

Supplication

By Kshama Bhyravabhotla

I do not usually pray after fourteen-hour CCU shifts. But after spending time with my last patient- a 69 year old man who recently had an aortic valve replacement and feels the absence of family in his room as keenly as his Foley catheter- I make an exception.

After I check on his pain, breathing and appetite, I ask what else I can do for him. “What else” implies that I was able to really fix any of his other problems. His pain is manageable, but he does not feel like eating. His lungs are so damaged from his emphysema that he cannot breathe without the nasal cannula that heedlessly sends gales of oxygen into his nose, drying out his delicate nasal passages. “Really, how much better is this than that damn tube was”, he muses dourly as he pulls at the cannula.

The last time I saw his green eyes gleam was this morning as he was surrounded by his wife and son. The room was a live wire charged with their energy and vitality, in stark contrast to the translucent dark crescents under his eyes and new bruises under the delicate skin of his forearms. His son attempts to manifest calm and logic. His guarded perch on the edge of his chair and hands unconsciously balled into loose fists give away his disquiet, his urge for distance from the situation. His wife, on the other hand, is anchored, here to stay. Her fussy pink cardigans belie the tender yet sinewy strength she exudes as she squeezes her husband’s hand, refusing to look away from his cracked lips, the feculent material in his Foley catheter. She is a former nurse, her life spent witnessing her patients’ joy after a successful valve replacement and the devastating consequences of a failed one. Her own heart supersedes her knowledge. She is not ready to face the direction in which he may be heading.

I cannot blame him for his frustration. He initially needed a valve replacement due to a bloodstream infection of which the source was still unknown. His breathing tube was taken out a few days ago, a small step in the Sisyphean battle he is currently fighting. He cannot inch his way off of the nasal cannula. He has a new pneumothorax. On top of his innumerable other problems, he found out today that he may have a rectovesical fistula. It is the kind of news that weighs on his chest and forces the breath out of the lungs like a bellows as he collapses back against the bed, wondering what else can go wrong. Lines of misery etch commas around his mouth, and gripping my hand tightly, he asks me to pray for him.

I kneel in front of my idol of Durga, the Hindu warrior and mother goddess, my brain frozen in its tracks like an antelope that senses the lion. I feel disingenuous. My stomach growls in vexation and I think to myself that I could be using this time to sleep. I used to think the space for prayer was relegated to quiet corners of the frenzied hospital. Eclipsed by cold, hard facts, found in the Bibles hidden in drawers, in necklaces and tattoos tucked away beneath

hospital gowns, in chapels squeezed between information desks and cafeterias, to be explored only as a last resort when medicine fails. But prayer is only an organized extension of the hope and longing for peace in times of despair that infuses the entire hospital. What I thought of as a quiet process for patients, not to be intruded upon by doctors, is a unifying force that binds us. Maybe I shrunk away from prayer in this context because I am now finding that it is much harder to know what to ask for as a doctor than as a patient.

Asking for death is out of the question. But seeing the suffering on his face makes it very difficult to ask for life.

The question is too hard. I choose to think about him instead.

I knew his resolve the very first time I walked through his door and he gestured at me, eyes wide and eyebrows raised almost into his hair, demanding for his endotracheal tube to come out. I appreciated his dry wit when I asked him what he would like to be doing if he weren't in the hospital and he answered, "Fishing. All old people like to fish." I realized his dedication to his family when pride suffused his face as he recounted teaching his children to ride bikes and fish with his own hands. I understood his unabashed faith when I saw the cross around his neck. I recognized his reluctance to show vulnerability in the way he would touch his wife's cheek when he thought no one else was looking. I understand how exposed he must have felt as he asked a stranger to pray for him, and I know I need to take this request seriously.

I think back to when I used to go to the temple as a child and my parents would hold me in front of them, crossing their arms over my chest as they prayed. I am sure the gesture was meant to keep me in place and to prevent me from running around. But at the same time, I felt calmed and grounded. It was as if the warmth of their focus radiated through their palms into me. I wonder if my patient had felt the same way today as we watched football in silence, my hand over his. Perhaps he had asked me to pray for him simply because he felt the weight of my concern through my hands.

And this thought leads to a massive realization on my part. He wasn't asking me for a specific outcome or result. He was only asking me to add to a process that he and his family had taken care of for years, probably for decades. He asked me only for pure, intentioned wishes for his welfare. The sincerest form of devotion to another person. Every Haldol order we wrote for agitation was but a drop in the whirlpool of worry his soul had become. He asked me for what he thought would give him peace. A basic request that transcends the petty differences between rosaries, oil lamps and prayer mats.

As I kneel in front of the goddess, the fist around my heart slowly loosens. A prayer comes to mind, one that I heard thousands of times in my childhood and understood only as inscrutable Sanskrit chanting growing up but have come to comprehend and appreciate more throughout my time practicing medicine.

My eyelids flutter closed and I pray that he and I both conquer the fear of physical death. I pray that whenever his time comes, it is timely and painless, like a ripe cucumber that detaches

from its stalk when it is ready, and that he is set free of his suffering. But until then, I ask that he is surrounded by people he loves and that we have the fortitude and intelligence to give him the care he deserves, to keep him comfortable, to keep him here.

I lie in bed alone that night, staring at the watery moonlight that falls in thin bars on my desk through the blinds. The same light streams through my patient's window, filtered by the parking deck outside and diluted by the harsh fluorescent lights in the hallway and the blue lights that may flash in front of his neighbors' doors if their hearts stop. I hope he somehow feels the force of my prayer as well, that he doesn't need Haldol to sleep. I hope he finds peace tonight, whatever that looks like.

Even if the blue light flashes outside his door.

That thought wraps itself like a warm blanket around my brain, and I feel the worry lines on my own forehead relax as my eyes drift closed.

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