

Why Don't You Please Get Out and Leave Me Alone?

By Ronald Ruskin

1.

The man, Gleason, is 26 and has been shot in the head. That is all I know except he is the same age as me and was brought to the hospital by ambulance two days earlier and was put in partial restraints. The morning charge-nurse says he had an emergency surgical procedure when he first came in but is now having periods of restlessness, making a fuss, and asking to be discharged that morning.

I can't see much of him from the nursing-station except his cheeks are puffed-up, lopsided, blotchy-red like a side of raw ham. His head is bandaged in white gauze, turban-style. The neurosurgeon left a curt note on a pink consultation sheet.

"Psychiatry to see this am. Patient stable. Evaluate for transfer out of ICU."

I have dragged myself out of bed on a cold grey November Sunday morning at six-thirty and ridden my bike to my 24-hour hospital on-call. The night before Sally and I had one of our stupid arguments. Our golden retriever, Tosca, in the midst of our dispute, ran away. I spent hours wandering the streets and park looking for her. Tosca can't stand thunder or arguments. She hides under our kitchen table in our ground floor apartment. But this time I had left the back door open and Tosca fled.

She disappeared. Sally said it was my fault.

When Sally and I fight, I hardly sleep. When I don't sleep, I get edgy.

When I get edgy it is hard to think.

2.

There is a female sitter beside Gleason. I flick through his chart. Had he been in a fight? Was it an accident? I come across the ambulance and police report. Not much to go on, I say to myself, rubbing my weary eyes, feeling sorry for the patient, my insomnia, our missing dog. My fight with Sally.

The ambulance report notes the obvious, he had put a gun to his head.

On the chart is a physical exam, lab-tests, nursing and surgical notes. A list of meds. I scan the surgical note, angle of missile entry, soft tissue damage, bleeding, facial edema, bone damage, the traumatic nature of the injury.

There is a big empty space in the chart for history.

3.

Gleason is lying quietly in bed when I first come in, propped up at 45 degrees. His head is red and shiny like a puffed-up beach ball from tissue bleeding and edema. A bandage is over his face half-covering a puffy left eye. I see his IV, his urine catheter draining into a bag under the bed, a pulse oximeter on his finger. I edge closer and speak over the beep of monitors.

“Hello. How are you feeling today?”

“I don’t feel much like talking.”

“But you can talk.”

“Yes. The doctors say I am pretty lucky.”

His mouth is dry. His tongue clicks as it moved inside his jaw.

“I have to ask some questions.” I introduce myself. “I am from psychiatry.”

“No kidding,” the man says. “I don’t feel like talking.”

4.

An X-ray tech comes by to carry out some head-imaging. I leave and say I will be back. To tell you the truth I am not in a great mood to talk to him. I’ve never been much of a small-talker at the best of times. I used to tell myself that I liked meeting people at parties and socializing, but that was a lie. Sally, my girlfriend who is a social worker says I am too intense.

“What do you mean too intense? What’s that supposed to mean?”

“Most of the time you don’t smile at people. Every now and then you zone into someone and get terribly serious. Your eyes get locked.”

“Locked? What the hell are you talking about?”

Sally tries to say it in a nice way but whenever she offers me insights, I get irritated. She tells me shy people go into psychiatry and adds most psychiatrists are introverts.

So, I say, what about social workers? Sally, you are no super major extrovert yourself.

“Do you know the main reason you are in psychiatry?” Sally shoots back.

“Why? Tell me,” I say. “Go ahead.”

“You live in your head most of the time,” she says. “That’s the truth.”

5.

That Saturday night Sally and I have a big argument about who is more introverted. Psychiatrists or social workers. For some dumb reason I start yelling. For a half-hour we argue. I am upset. Sally is upset. For the life of me I can’t recall how it started.

“Look at you,” Sally says. “Flushed. Try to calm down. You are on call tomorrow.”

“I am perfectly fine.”

“Your personality has totally changed. You look like Phineas Gage.”

