

## ICU Man

By Sarah Garvey

I had decided to shadow a Cardiologist for a few weeks over the summer to expand my exposure to the medical field and ascertain whether medicine was the correct career choice for me. My task that summer was to be a shadow, and just that—a nonentity, an observer, ethically and legally required to be hands-off and silent as the whirlwind of daily hospital toil bombarded and assaulted from all sides. The Cardiologist—I’ll call her Dr. Kart—smiled as I approached, her white coat crisp and reeking of authority. She nodded wordlessly at the borrowed white coat she had requested I bring, despite my unease at wearing one.

I wasn’t a doctor; I hadn’t yet earned any of the white coat’s associations. It connotes knowledge, wisdom, a keen intelligence, an acute compassion. Authority. Dignity. Respect. In wearing one I was making a statement that was deliberately misleading. It was to garner patients’ trust, Dr. Kart had told me. What did I know; I was just a shadow.

The first weeks we were in the clinic, it was obvious that Dr. Kart knew her patients well—some for a decade or more. A few stood out to me, the memory of them withstanding the passage of time to stay with me years after the fact; the beekeeper who smelled of earth and brought Dr. Kart a jar of homemade honey; the cynical old man who turned everything into a joke, intentionally mishearing the doctor’s questions:

“How’s your breathing?”

“My breeding? I haven’t done that in a long while.”

“Are you experiencing any nausea or chills?”

“Only when I see my ex-wife.”

He gave the EKG practitioner a wrong name just to “see if she was paying attention.”

I realized I was deeply affected by my interactions with these people, even though not all patient interactions were uplifting. One blue-collar worker, a portly man with laughter lines and rough calluses on his hands, started to cry when Dr. Kart told him he might never recover his full strength. Another elderly man in a wheelchair told us it took him an hour to get dressed, and Dr. Kart assured him he was getting better. Once we were safely out of earshot she admitted that he probably would not live much longer. For each of these exchanges I stood by the door and wrung my hands until they were sore, yearning to comfort each of them but not wanting to venture where it was not my place. Instead I languished in the empathy that rolled off me with such force surely they could feel it, a tangible entity that spanned the distance between us, a distance that I did not know how to cross in any other way. I was drawn to each interaction, the good and the sorrowful, those sprinkled with good news and those wrought with bad, because each case consisted of human beings connecting on a fundamental level, intermingling in their partnership of trust and shared sense of purpose that brought them to meet here, in this pallid hospital room.

With all patients, Dr. Kart listened to the heart and lungs with her stethoscope, checked their legs for edema, felt their stomachs for excess fluid. She asked general questions about any symptoms, and refilled prescriptions. What struck me, however, was how she

remembered minute details from each of their lives: “How’s your son, the painter?” or “Do you still change the lights for your ninety year old neighbor?” or “How are your bees doing after their mysterious disappearance three years ago?”

She must have had hundreds of patients, yet she never got any detail confused. She never hesitated, never faltered, never stopped. She did three things at once and then kept going. I was exhausted just following her around.

Three weeks into our routine Dr. Kart announced that we would be in the cardiac intensive care unit. I had previously been exposed to illness; the deterioration of one grandfather due to lung cancer, the degradation of the other to scleroderma, the deterioration of my mother’s joints due to osteoarthritis, my brother’s asthma, my uncle’s diabetes, my grandmother’s aortic valvular disease. Indeed, if you look, illness surrounds and consumes us every day. Our bodies are frail, prone to degeneration and the wear and tear of a lifetime. There is something fundamentally human about the ailing body and the affair of being ill.

There was something unnaturally *inhuman*, however, about the ICU. Cold, plaster walls smothered with machinery, the metallic tang of sterility in the air that barely masks the scent of decaying bodies and stasis, the sweet aroma of recovery off in some unreachable place. A cacophony of robotic noises mimics a heartbeat and mingles with unintelligible medical chatter. I followed Dr. Kart from room to room with the team of residents and medical students, nurses and technicians like a flock of ducklings trailing their mother.

Every morning Dr. Kart and her team gathered around the monitors and stood from 7:30 AM-12:00 PM discussing patients and giving presentations. My legs ached from standing, the balls of my feet tingling and my back yearning to take one of the nurses’ empty seats, but I dared not sit. It was difficult for me to understand the exchanges, and I felt unnecessary and out of place.

As the days progressed, however, I got to meet the CICU patients; I grew quite fond of the retired schoolteacher with the kind eyes, and the Jamaican with an impressive set of dreadlocks with very limited mobility. I quickly came to relish the daily ache in my legs and the discomfort of having to stand, simply because I had the ability *to* stand.

