Room for a view

La Pietà of the ER

As I approached her from across the emergency department, I noticed she was small, almost child-like. But when I arrived at her stretcher I realized she was middle-aged, not a youth at all. Bolt upright in the gurney, she was cyanotic and clearly short of breath. A nurse was fussing over her, making sure the oxygen mask was not cutting into her face and that pillows were placed behind her back to ease the discomfort of a body struggling for air. These actions intensified my perception of her as innocent and helpless. Solution dripped sluggishly into her intravenous line while the cardiac monitor tapped out the beat of her rapid heart rhythm like a metronome.

"Her oh-two sats are in the forties," the respiratory therapist said.

"You've got her on a 100% non-rebreather?" I asked.

"Yeah. I think I'll try a Star Wars mask, though."

"Okay, couldn't hurt."

I became aware of an older woman beside the stretcher, her left hand gently rubbing the patient's forearm, her right hand cradling the back of the younger woman's neck. I introduced myself and began the history and examination. Jessie was the patient's name. Despite her dyspnea, she was still able to string a few words together, her over-large tongue seeming to work against her efforts to speak. She had no pain, she said, just trouble catching her breath.

Fred Sebastian

Her ruddy face, purple lips and accessory muscle use were observable manifestations of her respiratory deterioration. Auscultating her heart, I heard the rumbling thunder of blood pounding through a breach in the weary chambers, the sound of a murmur that had never been mended. Finally, the physical exam moving from head to toe, I palpated her feet and ankles for edema, noting blue toenail beds. "Ooh, that tickles," Jessie giggled briefly before folding into a paroxysm of coughing.

After the examination, I pulled aside the older woman at her bedside. Her appearance was striking. She was gray-haired, but her back was straight and there was a cherubic glow to her face; an aura of vitality surrounded her like a halo. I had a fleeting vision of her as a holy-card saint of my Catholic schooling. She was, of course, Jessie's mother.

She shook my hand, and with that touch I saw Mary's life as a mother flash through my mind's eye. I saw the roundness and shininess of her near-term abdomen, ripe with the fruit of her conception. I could almost sense her exhausted relief at labour's completion. I understood the shock of Mary's first gaze into eyes rimmed with epicanthic folds. I heard the echo of the heartbreaking words, "Down's syndrome," "heart defect" "nothing we can do" and "I'm sorry." And I pictured a composed Mary, her husband and sons in the background as she patiently guided Jessie through the unfulfilled seasons of her life.

I felt a rush of admiration for this woman, or at least for her life as I imagined it. I had imbued her, I realized, with the calm patience and acceptance I lacked.

"She's dying," I said.

"I know," she said.

"I'm sorry. Really, I am."

"Thank you. But it's been coming for a very long time, you know. I've tried to prepare myself. Still, it's hard." She looked away, seeming to study something in the distance. She looked back at me and I could see a meniscus of tears forming on her lower eyelids. "I'm going to miss her."

I felt a squeezing sensation around my thyroid cartilage. I cleared my throat, hoping to relieve the emotion clawing at my trachea, but instead found questions forming on my vocal cords, like, "How did you do it? How did you tap this well of devotion that has sustained your child all these years? Did you not ever feel burdened? And how did you come through it with such equilibrium, such grace, even now as she prepares to leave this world?"

But instead what I said was, "I have a handicapped child, too."

"Ah," she said, wiping her eyes with the back of her hand, "So you understand."

She returned to her daughter's side, and I re-entered the world of ringing telephones, empty charts requiring completion and the ever-present concerns of new patients. When I wrote the orders for Jessie's admission, I included oxygen, morphine and, as previously decided, a DNR. I spoke to the admitting physician and signed over Jessie's care. Later, I saw the porter pushing her stretcher up to the palliative care ward. They stopped near me at the nursing station, awaiting the paperwork needed for transfer. Beside Jessie was Mary, whose eyes fondly regarded her daughter, just as they always had. I could see reflected in the face of Jessie all the love and kindness that Mary had ever directed to her.

And then I truly understood.

Brian Deady
Emergency Department
Royal Columbian Hospital
New Westminster, BC