

Alice

By Hannah Dischinger

Room #4 is the first room you pass when you enter the MICU. The unit itself is a small metaphor for my intern year: nothing is really where I expect it to be, but I'm told it's that way because it just is and that it's not worth the energy to try to reorganize everything now. Room #4 is an isolation room with a dark antechamber full of trash cans and hand sanitizer, two layers of glass to keep the beasts inside. It was mostly vacant until March 2020. On my first day of the rotation, I stand outside and peer in on one of my patients. What did they use this room for prior to COVID? Varicella, maybe? Measles and tuberculosis? Mostly diseases that were or could be made rare by vaccines.

My patient has been stuck inside room #4 since before I rotated onto this service. I meet him on a Saturday morning while he's eating his cereal. He's in good spirits despite the 50L of oxygen rocketing into his nostrils. I ask how he's feeling, and he replies cryptically, "I have no idea where this virus came from." I'm not clear if he's referring to his infection or the pandemic on a more fundamental level, and I don't know how to reply. I shuffle in my fabric gown while I listen to his lungs. "The Price Is Right" plays loudly on the TV over my head.

On Sunday, he's moved up to the BiPAP machine, and he looks awful through the double glass doors. The night team, worried about a pulmonary embolus, ordered a CT angiogram. All I can think about as I watch him breathe is the feeling of air whispering into my nostrils with every breath I take. I wrap my face with my own personal layer of glass and go in to visit with him. I can't understand a single word that he says through the BiPAP mask. He's a transformed man, eyes wild and grey hair matted down. The aggressive whir of each breath through the BiPAP mask makes me feel a hazy panic rising in my chest. "I'm worried," I tell him, reaching to push my glasses up the bridge of my nose before I remember I'm wearing a

face shield. “I’m worried you have a blood clot in your lungs. We need to get a 3D x-ray. A cat scan.” He nods and says something I can’t make out, but I’m too anxious to ask him to repeat it.

The CT read comes back – no PE, just his astounding emphysema with pulmonary fibrosis from his COVID infection— an image of dark chambers of air with nothing but TV static below. I put my suit on again and went in to tell my patient that he doesn’t have a blood clot in his lungs. I try to make my eyes look warm above my mask. He squeezes my hand.

On Monday, I can understand his words better. I ask if he has any questions or worries about the day ahead. The only sound while he thinks is the unyielding push of the BiPAP. “I’m scared for Alice,” he tells me.

“Who’s Alice?” I can’t remember him telling me anything about someone named Alice. He lives alone, and the only family we’ve talked about is his brother.

“Alice is my cat,” he answers. “She’s in my apartment.” He pauses. “I guess I don’t even know if she’s...still there.” I try not to think too directly about what he means by still there. He’s been in the hospital for 15 days. No one has ever heard about Alice. I think of my own cat, how good and soft and loving she is, and of how I’d feel if she starved to death in my empty home while I suffocated behind two layers of hospital glass. I leave my patient’s room and go directly to the MICU bathroom, where I sit on the floor and cry.

I spend the better part of that morning feverishly trying to get ahold of my patient’s brother to ask about Alice, to see if she is alive. Mercifully, the brother tells me he broke into the apartment to feed Alice. I hang up the phone and go cry in the bathroom again, hot tears of gratitude spreading my mascara down my face. I wait for my breathing to steady before I go in

to tell my patient the news. My face shield fogs up while I talk. My patient throws his hand over his chest in an expression of relief.

By the end of my rotation, three weeks later, my patient has transferred out of the MICU to the wards and then back again to the MICU when he decompensated a second time. As I walk through the main doors of the MICU at the end of my last shift, I peer around the AIRBORNE ISOLATION signs on his door and wave at him through the glass. I can't see his face under the BiPAP mask, but he waves back. I think about Alice on my drive home.

Hannah Dischinger is a second-year Internal Medicine resident at Oregon Health & Science University, where she helps lead the IM Residency Narrative Medicine group. Writing has helped her navigate the bizarre, amazing, and sometimes isolating experience of learning to doctor amid a pandemic. Among many other things, she is interested in the roles of humanism and vulnerability in the practice of medicine. When she isn't at the hospital, you can find her picking basil in the garden, playing a board game with her partner (Andy), or napping with her cat (Yeti).

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