

Lea Rose

By Laura Vater

I watch the sun descend from the hallway of the ICU, again covering the unit for the night. Ventilators whoosh while filling injured lungs, monitors chime in varied rhythms. Papers shuffle, doors open, printers buzz. Among all the noise, there is one striking absence: patient conversation. It's a service of endotracheal tubes, of central lines, of soft restraints. Faces without voices.

“Open your eyes,” I say to them. “Wiggle your toes. Squeeze my fingers.” *Give me something. Anything.*

My peers have left one by one, handing me a growing list of patients. I collect their portable phones and pagers, and clip them to my waist. They weigh my scrubs down like a pine bearing snow. I tie the drawstrings tighter.

The swell of admissions comes in rapid succession, overwhelming my ability to link a patient's disease with their name. Each new patient quickly runs with all the others, like raindrops welling up on a windshield, bubbling together, then streaming down the window, off the pane, and out of my consciousness.

I go through the motions for each admission: walking to the ER, listening to heart and lungs, placing orders, calling consults, writing notes. I repeat this pattern throughout the night, my list of tasks accumulating alongside my fatigue. There's an ache in my knees, a pressure behind my eyes, a fog that begins to cloud my mind. My senses are reduced to a numbness.

At 4 a.m., I hit a stretch where the notes are signed, the orders written, the phone silent. I find my way to the call room. There's a twin bed, a white starched blanket, a bedside table, a rickety lamp. I unholster my line of communication devices and collapse on the wafer-thin mattress.

My phone chimes again.

I squeeze my eyelids tight. *Not again. Not yet. I just need a moment.* But the work never stops. My deep need for rest is shoved to the side, sleep impossible.

I pick up the phone with a sigh. *Be something simple. Low potassium. Hyperglycemia. Someone needs a blood transfusion.*

“We've got another one for you,” says the emergency room resident. My heart sinks into my chest. *Another hour of work, at least.* The mirage of sleep has now completely disappeared. Empathy falls through my fingers like sand.

“Ninety-something year-old lady in respiratory failure. Looks like pneumonia. Intubated on the scene. On broad-spectrum antibiotics.”

Why now? Why couldn't this come in two hours when the rested doctors arrived? Did this woman even want to be intubated? I push past my questions and slip on my sneakers. I hobble again to the ER.

I enter the room, lights dimmed, just a single beam shines overhead. A woman with a thin frame and even thinner white hair lies on a blue mattress. She's tubed like the rest. Her body is motionless, except her chest that rises and falls at a precise rate.

She's dressed in a pink woolen sweater.

I review her labs and scans, examine her, and complete the necessary paperwork. I drag myself upstairs just as the barrage of pages for abnormal morning labs begins.

In the team room, I sit behind a screen, ordering potassium, magnesium, and phosphorus. I nurse a cup of coffee, trying to force my neurons to fire. The aroma is a small comfort as I sift through each chart. I take the last swig and set off to see my patients before morning rounds.

As I walk down the hall, a chime pulls me into a room. It's the pink sweater, although she's now in a green hospital gown. *What was her name?* It's gone now too.

Her heart races at 130 beats per minute, her tracing irregular, unpredictable.

I reach to feel her pulse. Her nearly translucent skin is covered in a brown patchwork of age, and I turn her wrist over. There, on the fragile skin of her inner arm, rest six charcoal digits that make me gasp.

I look again at her face and really see her for the first time. I glance at the black letters on her wristband: Lea Rose.

She has endured unspeakable trauma, revealed by faded ink.

As the sun peaks over the city and onto her face, I can feel her pulling me out of detachment. I'd reduced her and the rest of my patients to diagnoses and days on the vent. But each one is more than a room number, more than a problem list, more than a stop on my daily rounds. Each one is a person with a story I know nothing about.

Years later, I continue to come back to this moment. I think of Lea Rose on my most exhausting days. An anchor to my purpose: honoring the humanity of my patients. A touchstone that pulls me back to the physician I want to be.

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