

On Elevators

By **Tarina Quraishi**

Hospitals thrive on spatial division: into wings, departments, floors, and wards; into reception areas, waiting areas, and examination rooms; right down to the ED privacy curtain that blocks the sight, but not the sounds, of pain, and the too-thin paper gown that leaves an adolescent patient feeling self-conscious between visits from the medical assistant and the pediatrician.

The very project of a large hospital, to care for hundreds of sick people in the space of a few city blocks, demands sophisticated organization. Yet spatial divisions seem to necessitate emotional ones. The OB-GYN resident will likely never see the waiting room where her patient picks at her nails for two hours, feeling older than seventeen. The patient will never glimpse the break room where her doctor takes a swig of water, runs a hand through her hair, and feels older than thirty-two. As a participant in the hospital environment, sometimes I feel complicit in the odd assumption that feelings, like large-scale operations, are best managed by compartmentalization.

All of this changes on the elevator. In the meager four-and-a-half-by-six-foot space, patients, physicians, visitors, nurses, volunteers, and administrators all, literally, rub elbows with each other. Here, small interactions lead to subtle connections. The cardiothoracic surgeon likes the RN's earrings. The security guard and the doula are having the same type of sandwich for lunch. The radiologist and the brother of the MS patient bond over the struggles

of early parenthood—both are fathers of twins, and understand the frustration of wheeling a double stroller past a narrow door that closes at exactly the wrong moment. When the elevator is full, we step on each other's shoes and leave traces of where we've been.

Perhaps it is my insecurity with my own status at the hospital that drives my fascination with the elevator. As a volunteer, I am as eager as I am unqualified to make a positive impact on patients' health, perpetually questioning my professional status and where, exactly, I belong in the labyrinthine network of health care. In the elevator, I feel at home, because here, human instinct transcends the professionalism we hold so dearly. In the half-minute it takes to climb upward from first floor to fifth, I've seen a bleary-eyed infant reduce a buttoned-down financial officer to baby talk and smiles. I've seen power dynamics shift in surprising ways, as the professor emeritus blusters an apology for spilling his coffee (black, no sugar) on the junior clinician. I've seen my own past reflected in the shy, immigrant toddler with the runny nose, my future in the elderly woman who squares her shoulders to visit her husband in palliative care. Together, we wait for the ding and the swoosh, the auditory cues heralding arrival at our destination. Until then, we are trapped in each other's company, and we are social equals.

At times, the elevator makes me feel claustrophobic. Last spring, I was riding down to the lobby when a sleep-deprived resident disembarked on the wrong floor, frantically returning to the elevator just as the door began to close. As soon as she got off on the correct floor, the only other passenger onboard with me remarked offhandedly that, "If they don't understand English, they need to go back to their own country." The silent, six-second commute that followed was among the longest of my life.

More often, the elevator brings out the best in both patients and staff. This is a hospital, after all. In elevators at other public places, we will plant our feet, taking up as much

space as we can. Here, we shrink into ourselves, making way for wheelchairs and crutches and extended families. We hold the door a little longer, smile more broadly, and offer directions to anyone who looks slightly confused. It is here, within the confines of this cramped space, that I am reminded of why we entered this social contract in the first place, why we erected this spatial hub of suffering and disease. We care about each other. We want to manage the illness, ease the pain. Doing so requires us to construct walls, physical and professional, but here in the elevator, if only for a few seconds, we can be a group of diverse individuals sharing a small, subtle connection. The elevator traverses stories, of more than one kind.

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