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The New Hangman

By Virali Shah

I slowly approached the bedside. His eyes were closed, and the wrinkles on the sides of his eyes were more defined than I had remembered. I raised my hand to wipe the white, crusty salts - remnants of tears – that had dried down his eyes. I paused. For a second, I turned deaf to all the beeps, rings, and alarms of the ICU. I was very gentle in touching his face. To me, he was like a priceless artifact that required great caution. As I finished wiping away the dried tears, he opened his eyes with great effort, blinking once to imply, "Thank you."

Living inside a hospital during the unfolding of the COVID-19 pandemic taught me two things: panic is never a solution and patient communication extends beyond speech. My first intensive care experience forever changed the way I perceive and treat ventilated patients. From my non-clinical years of medical training, I interacted with several patient-actors and practiced idealistic scenarios to learn the basis of patient communication. As a medical trainee, I knew that communicating with intubated patients was difficult. However, nothing prepared me for this. The patient I cared for now was unlike any other patient I had cared for in the past. This patient was my father.

It was the beginning of a three-week battle against heart failure during a deadly pandemic. After six hours of emergency cardiac surgery, he was found in a sanitized hospital room sedated on seven different medicated intravenous drips, surrounded by monitors and machines. He was anesthetized and intubated for most of the time. At first, this painful reality was extremely shocking, as my father was unrecognizable. His hands and ankles became swollen, the dark circles under his eyes increased in diameter, and the dead skin around his fingernails began peeling.

Foolishly, my mother and I had assumed that the battle was over after the successful surgery. We were wrong. The battle was just starting. No one had prepared us for the post-ICU experience. Prior to the surgery, we were given answers. Who is the surgeon, what is the procedure, what is the mortality risk, what is the infection risk, how many coronary arteries to bypass? After the surgery, it seemed no one had answers. The unpredictability of the intensive care experience is beyond frightening. For my mother, this meant getting closer to her faith. Resting her phone on the headboard of the ICU bed, she softly played a prayer on repeat near my father's ears. Meanwhile, I spent most of my time applying my limited cardiology knowledge to discuss pleural effusion, afterload, and partial pressures with the ICU team. I felt helpless and tired.

While the rest of the world sleeps at night, the ICU is wide awake. Rough nights of sleep on the cold couch were filled with nurses completing a seemingly endless checklist. In the mornings, I walked down to the cafeteria to get coffee for a busy day of staring at monitor screens, anticipating blood test results, and waiting for physicians. Hiding from my father's line of sight, I looked down at my Starbucks coffee and felt guilty for drinking it. My father started each morning with a hot cup of chai, and now he could not even have a sip of water.

A week later, as the doses of anesthesia were lowered, he was able to regain partial consciousness. I could sense his agitation and frustration depicted by rapidly fluctuating heart rate and blood pressure levels on the monitor. There was an increased sense of urgency with each additional day spent in the ICU, not only due to the nosocomial risks but also because the hospital was quickly preparing for lockdown. While our own chaos swirled in our glass bubble, outside, COVID-19 was looming.

As my father's recovery continued in the ICU, his vexation grew and so did ours. He would try to communicate with his eyes or tap his fingers or weakly nod his head. He could not hold a pen to write or lift his arm to point. With the ventilated tube and side effects of the anesthesia, it was extremely difficult to understand him. It was clear, however, that he had something to say. There had to be a way for him to convey his messages without speaking. My mom called for backup - my uncle. After a 24-hour flight, a 30-minute Uber ride from the airport, and three flights of stairs; my uncle arrived at my father's bedside.

There was a look of relief in my father's eyes. My uncle, an engineer, immediately sensed my father's dire need to communicate. An idea crossed my uncle's mind. He rushed to grab a piece of paper and a pencil. I stood aside looking puzzled as my uncle quickly scratched out a few letters. A, B, C [...] X, Y, Z. When I looked closely, I realized that he was writing out all 26 letters of the alphabet; each letter spaced about an inch apart. He held the paper up in front of my father, who was inclined at 60° in the hospital bed.

My uncle patiently told him, "Think slowly about what you want to say." My father weakly nodded; the tube in his mouth rippling with him. My uncle began what appeared to be a modified game of hangman. With a brief pause after each letter, he spoke softly, "A, B, C, D, E, F [...] I." My father nodded at the letter I. After writing down the letter I at the bottom of the paper, my uncle pointed his pencil back at the top of the page and began again, "A, B [...] U, V, W." My father nodded, but this time at the letter W. "Is this the start of the second word?" my uncle asked. The vertical nod suggested yes, it was. Leaving a space after I, my uncle jotted down the W. This game continued for several minutes, until "I WANT" was spelled out. My uncle continued with the third word. "A, B, C [...] R, S, T." My father nodded at the letter T. At this point, I was hovering over my uncle's right shoulder and glancing back and forth between the paper and the nods. My heart was racing to find out what my father wanted to say.

The last letter in this modified game of hangman was A. I snatched the piece of paper from my uncle's hand and stared at the bottom of the page. After ten days of sedation, this is the first sentence that my father communicated to us. As I read the sentence, I could sense tears flooding my eyes. Mixed feelings of sadness and laughter overwhelmed my body. The paper read, "I WANT TEA."

As I had mentioned, my father enjoyed tea and was used to drinking it for the past forty years. After several more games of modified hangman, we also realized that he was extremely thirsty since he had not eaten or drunk anything in weeks.

The ICU physicians and nurses were surprised by our method and thought it was clever. They used this method to ask him questions about his health. In return, they answered any questions my father had. This made me realize that a majority of patient-physician communication in the ICU relies on signals and gestures, many of which can be misinterpreted.

In the foreign ICU environment, with different providers filling round-the-clock visits, a patient can gain intense anxiety, which can further deteriorate his or her fragile condition

(Tate et al. 157-173). With about 5 million patients admitted to the ICU annually in the United States, it is critically important that each one of these patients can communicate his or her thoughts to relieve unspoken anxieties about care and treatment (Halpern).

While this modified game of hangman takes time, the basis of communication remains the same. We could paint a mental picture of what my father was internally experiencing as he lived his days and nights in the same ICU bed. And, most importantly, it brought him and our family an immense sense of relief.

Six weeks later, as national quarantine measures were implemented, my father and I drank tea together in our family's living room.

Works Cited

Halpern, Neil A. "Communications - Critical Care Statistics." The Society of Critical Care Medicine, 2020, https://www.sccm.org/Communications/Critical-Care-Statistics#:~:text=More%20than%205%20million%20patients,of%20comfort%20for%20dying%20patients.

Tate, Judith Ann et al. "Anxiety and agitation in mechanically ventilated patients." Qualitative health research vol. 22,2 (2012): 157-73. doi:10.1177/1049732311421616

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