

Cleo

By Simran Chand

If you asked me last year what it meant to save a life, I'd probably say performing emergent CPR or completing a successful heart transplant. My answer today is different.

On a cold Wednesday evening, a young woman named Cleo walked up three flights of rickety wooden stairs, out of the frigid New York air into the haphazardly constructed waiting room of our student-run free clinic. She arrived looking “alert and oriented, appearing stated age, speaking in full sentences and in no acute distress,” just as I have grown accustomed to seeing in the majority of patient notes. As she checked in, had her temperature taken and waited on the dimly lit fourth floor of the Baptist Community Church of Manhattan, she didn't really look like someone who needed saving.

An hour after Cleo arrived, my sympathetic nervous system was in its peak form. My heart beat fast, my thoughts raced faster and I was filled with simultaneous panic and drive. I had to stop Cleo from killing herself.

I was less than seven months into medical school, barely one month into our Psychiatric Medicine curriculum, but I jumped in headfirst. Start with the HPI. Learn the neglect she experienced as a child. The fat-shaming from her foster mother. The racism in her high school. The homophobia from her biological family. The misinformation from her pediatrician. The ruthlessness from her employer.

Pause.

Find a box of tissues. Hold her hand as she cried. Administer the Columbia Suicide Severity Rating Scale. Understand the extent of her preparatory actions. Choke back my own tears. Create a differential diagnosis in my mind. Rule out SSRIs because of a drug-induced manic episode. Choke back tears again. Present to the attendings. Consider calling 911. Decide against it. Create a safety plan.

Console her.

Embrace her.

Let her go.

As soon as she left our clinic that evening, I broke down in tears. I hid in the dingy bathroom fumbling to turn on the overactive hand dryer in an attempt to muffle my sobs. I felt a deep pain for Cleo—what terrible cards life had dealt her. I felt terror and overwhelming dread at

the weight of this responsibility—the weight of someone’s life. I knew thoughts of Cleo would permeate my day-to-day and I could already feel the burden of her pain had settled a part of itself somewhere in my soul. But I also felt...good? She had cried at the relief of telling me her story and feeling heard—no one had ever taken the time to understand the obstacles she faced and the despair she felt. Cleo thanked me profusely and assured me she did not think she would kill herself this week. That was enough for now; I’d see her next week.

I have encountered suicidal ideation before. You cannot come from the town that experienced the country’s largest school shooting and not have been confronted with this insidious form of death. Less than one year after Sandy Hook was the first suicide. Ben. A young boy in the grade below me. Though I spent the better part of each day in the same building as this suffering 7th grader, I never knew him. And I never will. Next was Jeremy. The father of Avielle, a victim from Sandy Hook, had more pain in his heart than I could ever understand, but that did not prevent a small part of me from resenting the way he did it. Killing himself in our town hall, leaving his wife to carry her grief alone and to raise their newborn daughter without a father, and leaving my brother shattered by the sudden absence of his mentor. The never-ending cases of PTSD and depression that shrouded my community led to suicide awareness talks, grief counseling and therapy dogs in the lobby for the remainder of my time in Newtown Public Schools. When my best friend Adriana told me she cut her wrists and no longer felt like life was worth living, I knew what to do. I called her brother Nathan, a rapid intervention followed and off to rehabilitation she went. I’ve dealt with suicide.

But I’ve never *dealt* with suicide. I have never painstakingly unveiled through extensive questioning every single excruciating life moment that amounted to the person sitting before me. I have never truly understood the years of trauma and suffering that could bring someone to the brink where they genuinely wished to end it all. And there I was that gloomy winter day, face-to-face with it. I now *knew* Cleo. Cleo was *my* patient. She had trusted me enough to reach out and make an appointment, to push through her heavy depression, to take the subway across boroughs, to tell me her entire life’s story, and to take the vulnerable step of asking for care. She was now my responsibility. Not only did I deeply understand her sorrows, but I was also the sole individual entrusted with this information. In learning about her life, I felt her perseverance, I saw her character and I understood her person—I saw the reasons for her to live that she could not quite yet see herself. I had to help her.

We have now met four times. Each encounter has been sprinkled with tears and a growing pile of tissues balled up and caked with snot, but it faithfully ends with a tight embrace. Our relationship has blossomed into a “physician”-patient relationship that I could only dream of. I texted or emailed her every few days, perhaps beyond the limits of what was appropriate, but necessary for me to remind her that there was someone out there who cared whether she lived or died. And she showed up. She pushed through her depressive stupor every two to three weeks to take public transportation for over an hour just to allow me to see her. She even brought old photographs of her deceased mother and her friends back in the Netherlands that she had told me about. In a single visit, we would check-in on her mental health, arrange for her to go to a Peer Respite program, examine the seborrheic keratosis on her neck, then

discuss how Mjellma was a bad friend for secretly hooking up with Cleo's ex-boyfriend. I refilled her prescriptions, I gave her a space to unload her burdens, I searched for solutions to ease the illnesses that plagued her mind and I became part of her support system. When my supervising clinical student told me a few weeks later that I had saved Cleo's life, I stared blankly back at her. I had never thought of it this way.... But slowly, I began to realize, wow, maybe I had.

But today. Today, I am afraid. My repeated text messages have yet to receive a response—uncharacteristic from our previous pattern. She has not confirmed her attendance for our 6:30 pm appointment this evening, and I am terrified for what that means. A tiny voice inside me says I won't see her today, and that voice has become more ominous as the hours have gone by. I cannot even think to speak it, but there is a horrific question floating through my body begging for an answer: Is Cleo still alive?

As I try (and fail) to push this question out of my consciousness, I am comforted by the knowledge of her address—a crucial piece of information I collected during one of our virtual telehealth appointments. Honestly, I have no idea what is allowed or what is not. I am not a doctor, I am not a crisis center, I am just a student volunteer at a makeshift clinic on the uppermost floor of a rundown church. But I've played out the scenario in my mind a thousand times: she doesn't show up, text again, she still doesn't respond, Google the address, call the landlord and find out if she's safe. Because that's all I care about right now: Cleo being safe.

I'm still figuring out what it means to be a caretaker, to be a healthcare provider, to be a physician. I'm still figuring out how to balance how much or how little of myself to give. But right now, this feels pretty right: caring deeply that she is safe.

Simran Chand is a second-year medical student at Columbia University Vagelos College of Physicians & Surgeons. She earned her Bachelor of Arts in Biology and Gender, Sexuality, & Women's Studies from the University of Pennsylvania in 2021. Chand enjoys writing as a form of reflection in order to more deeply empathize with her patients, to appreciate the privilege of learning another's story, and to inform the values she hopes to reflect in her future as a clinician.

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