“Who the hell is Phineas Gage?” I ask.

“*Was*. He worked on a railway. A century ago. You should know. He had an accident. We studied him in our psych course. Haven’t you ever heard of Phineas Gage? A metal rod went into his skull. He was a nice guy. After the accident he got into furious rages. A bit like you.”

“Now you are insulting me.”

After that argument, Tosca runs out of the back door of the kitchen and gets lost and Sally and I stop talking to each other. I open a can of mushroom soup and Sally makes a salad.

We eat dinner in silence. It is a pretty lousy dinner. We slowly clean up the kitchen like two zombie-apocalypse survivors of a deadly plague. The trouble with both of us is that we are thin-skinned and anxious. Sally says we try to help other people because we are hypersensitive about life. Sally refuses to talk when she gets too angry.

She flops down on our only comfortable couch and reads a book.

6.

An hour later I return to ICU. The X-ray tech, IV nurse, have come and gone. The sitter tells me his restlessness has passed. She knits a sweater for her daughter.

“He wants to go home,” she says. “He doesn’t like his bandage.”

It is not a big bandage but covers part of his left cheek and nose. His left eye is half-closed.

I ask him questions. This time he appears more settled. I piece together that he was found by his landlord, taken to the local emergency, and transported to the university hospital. He had a .22 caliber handgun, aimed it at his face, the bullet entered the soft tissues, passed through his nose, out the other cheek. I see his blood-shot right eye staring at me. His left eye is now shut. His reddish-purple face is swollen, more red than purple. He is conscious and alert. He speaks in slow-motion. I check his chart. The nasal wound opened a tiny portion of bone below the brain. He is on IV antibiotics.

“Are you in much pain?” I ask, coming closer to his bed.

“What the hell do you think?”

“I want to know how you are feeling.”

“Give me more painkillers. Then I want to leave.”

“They are watching your level of consciousness. Painkillers make you sleepy and slow your breathing. The wound is near the front of your brain—they don’t want an infection.”

“The idiots wake me every fifteen minutes.”

Gleason looks away. He says nothing for several moments. “I don’t want to talk anymore. Why don’t you please get out and leave me alone? I need some sleep. Tell them to stop waking me.”

I say the nurses will continue to wake him. I will return later that afternoon.

7.

Emergency pages me to see an alcoholic patient. I examine a tearful woman in her fifties who has run out of money and is basically homeless. She settles as we talk; she is not suicidal. The social worker in emergency finds her bed in a women’s hostel and we give her a follow-up appointment in our crisis-clinic. Another consult comes in on the general medicine ward, then a second emergency page, an overdose of Tylenol.

At 4:00 pm I call Sally. She answers the phone but doesn’t want to talk. I ask her about Tosca. No Tosca anywhere. She has been out with a neighbor, to the streets and park. Searching.

I say I am sorry. She hangs up.

Sally is still angry with me.

8.

It is late afternoon and the sky is gunmetal gray. Darkening. The leaves have fallen away and lie lifeless on the streets. Outside the ICU window it is half-snowing and raining. An icy rain.

I have an odd sense seeing Gleason. Dread. Perhaps it is his misshapen face, or that he is the same age as me, or that our patients and ourselves are not much different. When I enter, a large Asian man has replaced the female sitter. He pulls his chair closer to the bed and explains that the patient has threatened to leave. But now Gleason is motionless.

I stare at his sleeping body. His balloon-face.

I touch his right hand gently rocking him awake.

His right eye slowly opens.

“You were sleeping,” I say.

“The nurses left me alone for a few minutes. I told them I want to go home.”

“I have to ask you more questions,” I say.

“Do I have to have that goon sitting beside me?”

“I can’t change your treatment until you cooperate by answering questions.”

“Look, I have pain in my head. I feel weak. My mouth is dry. Isn’t that good enough?”

“Where are you?”

“I am a VIP guest of this hospital.”

“Did you want to kill yourself?”

“I wanted to turn off all the lights. I wanted to get out of this place.”

