

## The line

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7:14 am. As I had always suspected, the chairs weren't comfortable at all. Oranges and pinks and the promise of the sun, similar to the view of the late-summer Montreal sky from the neonatal intensive care unit at the old Children's, that moment when the overnight fluorescents were dimmed in favour of natural light streaming in. But it was northern Wisconsin on the other side of this window, and a hospital that I hadn't heard of until seven days ago, when my brother's panicked voice interrupted an otherwise normal Monday afternoon. I had finished rounding on the babies, had just gotten to the library to do some reading, and then, the phone: "Brett. Brett! Mom and Dad were hit by a semi while on vacation."

So, here I was, watching my intubated father's cardiac monitor, willing the premature ventricular contractions to disappear, waiting for him to open his eyes and look toward me. I had taken the recognition in those eyes for granted every day of my life, yet over the last 48 hours it felt like a gift, as the original prognosis had included phrases like "we're not sure he'll ever wake up" and "it's very possible that if he does, he isn't going to be your dad anymore." So, here we were, sleep deprived, my wife of all of four months upstairs in the rental family rooms, tasked with the forced intimacy of helping her mother-in-law — discharged a few days prior with a broken foot and largely wheelchair bound — to shower.

Designated by everyone as the best person to be there for pre-operating room rounds, the son part of me waited, wondering why the intensive care unit attending hadn't yet come by, despite saying rounds would be at 7 am. The physician part of me totally understood — another family, an unavoidable phone



call, an emergency. That deep sense that although the scheduling of clinical life was declarative in theory, it was, at best, conditional in practice. It seemed somehow easier to be the only one here for rounds with Dad.

For Mom, the cavalcade of friendly faces wearing scrubs and white coats blurred into each other — the fine-grained differences of specialization that I take for granted, the nuances that, despite her education and lived experience, she doesn't understand. Yet metabolizing clinical information safely and meaningfully to your family is also tre-

mendously difficult — they didn't seem to truly grasp that my interpretation as a Canadian pediatrician of the practices of American adult medicine was going to be littered with contingencies. Even the units are different: my heart rate involuntarily rises when someone casually says Dad's glucose is 100.

And this translation happens while I try to make sense out of what is senseless, really. Even as my clinical mindset brackets my grief and my bewilderment, lets me help my mother process something she's never had to and gives me a familiar harbour in which to dwell, the

world I had known is forever gone. Accidents like these are supposed to happen to other people. I don't sit at bedsides waiting; walking in and out of patient rooms is part and parcel of my day. I cross that line so many times, on my schedule, on my terms. I spend so much of my life in hospitals, but I always get to go home. Now I belong on the other side, learning a new form of patience, getting a crash course in what it is like to be a family member thrown into the anxieties, vulnerabilities and exile of devastating illness and injury, not knowing whether there will be a way back. The line has blurred; the other is me.

7:18 am. The now-familiar popping sound of hiccups on the ventilator snaps my head around. They come and they go, pretty frequently. I've seen the MRI, want to believe there is no medullary damage like we've been told, yet know just enough to hold my breath. I push the thought low into the differential, and the magical thinking that accompanies the empiric symptom allows me to tell myself

that if it comes to that, at least having considered it will let me, somehow, soften the blow for them.

The hiccups have jolted him awake, and the arm that moves is starting to signal. I pull up my chair and grab the hand that doesn't. I don't want to be here, but there is no other place I'd rather be. Cold and broken hallelujahs on warm and beautiful late-summer mornings, but hallelujahs nonetheless. Because Dad is still here, and even as his body is severely injured, his mind and soul have remained intact. Because my brother, sister-in-law, nephew and niece will be here soon with coffees to keep us going, and my wife will bring Mom down in her wheelchair, and everyone I love the most will be in the same room.

And a month from now, when my brother and I find ourselves back at home, standing at the pulpit in the church in which we grew up, giving the eulogy at our mother's funeral, trying to come to grips with the inexplicabilities and whiplashes of the universe, and realizing just how desperately we would do anything

for one more hug from her, one more phone call, one more anything, memories of these mornings will fill me with a surreal gratitude. A gratitude that reminds me that even as the sharp edges of grief shred our hearts, devastating injury and loss burn away the banalities of everyday life in favour of something quintessential: the knowledge that we belong to each other, that we are more than we ever thought we could be, and that although tragedy has bent our lives beyond all recognition, it has not broken us.

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This article has been peer reviewed.

This is a true story. All depicted family members have given their consent for this story to be told.