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An Existential Unmarked Grave

By Matthew Westfall

"The objects of sense exist only when they are perceived; the trees therefore are in the garden... no longer than while there is somebody by to perceive them."
- George Berkeley

I have a secret. A few other people know, a couple medical residents and a gruff ICU attending. It's not a real secret, not something I can't talk about in casual conversation or write about in reflection. I'm going to tell you everything about it and nothing at all.

I keep it not because I want to, but because I am bound by the sacred medical oath spoken so long ago by Hippocrates: "First, do no harm." I have always been a bit perplexed by such a nebulous and reactionary tenet.

When he came to the hospital, he insisted the medical team not notify any of his family members or contacts in the medical record. He was a bit cagey about things, mentioning a daughter in passing but not further specifying why he did not want us to contact next of kin. He was, in his self-conception, a healthy, independent man, admitted to the hospital for nothing more than a standard tune up. Indeed, he looked at us with the incredulity of a man who might have been asked by his car mechanic if family could be contacted regarding a routine oil change and filter replacement. He was similarly puzzled when asked about his code status, requesting full code as assuredly as he might have 40 years earlier as a young man just out of the military. He cited a long-standing gripe with the Veterans Affairs system, a major factor in why he had been lost to follow up. He always graciously thanked the ICU team, insisting his issue was never with his care during this stay, but rather regarding some bygone conflict in the ether of the past. In fact much of his story was like this, a stoic man shrouded in mysteries; the first and foremost how he had endured so long without presenting to a hospital or clinic. In the 15 years since his last VA visit, his legs had ballooned into great tree trunks, massive undefined vaguely cylindrical tubes of anasarca, edematous and woody just like they describe in textbooks.

I sleuthed the chart and internet to locate phone numbers or relatives in hopes that mentioning a loved one might change his mind about contacting family. I'm not entirely sure what I would have done if it had led anywhere given he explicitly asked us not to contact anyone. I found a few old telephone numbers of prior emergency contacts in the chart. I dialed one somehow knowing no one would pick up and was relieved when it was out of service. I created from these broken online bits and pieces of information a fragmented timeline of his life; moves up and down the Eastern Seaboard, a string of address changes and new telephone numbers trailing behind in free online databases promising full background checks with payment for a monthly subscription. I simultaneously learned so much about his journey and knew nothing about him at all.

He floated from the ICU to the general floor and back again. Hematology, oncology, nephrology, cardiology, and surgical oncology were all consulted; the gears of his workup were

slowly set in motion. He was "tucked in," yet his overall condition slowly began to converge with his poor prognosis. Aberrancies became normalcies. He exuded a subtle loneliness that felt like an appropriate harbinger for his nearly simultaneous diagnosis of end stage renal disease, renal cell carcinoma, and heart failure. He would cry out frequently with mundane requests - asking for his remote that was close at hand or water when cups overflowed his bedside table - at times annoying overnight nursing because of his seemingly feigned need. He never acknowledged his dire straits, but in retrospect I suppose he realized he was dying and just didn't want to admit it to himself or to us.

"Isn't it odd how we misunderstand the hidden unity of kindness and cruelty?"
-Frank Herbert

He coded a week later, two episodes within an hour of each other. I was off that evening and found out the next morning as I read through the "critical event" notes. The obvious and immediate concern was the same as for any prolonged and repeated code, the prospect of anoxic brain injury and negligible functional recovery. Neurology was consulted, EEG leads placed. Their assessment of "99+% chance of no or insignificant neurologic recovery" was echoed by the fellow's "it's not looking good" comment when we ran into the neurology team on rounds.

And so began the waiting game for this fleeting and mystical idea of "neurologic recovery." I dutifully completed daily neurologic exams for the comatose patient and researched algorithms and measures to further objectify his baseline and recovery. His eyes did not track vocal or visual commands. His pupils remained dilated, he did not wake or stir when I pinched his earlobe or ground my knuckles into his sternum. He did not cough when we suctioned his ventilator tube. We waited, in service of his autonomy, for even the smallest glimmer of improvement that never came.

The familiar tragedy of it all was that respecting his free will forced us to torture him beyond belief, to shrivel his locus of control until it was nothing more than the decision to keep a couple of machines switched to power mode. He resolutely maintained his code status. So we battered his chest with CPR, intubated him when he stopped breathing, and gave him medications to keep blood coursing through his arteries. We placed lines and tubes in every vasculature and orifice, replaced his body's dwindling physiologic drive and stimuli with our own to maintain a physical being now likely devoid of a soul. We trialed him on and off sedation, risking that he might be awake for our torment to give him every opportunity to demonstrate spontaneous brain activity beyond the occasional violent inspiration.

