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Incompatible with Life

By Sadaf Qureshi

Physicians are masters of precision. Experts at naming minutiae. We map things with words like "rostral" and "caudal," "anterior" and "posterior," "ventral" and "dorsal." An anesthetic is not the same as an analgesic. And strictly speaking, a tracheotomy is not the same as a tracheostomy. We even name our ignorance. For example, a condition with the word "essential" tagged on to the front end, simply means we don't know the cause of it, like essential tremor or essential hypertension. And when it is too straightforward to warrant a new word, we replace it with an abbreviation instead. It's BLS not basic life support; it's a CBC, not a complete blood content. Most of these terms, as they get tossed around in lecture or in the hallways of hospitals, strike me as nothing more than harmless medical jargon. A few extra points on my next game of Scrabble.

But the first time I heard the phrase "incompatible with life," I was listening to a lecture on the development of the respiratory system, and it took me several moments to comprehend its meaning. My fingers stopped tapping away at my keyboard, and I thought for a moment. I had managed to decode all the other phrases with relative ease. But this one bothered me. Incompatible with life, simply stated, is death. It's fatal. Lethal. But why had we resorted, instead, to a phrase as cumbersome, as cold and detached as "incompatible with life?" It's a strange kind of juxtaposition to use the word "life" in a moment when what is truly intended is death. And what does it mean to insist, with a phrase of such certainty and authority, that to have a particular condition is the equivalent of being dead? Instead of using words to pinpoint the truth with excruciating exactitude, we seemed to be using them to build a protective barrier, not so much for the patient as for the physician.

The remainder of the lecture was lost on me. I was thinking instead of the last time I saw a patient with a respiratory problem whose condition might have been described as "incompatible with life." Mr. Smith occupied a corner cubicle of the ICU, his curtain always open and the two chairs against the wall always empty. He seemed, for the entire three days that I watched him lie there, to be lost in a deep and peaceful slumber. Unaware of the nervous residents, dropping clipboards at the base of his bed, or the nurses, fiddling with tubes around his arms, or the incessantly beeping monitors, keeping time. He was wearing a thin hospital gown and thick socks in a matching shade of green. But the socks looked as though they had been hastily and clumsily slipped on, leaving an empty bulge of fabric above his toes.

I was at the hospital with the excuse of shadowing a physician. But when the physician was busy, I mostly just leaned against the wall and watched Mr. Smith breathe, calmed by the steady rise and fall of his bony chest. On Mr. Smith's second day in the ICU, a resident with a few empty minutes in his schedule took it upon himself to explain Mr. Smith's condition to me. He fumbled around his chest pocket for a pen and pulled a blank piece of paper from behind the nurses' counter. I watched him draw a rudimentary diagram. I nodded intently as he laid out the chambers of the heart, the flow of blood, a pair of lungs.

He spoke of valves and fluid and oxygen. I had just finished my first year of college and, despite the simplicity of the explanation, some of it was lost on me. But what was clear, not from the diagram but from the somber tone of his voice and the small sigh at the end of the long-winded explanation, was that Mr. Smith's condition was "incompatible with life." They didn't have any grandiose treatment plans in store. They had contacted the family several times, but no one had come to fill the empty chairs or tug on the sagging socks. This was just a waiting game. A cubicle reserved for slow, helpless dying.

At the end of my third day watching Mr. Smith, I had studied every fold in his face, every line in the palm of his upturned hand, and each crisscross crease across the joints of his fingers. I had measured the interval of his breath, counted the minutes between nurses checking in, and estimated the centimeters between the outline of his body and the edge of his bed. I had imagined, many times over, what his life had been. What his face might have looked like with a little animation in it. The tone and pitch of his voice.

When I arrived at the hospital on the fourth day, his cubicle was empty. The morning rounds went on without its usual silent witness. I had been abandoned. By lunchtime, his cubicle had been re-occupied. In his place was a teenager, neither frail nor attached to a maze of life-support devices. She had muscular arms and a mother and a sister to fill the empty chairs. She was unwell, but it was clear that she would get better. She joked with the doctors and laughed a strong, loud laugh. She had a stack of magazines with her, and she sent her mother to the gift store for a pack of gum. She bickered with her sister. She sat up in bed when the nurses came by. In short, she was full of life.

And to me, it was a garish, flashy show of life. A mocking display. A study in contrast. It didn't belong here, in this corner cubicle. Less than twenty-four hours ago, this has been the cubicle of certain death and now, it was the cubicle of relentless life.

It seemed to rankle no one but me. It was somehow unsettling and yet, part of a completely natural cycle on any floor of any given hospital. Every single day, corners of death are quietly cleaned out overnight and re-purposed. One patient's hospital gown is shoved into the trash, his bed sheets are stripped off the bed, and his dried up flowers are taken up off the windowsill. Death must make room for life.

This cycle is not, perhaps, natural only in the long, lonely corridors of hospitals, but in every corner of the earth. Each winter gives way to spring. Each whittled-out crescent moon gives way to full one. Life slips seamlessly in and revives what came before it. Daily, even, within each of us, this cycle circles. In Islam, there is the belief that when one goes to sleep at night, his soul is taken from him. And when he awakens, if it has been decreed that he should awake, his soul is sent back to him. Rising each morning is a kind of re-birth. Incessantly, we are in the process of dying and being re-born. What we call the end is continuous with the beginning, and what we call the beginning from one perspective is surely the end from another. Two sides of a single coin. How then can we call death incompatible with life? In truth, they are inseparable.

The life that came to occupy that corner cubicle was infectious. The vibrant sound of her girlish laughter leaked into the neighboring cubicles, energized the nurses, roused the other patients from their stupors. Those who had appeared resigned to death in the morning were a bit more alive that afternoon. Whether they were brought to sit up in their beds by the irritation of having their sleep disturbed or by the pleasure of happy voices, they were, to some degree, rejuvenated.

The sick, who find themselves in and out of hospital beds, on respirators, asleep during the day and restless at night, are coins on edge. Some are perfectly balanced on those

tiny ridges, and others tilted more or less to one side, but always with the possibility of landing in either direction. Even words of such finality fail to shelter us from the harsh reality of uncertainty, of the understanding that the magic involved in urging the coin to one side or the other is part of a calculus we can't quite compute. To tell a patient, as doctors often do, that their condition is "incompatible with life," is to decide, prematurely, the fate of that coin, and to ignore, entirely, the complexity of the continuum between life and death.

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