One day Dr. Kart pulled the team into a dark and quiet patient room in the corner of the ICU. A man lay immobile on the hospital bed; I would have believed him to be asleep but for the totality of his motionlessness. He was so still it was clear to me that he was not merely asleep but unconscious. It was also clear he hadn’t left the ICU in many weeks. Decaying flowers sat on his bedside table and postcards of faraway lands littered the walls in an attempt to bring some semblance of non-hospital life into this tiny room.

I felt shy and disruptive being there, as though I was about to disrupt his quiet slumber. Dr. Kart was checking the monitors, ensuring that all the tubing was in its correct place. I had the urge to introduce myself, despite his vegetative state, but before I could decide whether or not to open my mouth Dr. Kart was once again at my side.

“This man is in a coma and brain-dead due to a prescription complication that resulted in a hemorrhage in his brain,” she told me. I couldn’t draw my eyes from his face; I was imagining how his slack features would appear if he were to wake in that instant and find strangers crowding his bed. When I squinted, I could convince myself that he was about to stir. I felt drawn to him and I didn’t know why. I knew nothing of his life, nothing of what he did or who he loved, nothing of who he *was*. Without any other identifying information, I decided to call him “ICU Man.”

In the middle of Dr. Kart's rounds and her patient review and her perpetually beeping pager and a hundred phone calls, she paused to explain things to me. How she's trying to get all her patients to urinate because a common symptom of heart failure is fluid retention. How the top line on an EKG is the heart rate and the bottom line is the blood pressure. How BCG is a European test for TB that causes the patient's arm to swell disproportionately and that's why we don't do it here. How percutaneous ventricular assist devices (pVADs) are only temporary in patients waiting for transplants, or how you could often tell if a person is in kidney failure by looking at the encroaching whites on the fingernails. *See that yellow spongy thing on his leg? That's to prevent infection after we went in to remove a clot. See this dark shape on the X-ray? That's a balloon pump.* If she tired of my questions she never showed it.

In a rare moment, I found myself alone with Dr. Kart and ICU Man. He was on dialysis, the red tubes extending from his body like serpentine umbilical chords. Dr. Kart motioned for me to join her beside him, and wordlessly placed one of the tubes in the palm of my hand. As my fingers wrapped around the smooth conduit, I felt the warmth from the lifeblood flowing within it, a tangible sign he was very much alive.

He had visitors, sometimes, family members. He was far from forgotten. Nevertheless when he was alone and if I had a second to myself I would sit beside his bed, staring into the wrinkles of his face, at the dryness of his lips, the flatness of his atrophied muscles, and wonder what it was like being buried beneath all those wires and electrodes. I found myself returning day after day, sitting beside him when I had a second to myself and speaking to him of my family at home, the latest in the news, how I wished Bryan, the cute resident on Dr. Kart's team, would pay me more attention between patients. I told him things with an open candor that surprised me. To fill in the gaps of information, I imagined what his life was like, before the prescription complication that would forever alter it—in my mind he worked in finance, had two dogs, loved to golf and watched reality television as a guilty pleasure. Sometimes, if I concentrated enough, I could envision what his placid face would look like lit with a smile. I fought the urge to take his hand, to comfort him somehow, tell him through contact that everything would be okay. I never touched him, too afraid for his frailty, afraid that if I made any sudden movements I would disconnect some essential tubing and be responsible for his death, because it was merely the machine and the tubing that were keeping him alive.

One morning I found myself standing next to Bryan during the resident presentations. My gaze kept drifting to his face, despite my futile efforts to remain completely focused on deciphering the medical lingo. I casually ran a hand through my hair, pulling it to the side so that the curls arched across my forehead. When I glanced back at him, he was staring at me. I caught his eye and smiled. He smiled back.

Presentations finished, everyone broke apart and started about their business. A girl who I had seen with ICU Man on numerous occasions burst from one of the patient rooms in tears. "I can't take it anymore," she cried, and the nurses ran to her, wrapping her in their embrace, slipping a wheeled chair under her exhausted limbs and telling her that everything would be all right.

A team in charge of pVADs had entered the ICU, and, intrigued, I requested permission to listen in on the explanation. "Of course," Dr. Kart said, pushing me toward the room with an encouraging smile. "You're a part of the team."

It was the room with the retired schoolteacher whom I liked. He listened to the pVAD explanation and then accepted this foreign metallic entity that would change the quality of his life in good ways and bad ways with a positive attitude. When the team explained about the battery that must be changed every fifty-five minutes, I was raging with internal questions. *Every fifty-five minutes? That's like the button in "Lost!" How will he sleep? How will he go out to dinner with his wife? What if it rains? How will he shower? What happens if the battery runs out?* But all the patient said was, "Sounds like a party."

