

## The Resident

By Humaira Khan

Myra woke up with a jerk, sick with anxiety, and reached immediately for the cell phone on the nightstand. 2 am. *Sigh*. Not time to wake up yet, she thought, as she lay back down. Two more hours to go. She turned onto her side and watched Chris sleeping peacefully for a minute or two before pulling her comforter over her head and closing her eyes in anticipation of a little more sleep. She had to resist the temptation to log in to the electronic medical record and check how many patients had been added to her rapidly growing list. *It's not like it would help curb the flow of patients*, she thought. *What is meant to happen, will happen*.

But sleep evaded her. Her brain would not shut off. Finally she decided to tip toe downstairs and make herself a cup of coffee. Perhaps this was God's way of giving her a few minutes of peace before her long Saturday call began.

While the coffee brewed, its aroma filling the small kitchen, Myra's thoughts turned to the events of a few nights before. Her unpredictable hours wearing Chris's patience thin, had sparked another argument. She couldn't remember the exact point of contention and her plea that he understand why she worked so hard was left unanswered. She could still see that cold look on his face, and she felt her heart breaking all over again.

To be fair, it wasn't his fault entirely. He had sacrificed so much for her sake already. On Match Day two years ago, when a computer algorithm had decided that Myra move across the country to start her neurology residency, Chris had decided that instead of maintaining a long-distance relationship with each other and their 4-year-old son, Owen, he would ask his workplace to allow him to work remotely. Perhaps he hadn't fully realized what he was signing up for when he made that request. After all, he was not a physician. In those moments that she wasn't overwhelmed with everything in her life, she could allow that he really was doing the best he could in the multiple roles he had to fill in her absence. Or at least he was trying to. And that meant something. But most days, she overlooked all of it.

Long work hours were one thing but the lack of predictability on her inpatient rotations added another layer of complexity to their lives. Every day she left home before her family was up for the day and when she returned, it was Owen, not Chris, she spent time with. Most nights, as Chris tidied up the living room, started the dishwasher, and took out the trash, she got Owen ready for bed. Most nights she would fall asleep next to her son, trying to get some studying done on her phone in the dark. Every day, she felt like she had to choose between Chris and Owen and her job. And every day, it felt as though she chose her job over them.

Like right now, she had just come off nights: that rotation of non-existence, when you clocked lonely miles in the hospital basement from the call rooms to the emergency department to the intensive care unit to the veterans hospital while others slept. But due to a scheduling error, instead of being on easier elective and clinic rotations right after, she had been assigned to the stroke service.

She set down her empty coffee cup in the sink, and decided to leave early. Perhaps she could get some sort of a head start. Deep down though, she couldn't curb her pessimism:

every day, no matter how early she rose, it was never early enough.

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*Beep. Beep. Beep. Beep.* The shrill insistent sound of the acute stroke pager competed with the din around her. She scrambled to get it out of her coat pocket. *Murphy's law.* It's always the last pager in your pocket. "ED. Room 18. Acute stroke. ETA 5 mins."

She sighs. It is the seventh stroke code of the day and the third in the last hour. She hasn't even finished placing all the orders for the prior code. She saves her work and runs towards the elevator.

Tonya, the neurology floor charge nurse, calls out to her: "Dr Jones, the family for Room 10 is waiting for you..."

"Sorry, acute stroke," Myra interrupts her as she runs. "Please let them know I'll be back later."

The stroke patient is being wheeled in when she arrives, and nurses and physicians surround her, each trying to get their job done. There's someone at Myra's elbow pushing her out of the way as they try to get an intravenous line in.

"What do we know about her?" Myra asks the EMS personnel as she runs her eyes over the patient.

"78-year-old, Cecilia Johnson. Came back from a walk, had lunch, and went to sleep around 2 pm. Was fine then. Woke up at 4 pm and husband noticed she was unable to speak or move her right side. BP 179/90 en route. Glucose 123."

*A large left MCA stroke. Great.*

It's 5 pm. The patient is still within the window for intravenous reperfusion therapy. She does a quick stroke score assessment as Ms. Johnson is being wheeled to the CT suite. EMS personnel don't have a phone number for her relatives, but the family is on their way, they say. She logs into one of the computers and punches in the orders. There is no history or prior encounters in the chart, no background information to guide her.

*Beep. Beep. Beep.* The consult pager this time. It's the ED again.

"Is that Neurology? We have a consult for you in Room 23."

"Can I call you back in a bit? I am in the middle of a stroke code."

"Sure, but it might be a stroke. He is 3 days out from onset, though, which is why we didn't activate the acute stroke pager."

*Great. Just great.* Eight new patients accumulated through the day. So many things pending already. Admission orders, notes, new consults, that family in room 10. But this too, like her full bladder and empty stomach, would have to wait, for now.

Ms. Johnson has by now been positioned on the CT table and the scan begun. The ED nurse is experienced enough to have gauged the situation and brings in the IV medication. As the CT scan images start to come through, Myra reviews them quickly: no bleed, a subtle loss of gray-white differentiation but no overt hypodensity, at least not yet. Her heart begins to race: *she can do something! Maybe.*

"The family just came in, doc," someone tells her.

Myra rushes out to Room 18 and finds the patient's husband and children there. She corroborates the history and timeline of events quickly and talks about the risks and benefits of treatment. The family wants everything done. She goes over contraindications and allergies. None. Time suddenly speeds up. She runs the case by the stroke attending who gives her the go-ahead. Door-to-needle time is 18 mins! *Her best time yet.*

The vessel imaging shows a clot blocking one of the large arteries in the brain and she activates the pathway for mechanical retrieval of the clot.

