intima a journal of narrative medicine

NON-FICTION | SPRING 2020

We Knew Her In Death

By Laila Knio

We jumped into the trauma bay early—at least six minutes before the patient arrived. "You're going to intubate her," Dr. Ream informed me, handing me the laryngoscope. "Remember, you're aiming for that corner," he said, pointing to the top left corner of the ceiling.

I was a third-year medical student on one of my first shifts in the emergency department. With each shift, I became a little more comfortable with the organized chaos: the cloud of nurses, doctors and respiratory therapists summoned by a Rapid Response Code; the blazing, sticky heat of the trauma bay; the wailing of patients that indicated any number of things—pain, frustration, fear. And with each shift came an opportunity to learn a new skill: a physical exam maneuver to diagnose appendicitis; how to identify the yellowing of eyes that points to a distressed liver; the way to simultaneously hold down and soothe a patient with dementia so a foley catheter may be placed.

You're going to intubate her. I spent the next few minutes practicing the wrist swooshing that would allow me to slide the blade of the laryngoscope through to the vallecula without breaking any teeth.

When the patient's gurney was rolled across the threshold, I first knew something was gravely wrong by the smell: sour and bitter, indicating flesh deprived of oxygen for too long. She was naked, her distended abdomen covered with large, irregular bruises reminding me of continents sprawled on a world map. Her breasts flailed with each pump of the mechanical compression device strapped to her chest. Up close, her face was ashen—a color between sawdust and grey. And, from the tube protruding between her purple lips, I noticed she was already intubated. A mixture of great relief followed by disappointment, then guilt at my disappointment.

"You," Dr. Ream said, as he observed his task for me was already complete, "are going to put in a central line. What size gloves do you wear?" I clumsily donned a blue sterile gown, confined to the small space between the head of the bed and the wall. I gazed at the patient's closed eyelids, willing them to open. Would she want me to do this? Dr. Ream guided my hand as we pierced skin, then plunged the needle through subcutaneous tissue, beneath bone, before nestling comfortably in the lumen of the subclavian vein. I exhaled a breath I did not know I had been holding. At Dr. Ream's instruction, I placed an orogastric tube as I had learned on a trauma surgery rotation a month prior. Then, just as I fixed the top of the tube against her skin with silk tape, her heart stopped.

***

I'm sitting at the nurse's station with my legs tucked beneath me, motionless, eyes trained on the rhythm strip monitors. I am watching the rhythm strip monitor to see my patient's pulse weaken: 35, 48, 32… it does so quietly, softly, without the typical blaring of monitors such a pulse would inspire. We had long since turned off the alarms. Dr. Ream sits next to me—voraciously typing about the happenings of the last five minutes. Reading her chart, I learn Ms. Whitton was discharged from a nearby hospital two days prior for exacerbated diastolic heart failure. Her medical history was a cacophony of "bread-and-butter" conditions with diagnoses that afflict the many: heart failure, chronic kidney disease, diabetes, hypertension, obesity. Perusing her discharge summary, I learn she had been instructed to complete a 10-day taper of prednisone for a gout flare. She was instructed to follow up with neurology for a known pituitary adenoma, and with rheumatology for an apparently advanced case of gout. She was brought to us that night after being found unresponsive in her nursing facility.

I learn this intermittently, pausing my research to rush into the room with my attending as Ms. Whitton's heart stops a second, then a third time. Each time, Dr. Ream encourages me to help perform compressions. I am amazed at the force each compression requires. As I thrust downwards, right hand covering my left fist, I don't look at her face. Or the way her arms slowly inch off the gurney with each compression. The way her flesh recoils with each plunge. I try not to imagine how sore she will feel if she wakes.

I don't want her to die because I know she has things to do. Knowing the instructions she has been given, I can imagine her commitment to the tasks: bill boxes laid out on a kitchen counter with eight more days of a prednisone taper; a note pad on which she'd written the numbers for rheumatology and neurology offices to call.

Ms. Whitton's nurse, Sarah, dashes out of the room and informs us her heart is going to stop for a fourth time.

There is a sigh somewhere deep in my body that I try not to feel, mostly because of the heavy ache in my arms. An ache I feel ashamed to notice. Back in the room, I join the line of providers waiting to relieve whoever is doing compressions. We achieve spontaneous circulation again, to the bafflement of my attending.

When the family arrives, Dr. Ream is relieved. We usher Ms. Whitton's husband, sister and niece into a small room off of the emergency department.

"I'm afraid," Dr. Ream begins, as everyone is settled in, "Ms. Whitton is very, very sick." Everyone nods. "So far, her heart has stopped four times." As he says this, he looks at each family member in turn. "And she's come back to us each time, but I can't tell you what damage has been done to her brain, or to other organs in her body." He pauses.

The husband nods, slowly, tears forming. "I knew it," he says. "She knew it too. This morning, she looked at me and told me – *Goodbye, I love you* – which is not like her."

The sister turns to us and adds, "Today is their 50th wedding anniversary."

We pause, allowing that fact the solemnity it deserves. "The question we should think about next," Dr. Ream offers, after a brief touch of Mr. Witton's knee, "is what Allison would want if her heart stops again."

The family decides, unanimously, that Allison Whitton would not want heroic measures to preserve her life.

We invite the family back to see Allison only when we have received confirmation from Sarah that the patient has been cleaned and the room has been tidied from the mess of the last resuscitation. We pull up three chairs.

***

When Allison's heart stops for the last time, we are at her bedside with her sister. She is telling us about her relationship with Allison. We talk about the traffic. We talk about how ill Allison had felt in the preceding months. We talk about the new, larger emergency department opening soon.

Dr. Ream interrupts her only briefly with a gentle nod towards the vital signs monitor behind her. "She's gone now. She's not with us anymore," he says quietly.

Just like that. From life to death in less time that it takes to exhale. It happened so softly we would have missed it had Dr. Ream not been looking at the monitor.

The sister nods, looking down at Allison, before continuing with her story. As if she had already known. As if she had said goodbye a long time ago.

***

It's three AM. I stay past my shift because Sarah asked if I would like to extubate the patient. To take out the orogastric tube and central line. Since I helped place them, I felt it only right to take them out. To leave her body be.

As I pull the central line out from beneath Allison's arm, I apologize, reflexively, thinking I might have tugged too harshly. I apologize again, reflexively, this time to Sarah, for having apologized to someone who'd just died.

"You can talk to her," Sarah encouraged. She is cleaning blood off of the patient's chest with a baby wipe. "Don't be afraid to talk to her. We didn't know her in life, but we knew her in death, and that's just as important."

We are silent for a while. "Happy anniversary," I whisper almost inaudibly, gently pushing back a strand of Allison's hair.

Laila Knio is a fourth year medical student at the University of North Carolina at Chapel Hill. She recently completed her third year at a satellite campus in the mountains of North Carolina, where she participated in a Longitudinal Integrated Clerkship Program and began learning how to play her dream instrument—the cello. She holds an infinite curiosity towards people—anyone, really—and believes that stories are a powerful mode of healing. She anticipates pursuing a career as an adolescent psychiatrist.