His clinical course had changed, so I scoured for phone numbers and next of kin again, in much the same way as before. Some minor change in my search criteria, including another rabbit hole of a quasi-publicly available background search websites, provided a new wealth of phone numbers and potential relatives. I cross-referenced all these random websites and data sources to expand on my previously loose picture of this man, comprised of first name and first initial. And, when I found the number of a daughter with an address close by, I sheepishly wrote it down.

By then we had submitted an ethics consult with the recommendation of terminal extubation. I remember a visceral creeping the first time my attending said those words together. There was something so absolute about the word "terminal" clanging together with "extubation" in a way that was both foreign and precise. I had in my head an idea of where

things were headed, but I never fully considered the exact endpoint, the exact mechanism and extent to which we would be withdrawing care. Hearing those words felt like passing through a threshold, stepping from behind a closed door into some sharp and sunbaked hellscape I always knew was on the other side but never paused to intellectualize.

"Oh, Mr. P—I usually save him for last so I can go home after my crying," remarked my attending while writing his daily progress notes. He said it in his characteristic manner, depressing, ostensibly facetious, and yet guffaw-inducing. He had that blunt and real comportment of someone who worked with veterans, a knowing, humanistic touch that suited him perfectly as an ICU physician. Frequently, on rounds, he would flippantly quip a dark and morbid thing we were all silently thinking with a quotidian ease and subtle humor that was sure to elicit a chuckle while also perfectly encapsulating the extreme discomfort, moral injury, and fucking despair everyone was feeling regarding a certain situation.

"Dr. B, I think I found more of Mr. P's family online. I have a list of phone numbers for his daughter and sister or other extended family that seem relatively recent. I wanted to ask you what, if anything, I should do?"

"Here's the thing, we put the ethics committee in a very difficult position if we all of a sudden find some new family member. And we still ultimately have to respect his request not to contact his family. So, thank you for trying to find those numbers, but at this point, I think it would be best if you just tore up that sheet and pretended like you never found anything."

I ripped up the paper. I deleted the brief addendum to my note in the medical record summarizing possible family connections and telephone numbers I had found online. I suppressed the impulse to pick up the phone and scream across the line to his daughter, or sister, or whoever, the truth that we all wanted to proclaim but now would be forced to swallow forever: "this man is all but dead but we are compelled to continue to torture his body well past the point of medical futility. And even though you are probably a 15 minute drive from this hospital and worried sick because you haven't heard from him, I can't tell you anything about what has happened to him, or even that he is here."

That is my secret. That we detained this man in medical purgatory, never allowed to tell anyone about his life or death. That even though I found his family, medico-legal protocol compels me to pretend I didn't. That perhaps even now he is tucked away in some sterile facility in a liminality of agonal breathing.

Perhaps it is more an omission than a secret. Or an uncomfortable transposition of who knows what that feels like a deception worthy of guilt. The intimacy of relationship has been flipped, you know everything and his family knows nothing. It's a paradox, this metaphysical subterfuge. I can tell you everything, exactly what happened to him towards the end, and yet I can tell you nothing at all. The name and birthday, the phone numbers, addresses, and name of a daughter remain locked away in my memory. I can write a whole narrative about it, maybe publish it in some journal or blog, maybe other people will read it, even, and yet, Mr. P and my little secret together will be lost to the ages and to the slow degradation of my neuronal pathways.

Equally paradoxical is my role in this. I am responsible for severing him from those that know him best, from the hearts and minds and stories that define his being. I am the means of his erasure. Yet my knowledge of his demise remains the lone connection tethering him to this existential realm. Perhaps by sharing the deception with you, I have created some monument to his memory, a diffusion of responsibility for celebrating his life.

The last time I saw him I pinched the nailbed of his thumb. It was the kindest thing I could think to do. Then I held his edematous hand in my own. I hoped, either way, whether he was there or already gone, he would get the message and understand that everything that had been done to him, every needle stick and sternal rub, every spontaneous vent trial and sedation wean, had been done in service of maintaining what little dignity he had left. And then I left the hospital and moved on to a new rotation with new patients in new dimly lit hospital rooms. And I tried to remember him, enough that my memory would serve as an instrument of his existence, but not too much as to cause myself to fish my notes out of the shredder, piece them back together, and call whoever waited expectedly (or perhaps not) on the other end of the line. Maybe he did not want us to contact his family for good reason, because they are distant or estranged or connected by nothing more than blood. Is it equally likely that he would have passed unregarded even if we had been permitted to notify someone?

I do not know what VA protocol is, but I imagine him resting peacefully in a flag-laden VA-sponsored casket. Perhaps a code of honor will be called over the public intercom an hour after his death. And he will slip quietly into an existential unmarked grave, disappeared from the sphere of those who knew him, laid to rest in some lonely militarily uniform gravesite with no one to visit him. His grave may have flowers placed during the holidays or Memorial Day, but will anyone ever venture to his plot to kneel down and dust it off with the familiarity and personal closeness we all hope for in death?

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