I marveled at this incredible positive attitude as I left the room and made my way over to Bryan to ask about ICU Man. It was his daughter, I assumed, who had cried out earlier.

"Oh him?" Bryan looked up briefly from his notes. "He's dead."

*What?*

"How is that possible? He was alive ten minutes ago," I whispered, trying hard, and failing, to keep the accusatory tone from my voice.

"Yes," Bryan replied distractedly, scribbling on his patient chart. "We pulled his respiration because the family said it was too much emotional stress. He died about six minutes ago." The lack of inflection in his voice made it seem as though he was discussing something as menial as bad weather on a picnic day.

I looked over again at ICU Man's room, at his prone figure as it always was, only this time the difference was in the resounding silence the beeping monitors and whizzing dialysis machine used to occupy. I looked at the residents, who were busy perusing their charts and examining monitors.

I couldn't believe that man I had seen alive ten minutes ago was now dead, had died not five feet away from me.

I couldn't believe that he had died in the midst of some twenty trained doctors and fifteen trained nurses, who were all doing their best to fight for him and prolong his life.

I couldn't believe I hadn't gotten the chance to say goodbye.

Did those family members know when they woke that morning, that this would be their last hospital visit? That this day would be forever marked in their calendars as a day of mourning?

I couldn't believe that all the hospital staff seemed so ambivalent. I looked at their stoic faces, their casual conversations, and I couldn't understand. I realized I felt betrayed by them; they pulled the life support. They gave up on this patient.

I didn't even know his name.

The walls of the ICU had started to move, the space within the room rapidly shrinking around me as the walls constricted, the machinery creaking, clanking and sparking as it was crushed under their considerable weight. I hadn't known this man, not really, but tears welled in my eyes, and I couldn't breathe. I was an astronaut in space who had found she had forgotten her spacesuit before leaving the safety of the ship, and now the air was being sucked out of her very lungs by the negative pressure.

Suddenly I couldn't take the sadness and the death and the sickness and I was crying and I didn't want anyone to see. So I ran. Sunlight streamed through the large windows in the hallway, and I couldn't believe the sun could be shining when a man had just died. I looked for solitude, but there are always people in all parts of a hospital, and I could not risk letting patients see me in tears.

I leaned my forehead against the sun-warmed windowpane and tried to compose myself. Deep, gasping breaths wracked my entire frame. *People die all the time, it's an inevitable part of life. I had been so shallow before, wanting of Brian's attention.*

After observing a moment of silence for ICU Man and his family, I charged back into the ICU. Dr. Kart turned to me. "We're about to go on rounds," she said. "And that patient over there has died." It was a tone of voice that said this-is-sad-but-we-must-move-on-to-the-other-patients, and we headed toward the door.

Never stopping, never faltering.

As I drove home, my thoughts were a cacophonous whirl. I had left the hospital in disbelief, believing Dr. Kart and her team to be ambivalent to death. I rolled down my window and gulped the polluted city air, and reveled in the sensation of the wind rushing past my skin. *Perhaps these clinicians encountered death so often they'd become desensitized by it. Is there ever a time when it's best to let someone die? Can death sometimes be a welcome thing, a relief, as it seemed to be for ICU Man's family, who were cracking under the weight of his circumstances?* I wanted so badly to believe that it was possible to contribute meaningfully to a patient, even one in a vegetative state, because the alternative was unthinkable. I thought of Dr. Kart's kind eyes, of how gentle she was while examining her patients, and how the bottom of her simple black shoes were so worn from running from each patient to the next she had to replace them every four weeks. I *knew* she cared for each of her patients unequivocally, and that she wished for them to get better with every particle of her being, but I also knew that life did not always deal a winning hand. Dr. Kart and her team needed to be able to stay focused so they could concentrate on doing what they must. I understood their behavior, was instantly glad of it, and simultaneously impressed by their immaculate composure.

Every day since ICU Man's death, as I move closer to entering the medical profession, I fear that one day I might become jaded and a death might not affect me so much in the future as it did that day. Can I afford to become desensitized, and in doing so, lose some essential part of myself and the way I interact with the world? Can I afford not to be? I keep the memory of ICU Man close, and what he taught me closer still. He gleams like an inner beacon, an icon of my humanity.

I pulled into the garage and turned off the car, my head leaning against the headrest. As my eyes closed, I made a promise to myself to leave behind the helplessness of the "shadow" girl I was that summer, but retain the sensitivity she carried.

Never stopping, never faltering.

But we're merely human, and we do falter. As such, we're always striving to navigate the tumultuous waters that encapsulate the messiness of life.

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**Sarah Garvey earned her BA in English from Wellesley College, and is a MS candidate in the program of Narrative Medicine at Columbia University. She is on the path to becoming a physician-scholar.**

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