

Alice

By Wil Gibb

I stepped into the room of the rapid response, turning my body sideways to squeeze through the mass of people gathering to help. When I broke through the crowd I met Alice. It was clear she had been battling disease for a long time. Her skin was pale and taut against her face, and her thin arms were poking out from the sides of a hospital gown meant for someone four times her size. She was taking rapid, shallow, gurgling breaths. Many patients would have their eyes open, wide with fear, but Alice's were closed.

Despite being on a nonrebreather mask, Alice was desaturating. Weaving further back in the room, I reached the wall and twisted the green dial all the way to the maximum. The hiss of the oxygen forcing its way through the thin plastic tubing filled the room, the loud noise from the necessary gas heightening the tension. With the increase in oxygen, Alice opened her eyes.

Just like me, Alice was a medical resident. I had heard whisperings of this when I first walked in the room, but now that I had time to take stock of the situation, my breathing and pulse quickened. Just two years prior, she would have been me. She would have hurried into this room, stuffing a half-eaten granola bar into her left fleece jacket pocket, and her ruffled patient list into her right rear pants pocket. A coffee likely abandoned somewhere, forgotten on the ledge of a nursing station three floors away.

I noticed that Alice's husband was sitting in the corner, separated from his wife by a wall of healthcare personnel who were preparing to move her to the ICU for an intubation. He was dressed in comfortable outerwear, a suggestion of the life he and Alice shared outside of the hospital. He was alone, holding her belongings, preparing for yet another move to another floor, in what I'm sure seemed like an endless healthcare carousel for their family after years of living with this diagnosis.

I stepped back to sit with the husband – I needed to communicate clearly and rapidly that this may very well be the last time he ever speaks to Alice. How could I possibly do this well, a stranger to him just minutes before? He was seated on the upholstered bench recessed into the hospital room's window, and I sat next to him, angling my body to meet his eyes. "Alice needs to have a breathing tube placed in the intensive care unit," I said, "It's important that you two have time together beforehand." I left some things unsaid, worried about spilling too much emotion before we even got to the ICU.

While the rest of the team brought Alice down in the elevator, I took the stairs with her husband. While the anesthesia team was preparing for the intubation, I moved the bed just enough to fit a chair right next to Alice, and guided her husband to sit there and to talk to her until the last moments before intubation. I don't remember exactly what I said as I felt the lump welling up in my own throat and clenched my jaw to stifle tears. "It's ok to hold her

hand” was the only thing I recall specifically saying – and so he did. They cracked jokes and expressed their love for each other, but never acknowledged that this could be the last time they speak. How could they, in a room full of strangers? How could they fit a lifetime worth of words into just a few, final minutes?

Today, I still remember the room we resuscitated her in and where I sat with her family to update them after the intubation. My mind fills the empty chairs with Alice’s loved ones, faces frozen in anguish and acceptance. I remember where I stood outside of the ICU room after the intubation, arms crossed and head tilted back against the wall, tears streaming silently down my face. I remember sitting in the cafeteria later that night, eating one of the last baskets of chicken tenders left under the heat lamp, processing the emotions of the event with the rotating medical student. Most of all I circle back to Alice, her breathing shallow and eyes closed, grasping her husband’s hand for as long as she could.

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