All That She Lost

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I rushed into the resident workroom at 7:05, just a few minutes late, on a Thursday morning during my first month of internal medicine wards as a psychiatry intern. I had six patients to see before Grand Rounds at 8:30. My senior resident told me, as I hastily removed my winter layers, that our newest admission, Rita Shields, would be my seventh patient, and that I should see her first. Her troponin levels were trending upwards, raising concern for a heart attack. “Don’t worry if you can’t get to the others,” my senior instructed. “She should be your priority.”

From the moment I approached Rita, she didn’t make things easy. Instead of telling me what led to her being in the hospital, she fired a barrage of questions at me. She punctuated her litany with the dreaded blow to every resident’s ego—“Are you a student?”—then promptly slouched back on her bed. Sweat glistened on her gray-streaked temples as though she had run a marathon.

I suppressed a groan. I didn’t feel much more competent than a student right then, as I struggled to redirect Rita to the events preceding her hospitalization. At around 8:10, she finally shared that she had woken up from a nap after a chemotherapy appointment the previous day with a choking sensation. She had called EMS, who noticed en route that the right side of her face was drooping. In the emergency room, she had briefly been unable to produce words despite knowing what she wanted to say.

Dazed with apprehension as the clock ticked ever closer to 8:30, I failed in the moment to grasp how harrowing this experience must be for Rita. Two months ago, she had been diagnosed with metastatic gastric cancer, and today I would tell her that she had had a stroke. Lying in a foreign bed amidst the chaos of IVs and monitors, Rita must have felt helpless. She didn't even have the luxury of her own room, being relegated instead to a step-down unit with three other patients for closer monitoring. By leading our interaction with so many questions, this formerly independent elderly woman, who lived in her own apartment, cooked for herself, and attended all of her doctor's appointments on her own, was grasping at what little control she had in the face of sudden debilitation. Unfortunately, all I saw in front of me that stressful morning was a stubborn old lady who refused to step into the role that her illness was forcing upon her.

I reflected on our parallel experiences of powerlessness over the next few days, as Rita's troponin levels continued to rise and her kidney function began to decline, the ominous specter of her cancer always in the background. I, in the dawn of my lifetime as Dr. Kumar, felt increasingly trapped underneath the weight of expectation attached to my role in Rita's care. I was meant to restore her back to self-sufficiency, yet new problems arose and seemed to slip through my fingers even after her stroke resolved. I wished I could sit next to her for more than five minutes, listen to her talk about her hopes and desires, and ward off the image of her slowly losing every semblance of humanity. Yet my days were ruled by the never-ending requests for orders from nurses, answers from family members, and differentials from attendings. Perhaps Rita similarly hoped that I, or anyone else, would offer her the space to share more than her ability to sleep, eat, breathe, or go to the bathroom.

Unfortunately, Rita's words began to make less sense with every passing day. The palliative care team visited her, and after a long discussion, she agreed to not be resuscitated in the event of cardiac arrest, given the advanced stage of her cancer. Nearly one week after she had been admitted, Rita seemed as stable as she would ever be. We had determined that the chemotherapy agent with which she had been treated prior to her admission might have caused a generalized vasospasm that precipitated her brief stroke and heart attack. Of course, she received no further treatments with this agent, and given her weakness, the oncology team recommended no alternative chemotherapies. Perched on the precipice of death, but with no viable ways to keep her alive, Rita was all set to be discharged home with hospice care the following morning.

I visited Rita the next day around 8:00 a.m. and noticed that something was not quite right. After asking her how she felt, I assessed her orientation. Instead of telling me she was in the hospital, as she had the previous two days, she said she was at home.

"Are—are you sure this is home, Ms. Shields?" I asked, my voice faltering.

"Yes…home."

"Ms. Shields, you've been in the hospital for a week now."

"I know…home…is good. My daughter..."

Her words were slurred. I stopped cold as I realized what her decline brought back into my mind after nearly five years. *My father, also in the clutches of advanced cancer, days before he passed away.* I had walked into his hospital room, where he was propped up in bed, barely able to string

words together as he refused a breakfast tray. Just the day before, we had discussed how to finance medical school. Alarmed, I had called the nurse, who helped me convince him to eat, and who subsequently confided, “yeah, he’s definitely confused today.”

I hurtled back to the present upon hearing Rita’s voice again. “My daughter’s friend…coming. Don’t…like…him.” With what little strength she could muster, she shot me a conspiratorial smile. I left her room, shaking, and immediately called my attending. During rounds shortly thereafter, her words were even more garbled. We drew a STAT ammonia level and confirmed that she was encephalopathic. My attending then called Rita’s daughter to convey the damning news.

Having watched my father succumb to cancer, I knew what Rita would look like with each step closer to death’s door. After the confusion came the silence. Eyes closed, mouth ajar. Breathing steadily, appearing almost to snore. There was the attempt to cling to the last threads of life. My father had squeezed my hand and my mother’s, as if to challenge the gatekeepers of the afterlife. I saw Rita similarly reach for her daughter with one hand. Just moments later, her other had twitched in what seemed like a dismissive wave at her daughter’s boyfriend, who was standing on the other side of the bed. Even in the twilight of her life, she remained a concerned, protective parent.

Just before I entered Rita’s room on her final morning, I heard her daughter’s tearful voice rise above the whirr of activity in the hallway. “I’m so sorry, mommy, for not always being there.”

I knocked on the door, and Rita's daughter took a ragged breath, composing herself before uttering another apology. "Sorry, doctor." Seeing her facing her mother, leaning forward with hands clasped as if in prayer, I could not help but shed all professional appearances. I walked to her and put my arm across her shoulders.

"She loves you," I said, turning to look at Rita, who appeared to be suspended in a deep sleep, much like my father had just before he passed. "No matter what, I promise that she loves you."

The next day, I passed by the room to see an empty bed, pristine white covers tucked neatly into the sides. All traces of death vanished, the bed awaited a new occupant, and I awaited a new addition to my census.

When faced with a revolving door of patients, it is easy for us as physicians to overlook each one's losses. Rita briefly lost her voice to the stroke that landed her in the hospital. She lost blood every time the nurses had to draw a new troponin level, and she lost sleep because those levels had to be drawn every six hours. Most of all, she quickly lost her agency, as she went from taking care of her medical needs to having to communicate her needs to others, myself included, who could not always give her what she wanted. During the week that I treated her in the hospital, I regretted the time constraints and anxieties that prevented me from listening to her more deeply and, perhaps, attending to her needs more calmly. That loss of meaningful time spent with Rita was something I glimpsed in her daughter, and something I recalled from my own experience with my father.

We may never be able to offer our full selves to our patients, given the bustling nature of our profession. Nonetheless, I hope that we can make every effort to be present with them and acknowledge all that they lose by taking on that dreaded role. I hope we can set aside the smothering pressure to perform and view our patients with compassion and empathy, even when their illnesses render us helpless, unable to restore their losses.