“You wanted to kill yourself.”

“If you put it that way, yes. How about you? Do you want to kill yourself?”

“We are talking about you. Why did you want to kill yourself?”

“Look, no one come into this place wanting to kill themselves,” Gleason says bitterly.

“It is just that you have no way out. No place to go in yourself. Do you understand anything I have said?”

“Why did you want to kill yourself?”

“Because I hate my life, because I am alone — ” He pauses.

His voice is dry and angry. I pass him a paper cup with ice-chips. He sucks on one.

“This is what I eat. Ice. This is all we really are.”

“You said you were alone. Did you have anyone to talk to?”

“Like I said—no one. Now please get out. I don’t want to talk anymore.”

Something tells me he has had enough. I will be back later, I say.

9.

I complete my note and tell the ICU nurse to keep the sitter posted and the man in partial restraints, no matter what he says. Gleason appears too weak to hurt anyone. I make sure to confirm the proper forms and orders are in place to restrain him if necessary.

It is six pm and I have more patients to see on the medical wards, the psych unit, and emergency. I grab a coffee and a tuna-salad sandwich. I call Sally but she does not pick up.

Tosca, our golden retriever, would sing when we played music. In the opera, Tosca jumped to her death. I had known this as a fact but never put the two together.

Dread. Now I think about Tosca and worry she has been hit by a car.

10.

At seven-thirty after I finish seeing the patients on the wards and emergency, I return to ICU. Gleason is sitting up; his bed is propped forward. His one good eye is staring into the distance.

“Did you talk to your doctor or a psychiatrist?”

“No. I told you. Listen, can I get a drink?”

“The neurosurgeon said ice-chips only.”

“I hate ice-chips. I don’t want to talk.”

“We’ve only begun. I have to ask more questions. We will be finished soon. Did you talk to your family?”

“They live out west—I haven’t talked to them for months.”

“Do they know you are here?”

“The surgeon called them.”

I listen to the slow throaty rasp of his voice. I feel one part of him wants me to leave and another part wants me to stay. He asks for ice chips. His face looks like he has been mauled in a bad fight. The fight has been all his. It is still going on.

“You almost killed yourself and you want me to go.”

“I’m tired of talking.”

“Does everybody get out when you feel angry or depressed?”

“That’s right. Get out.” He pauses. “Listen, am I going to have a hole in my face?”

“There is a fluid leak from your brain—the neurosurgeon is concerned. He said you were very lucky.” I explain the neurosurgical team is following him. My beeper goes off twice. I check and say I will come back later in an hour. I have another person to see in emergency.

I take his right hand and squeeze it, so he can feel I am there.

11.

When I return later that night at 10 pm after completing my other cases, Gleason’s vital signs are stable and there are no signs of infection. The male sitter has shifted his chair a few feet away from the patient. I sit down beside him and ask him how he has become so desperate that he shot himself. He doesn’t want to tell me. I keep after him and ask him question after question. That is my job—to get to know the person behind the symptoms and find out what is going on. After our talk it is clear his suicidal crisis has passed. I suggest that if my staff psychiatrist agrees, Gleason can have his restraints removed.

The next morning my staff psychiatrist comes, reviews the case, speaks briefly with the patient, then signs an order to remove restraints.

Gleason is transferred to the psych unit.

12.

I meet with Gleason twice a day, morning and afternoon for one week. He tells me about himself and it isn’t all that much different from anyone else’s life, except his father was an alcoholic, and his parents separated when he was a kid, and he was put in a foster home for a while.

His girlfriend left him two weeks before he shot himself.

She is the only one he ever truly loved.

13.

That Sunday night I sleep over in the on-call room. I have a couple of calls but nothing urgent. The on-call room is very silent so you can hear yourself think. I don't have anything to do after midnight so I lie in bed and feel how wonderful silence can be if you are not truly alone.

The next day Sally and I have some wine with dinner.

We lie in bed that night. Our neighbor found Tosca so the three of us are together. It seems as if we are in a very good place.

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