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Getting to Know Dying

By Anna Belc

After two years of working as a labor and delivery nurse, I knew how to recognize imminent birth. The vomiting and shakes at seven centimeters dilation. The "I can't do it" and "make it stop" at nine centimeters. The deep groans of pushing. I saw head after head emerge. I knew the signs. I knew when to keep the physician at bedside. When to keep gloves on.

And now a year into working in the Emergency Room, I'm starting to learn the signs of imminent death. Five years as a nurse yet the first time I saw it death took me by surprise. A patient came in sick and I expected the blood cultures, the fluids, the antibiotics, a transfer to the intensive care unit. I didn't expect the sudden pain and pallor, the absent pulse. Then the call for help to the operator, the crash cart, hands on chest, shock pads, epinephrine, sodium bicarb, etc etc etc.

It happens again and again and again.

The daughter of an eighty-seven-year old just deceased mother says "But how can I leave her?" She stands a foot away from the stretcher, her hand trembling, almost reaching. Earlier, before she arrived, I struggled to remove her mother's wedding ring off her finger. I knew I would have to be rough and didn't want her to watch. I washed her hair, tried the lube and the shampoo cap to remove the blood, then resolved to bandaging the wound. "Thank you for taking care of her," she says and I wonder whether she means while dead or while alive. I walk her father, the husband, to the bathroom. He holds steady. I wonder if, at their age, he expected it. "My ninety-year-old legs don't work that well anymore," he says as I walk slowly next to him. He's putting one foot in front of another with no walker, no cane. "I only hope at ninety my legs work this well," I tell him. I still can't remember on which ankle and which wrist the death tags go on. But I know how to tie them now. That night on my way out of the hospital, my own boots poorly tied, my jacket unzipped, I see the transporter walk with a covered gurney and I open the morgue door for him. I'm out the door into sunlight for once, because she died at 6:47 a.m. and I didn't leave until 8:00. The sun finally up above Lake Superior, my boots crunching on fresh snow, thinking again how beautiful this place is, and how remote.

In the process of getting to know death I start to wonder how those who walk through our ER doors might die. I do not want to be taken by surprise. In nursing school I was taught to anticipate the worst in order to take the best care of our patients. I need to think of the exact mechanism of their death so that I am best prepared to prevent it.

A man with a gastrointestinal bleed will, of course, bleed to death. Someone with an infection will die of septic shock. A post-surgical patient will develop a pulmonary embolism. So I

insert large bore IVs in both antecubitals for a rapid blood transfusion. I study blood pressure trends in case I need to give fluids before the patient becomes dangerously hypotensive. I leave bruise after bruise injecting blood thinners.

Still, there is that moment when in the middle of dancing around each other hooking up the cardiac monitor, taking a manual blood pressure, confirming verbal orders, cursing under my breath that a piece of equipment is missing, I stop and realize: This person is dying. A moment of reverence for the knowledge the patient and I hold alone. I know it is coming because the dying know it is coming. They fight for each breath fighting us to sit straight up, to get up, to do something other than die, right there on our hand-cranked stretcher. Family unaware; panicked but relieved to have nurses and doctors crowding the room, working. I want the family to read my mind but I don't want them to meet my eye.

I now know birth and death intimately.

I have also seen the intersection of the two. To make it easier on ourselves we called them IUFDs, which looking back sounds like extraterrestrial sightings instead of the real tragedies of an obstetric unit.

Intrauterine fetal demises.

I have seen infants born still. And I have seen them be born and die. The stethoscope used to listen for their heartbeat larger than their chest. Eyes barely able to open. Webbing between fingers. Their toes their only perfection. We were taught at obstetric orientation that if families want photos and you can't bear to take a photo of the entirety of the infant then take photos of feet. Feet are always perfect, no matter how early. I've spent too long in a cold, brightly lit Operating Room, where they say the lighting is best, behind the camera, arranging letter blocks to spell out the child's name or *Angel*. Then, after, later, the death tag wrapped around the whole body. Where that tag goes is easy to remember.

So many tips on how to prepare the dead yet none how to prepare the living. No one during orientation prepared me for the moment the paramedics call on their radio and ask for the physician, something they only do when they need one to declare a time of death. No one warned me a woman would tell me she feels legs in her vagina, her tiny breech infant being born weeks before he is ready to survive. So I take too long arranging their feet and hands. I take too long with the ritual, getting to know death, the dying, the dead.

Anna Belc was born and raised in Warsaw, attended middle and high school in New York City, and as an adult fell in love with the Philadelphia area, where she studied theater and later nursing. Currently, she lives in Marquette in Michigan's Upper Peninsula, where she works as an RN in a rural emergency department. Anna, who is the mother of three boys, is a playwright and translator of dramatic works. She is determined to see the Northern Lights before she heads back east next year.
