

## Best Brother

By Hui-Wen Sato

I hadn't seen Paul in decades, and thus found myself wholly unprepared for my deeply guttural response to his story. After all these years, he was more of a distant memory than a felt presence in my life. But I realized as I processed my memories of him that the particular hues of emotion I felt towards him were similar to those I had towards my own immigrant parents. College buddies in Taiwan, Paul and my dad both immigrated to the States as newlyweds, determined to give their wives and young children a better life. They sat tight-lipped through their graduate school classes in the heart of America's Midwest, their spoken English still so broken that their professors wondered if they understood a thing during lectures. But they had become proficient in reading and writing English, so to their professors' surprise, they consistently aced all their exams. They learned the language they needed to move forward, and with tenacious, singular purpose, they met their goals for the quality of life they wanted.

I remember Paul as an amiable, gentle, slightly overweight man with large-framed glasses and an easy smile. As children, my sister and I played frequently at his home with his kids while our parents chatted and played mahjong for hours. Over time, all the kids grew up and grew apart, but Paul and his wife still invited my parents over now and then to share easy conversation over their favorite Taiwanese dishes. My parents and Paul's wife eventually retired, but Paul loved his job and was healthy after all, so he continued working into his 70s. The more I trudged through my growing responsibilities as an adult, the more deeply I felt that these immigrant elders deserved every luxury in their older years.

One spring day, my cell phone buzzed while I was home tackling the clutter and getting ready to prepare dinner. It had been a rather lonely day of drudgery, so I welcomed the interruption. It was my mom texting me.

*Hey Hui. We are going to see your dad's friend, Paul, in the hospital.*

*He fell from a ladder doing work on the house in his back yard. He broke something in his back.*

*His wife said it's serious.*

*What should we bring them?*

I asked if Paul was in the ICU.

*I'm not sure. But he can't move his body at all. I think he has a breathing tube.*

I told my mom, he must be in the ICU, which means you can't bring flowers. Maybe you can bring his wife a meal.

*Ok. We will do that. Thanks.*

I sat heavily, barely aware of how my breathing had quickened. I suddenly had flashbacks to the patient I'd taken care of years ago, who severed her spinal cord in a swimming accident and maintained a stoic gaze as the neurosurgeon explained why she would never use her arms or legs again. I remembered the look of panic her father shot her mother, and how her father buried his face in a pillow so his daughter could not hear his sobs. The girl's injury had determined how things would look moving forward. She would live, but she would never again be able to do anything independently besides breathe, talk, and if she was lucky, perhaps eat and drink without a feeding tube.

My mom's mention of Paul's breathing tube was ominous. It meant his injury was even more severe. Unlike my former patient, he couldn't breathe independently much less live without a ventilator, but that would require someone to consent to a tracheostomy. The abilities of modern medical technology meant it wasn't the nature of Paul's injury per se that would dictate his fate; it was some individual or group who would decide whether he would live on a ventilator or die without one. But who would determine the course of Paul's life—or death—and how? Even if Paul was able to hear and understand what was being said to him, how could he engage in any fair and thorough conversation about next steps? His ability to speak was compromised by the breathing tube down his throat. His ability to write was gone. He was now essentially voiceless, which could render him potentially powerless. In his entire lifetime of diligent efforts to arrange for a good life for himself and his family, had he also possessed the foresight to arrange for what he would consider to be a good death?

\*\*\*

My parents came over the next day, visibly sobered by their visit with Paul and his family. My mom started with the update.

*We didn't realize it was that bad. Oh my god. He can't move anything. But his mind is there, and he's opening his eyes. He recognizes everyone, he knows what's going on.*

The daughter in me was taking in my parent's shock, their sadness, their vulnerability. The nurse in me was processing the medical implications. My dad was the emotional one, my mom the practical one. The different parts of me felt the need to respond to the different parts of them. I waited, and before I could speak, my dad went on.

*I think this is it.*

*Because you know what? He can't move, and he can't really talk around that breathing tube, but he started to blink his eyes. And they realized, oh my god, he's blinking in Morse code. At some point in his life, Paul learned Morse code. He knows what's going on, and he's told everyone, this is it. He doesn't want to be on a ventilator. He doesn't want to live like that or put that kind of demand on his family. He's made up his mind.*

For just a moment, I tried to picture when and how someone realized Paul was blinking in Morse code to communicate. Was it a nurse like me providing routine patient care, who perhaps initially thought he was just blinking away tears or a pesky eyelash that his hand could no longer brush away? But then, the nurse stops and realizes he is looking directly at her, insistent.

*Wait, a pattern there. He's so intent. Oh my gosh. He has a language. He has a way to communicate.*

I thought of how painstaking it would be for the nurse, for anyone really, to take the time to properly decipher and record what Paul was saying. One blink for yes, two blinks for no, in some ways that would be so much more efficient. *Well Paul, here we are. A tracheostomy, yes or no? We'll just figure it out one yes or no at a time, okay?* But to elicit the nuance and substance of Paul's own words through Morse code, that would require time, patience and careful attention. Paul still had a voice, but only if others were willing to listen to it, one letter at a time. How painstaking it would be for Paul, if no one took the time to properly decipher and record what he was saying.

My thoughts returned to the conversation with my parents. Paul's family had initially insisted they could take care of him. His son was a physician and understood the medical issues at hand. But Paul held his ground, and without much prolonged protest, his family accepted his decision. With the biggest question settled, he transitioned to using Morse code to settle family affairs and say his good-byes.

\*\*\*

My parents returned a couple of days later for one final visit. They didn't stay long; they couldn't. But to my dad, Paul blinked, --- \*\*\* \* \*\*\* --- ---\*\*\* \*---\* --- --- --- \*\*\*\* \* \*---\* Best brother. My dad understood this was Paul's endearment, his good-bye. My dad, so moved by Paul's carefully chosen words, was left speechless. He grasped Paul's hands and shivered at the unexpected lack of response in Paul's motionless fingers. He looked back to Paul's eyes, where all expression remained, and simply nodded, choking back tears.

Paul understood his situation, where this would take him. And so, just as he had done throughout his life, he used the language he had learned in order to reach his goals.

This time, it was to determine the quality of his death.

The breathing tube was removed that night following my parents' visit. I can't help but wonder if Paul spoke a few words at the end with the breathing tube out, before he lapsed into unconsciousness with his final breaths. Or perhaps he simply closed his eyes, having had the chance to say everything he needed to say.

---

**Hui-wen Sato currently practices as a pediatric ICU nurse in Los Angeles. She blogs regularly for the American Journal of Nursing (AJN) blog *Off the Charts*. Her writing has been published in the Oxford Handbook of Meaningful Work as well as the Reflections column for AJN. In September 2017, she delivered a TEDxTalk titled "How Grief Can Enable Nurses to Endure," and she has been featured as a keynote speaker at numerous national nursing conferences. She is currently pursuing her Certification in Narrative Medicine through Columbia University. She lives in Los Angeles with her husband, two children and two ornery tortoises. Learn more about her work at <http://heartofnursing.blog>.**