

As I left the hospital that day, I felt the sun on my face. I paused to lift my head up to the sky and felt the sun Mr. F had craved and hungered for. I felt its warmth, I felt its persistence, and I felt its companionship. I wondered how many times I'd taken that feeling for granted, and I thought of all the other things that I'd taken for granted before COVID. However, as I stood in the parking lot, I found myself thinking of all those small gestures that I'd seen in the hospital. Many have found new means to show their resourcefulness, their kindness, and their endurance in ways that will persist even after COVID ends. And for me, it was as simple as opening a window for a man who loved nothing more than his friend in the sun.

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