She has barely hung up the phone for the pathway when the consult pager goes off again. It's the veterans hospital across the road. A patient has been transferred from an outside hospital due to multiple seizures. She would have to see that patient soon.

With Ms. Johnson's case successfully handed over to interventional radiology, Myra places intensive care unit admission orders for her and heads over to the veterans hospital to see the other urgent patient. The ED patient with the 3-day old stroke would have to wait a bit, as would the family in room 10 on the neurology floor who had now been waiting for at least 45 minutes for the doctor to come talk to them.

When she finally weaves her way back through the hospital to the neurology floor at 7 pm to checkout to the night float resident, she goes over her list of pending items.

"Sorry, busy call. Will be late again," she texts Chris.

He doesn't respond.

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In the five days that Ms. Johnson has been on the floor, Mr. Johnson has been by his wife's side. He doesn't do anything but sit there, watching her lovingly, even though she isn't aware of his presence. At night, he sleeps in the chair next to her bed and Myra worries for him. *What will he do when she's gone?*

Every morning when she enters the room, he smiles at Myra and tells her something new about his Cecilia. She has a great sense of humor, and oh, her smile is everything! He tells her of the marathon she ran at age 50 and the first time they met, how everyone reaches out to her for advice because she is both wonderful and wise. Every time he talks about her, Myra can feel the love in that room.

But today, something about him is different. He's quieter, not as content sitting there in his usual spot.

"It's our 50<sup>th</sup> wedding anniversary," Mr. Johnson says in his quiet way, and smiles his kind smile, as though he knows the question in Myra's eyes. There's a sadness in his voice she has not picked up before.

*50<sup>th</sup> anniversary!* Myra thinks of herself and Chris. It's only been seven years. It certainly seems longer some days, just not enough on others. "Wow!" she says, and reaches forward to give Mr. Johnson a hug, hoping it conveys what words can't.

He smiles up at her, his eyes glistening with tears. "Please tell me you'll be home for Thanksgiving at least," he says.

"No, not really," Myra shakes her head, "I'll see you on Thanksgiving too."

"But you've been here every day since we came in. You must be tired!"

Myra's heart threatens to overflow much like the tears that are beginning to sting her eyes. She looks at Mr. Johnson and thinks about how he too has been here every single day since last Saturday caring for his sick wife. Yet this man is able to disconnect himself from the grief and helplessness he obviously feels at this time to reach out to others, sense their needs, offer warmth and support.

It's moments like these that Myra lives for, but she also realizes how selfish she really is. To her, Ms. Johnson is the patient in Room 8 with a large left MCA stroke status post tPA and thrombectomy with TICI 2a reperfusion, day 4, with hemorrhagic conversion and cerebral edema. When she sees her name on the stroke list, this is what she thinks of, her life reduced

to bits of medical terminology, cut off from anything she may have been as a person. She's "comfort care" now, her family having come to terms with her prognosis and not wanting her to suffer more than she ought. To the stroke team, she's someone they can round on quickly, check on, and move past. They don't mean to be this way, but there isn't ever time. There are always other patients, medication and imaging or discharge orders to be placed, family meetings, procedures, or charting waiting for them. Like right now. Rounds will start in a few minutes and she needs to move on to the next patient.

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It's dark when she turns into her street later that day, exactly as it had been when she had left home that morning in the pre-dawn darkness. Her heart is heavy, her stomach empty, her energy sapped. Owen is crying, she can hear him from the street. She hasn't seen either him or Chris today. She checks her fatigue at the door, forces a smile on her face, and walks into the house, hoping to give Chris a break from parenting duties. Someday, she will tell them what her days are like. But not today. Today, she knows she must put her family's needs above her own. Later that night though, as she puts Owen to sleep, her mind wanders to that devoted man sitting patiently by his wife's deathbed, watching over her as she sleeps.

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Ms. Johnson died that night. Her other son, who had been abroad, had flown in that evening and, as though she finally had permission to leave, her heart had slowed down, her pupil had dilated, and the end was quick from then on. Myra heard the next morning that the family had asked for her to be thanked specially. Room 8 was empty. She was not going to get the closure she needed.

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She is not on call today and maybe, just maybe, she would get to go home on time. It would be a nice start to her 24 hours of being off work for that week. With discharges, rehab transfers, and Ms. Johnson's death, the stroke list has been whittled down to a manageable eighteen and she is already done with notes and orders for the day. She steals a glance at her phone: 3 pm. Remembering that she does not want to jinx herself she drops the phone back into her pocket. As she does so, the workroom door opens and Nora, the consult resident, rushes in to grab her water bottle.

Nora has been Myra's voice of sanity and reason throughout this year. She is the calm, patient one, the one who checks on Myra and the other junior residents from time to time to make sure everyone is doing okay. But today she is rushed, business-like, focused.

"You alright?" Myra asks, just as Nora opens the workroom door to leave.

Nora turns around, her hand on the door. "Yeah, it's just .... I got slammed with consults! I guess I'll catch up eventually. I'm on short call today any way," she says, heading out, letting the door close behind her.

It's Friday and the senior resident has clinic. The Medicine Intern assigned to the team had called in sick that morning, so Nora has no help this afternoon. No one, that is, except ...

Myra knows what she has to do.

Nora has just turned the corner towards the elevators by the time Myra catches up with

her. “Hey, I can see a consult or two for you. It’s only 3 pm.”

Nora stops. “No, it’s okay,” she says automatically.

But it’s not okay. Myra can hear hesitation and doubt in that answer but also a hint of relief. The elevator arrives on their floor and the door opens.

“No, really, I insist,” Myra hears herself say, “how many do you have?” And together they head down to the ED.

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