

Easing pain

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I watched closely as the patient's oxygen levels dropped, ready to don my layers of protective equipment quickly and efficiently, as I had done so many times in the previous week. But then I saw them rise again — just enough to keep me on the other side of the glass. This had been my ritual for the past hour or so: eyes darting from monitor to patient and back again, hands on my N95 mask and face shield, heart in my throat, ready to jump into action, only to make the same decision I had made 10 minutes prior; I would watch and wait. I was a family physician redeployed to help address our hospital crisis; this was only my third time caring for a patient in the ICU independently. All the imposter feelings were there, bubbling under the surface: *I should know this ... I'm a doctor, for goodness' sake. How can I ask questions of the nurse next to me without looking foolish? I should have read more last night ... maybe reading is more important than sleep.* Still, I couldn't shake the feeling that the handover treatment plan didn't make sense. This patient was not doing well. Everything about my morning assessment told me they should have been intubated the night before. That the struggle to breathe was proving to be too much.

I knew I had to wait patiently for the intensivist to come by for rounds. Waiting seemed reasonable given that things were not quite dire, but COVID-19 had stolen all of our certainty and the time from “not quite dire” to “too late” seemed ever more unpredictable. My heart raced, and I calmed my nerves by picturing the intensivist coming around the corner.

It didn't help that my phone kept buzzing in my pocket. My father was an inpatient in another hospital more than an hour away, alone and scared, and he kept calling. I finally answered, only to hear his gruff voice telling me he was going to just

get dressed and leave. He had had his procedure and he wasn't going to wait around for some self-important doctor to give him his results. He felt fine. He wasn't staying there another moment.

I begged him to wait for his doctor as I continued to watch my own patient's monitor (*oxygen level down again, down ... down ... down ... now back up a bit — keep going, please keep going — okay, stable*). My father had severe anemia and I knew that he needed more than a single test before being discharged home. I told him that hopefully the doctor would come soon to help create a proper treatment plan for him. He reluctantly agreed to wait, but the tone of his voice did little to reassure me.

Eventually, the intensivist arrived; I donned my PPE and we entered the patient's room. I gave my report as she slowly and carefully assessed the patient. Chart review, assessment of blood work, neuro exam, heart monitor, oxygen monitor. Together we silently watched the oxygen monitor's dance.

“Why wasn't this patient intubated last night?” she asked. “What were they thinking?” After what seemed an eternity, I heard, “Okay — prep for intubation.”

Prep for intubation. I tore my attention away from the buzzing in my pocket. I quickly went over the steps I had tried to memorize the night before. *Focus! I need to focus. What has to happen in the room before I leave?* We had limited PPE and moving in and out of the room was simply not an option. I ignored the buzzing and tried my best to organize the equipment.

Once I had alerted the rest of the team about the upcoming intubation, I knew I had a few moments before “go time.” It took a huge team of professionals to intubate during the worst of the COVID-19 times and people were busy making the necessary preparations. I excused myself

for a moment and found a private space and listened to the message. It was the nurse from my dad's ward; I needed to call them as soon as I could.

I immediately dialled the number I knew by heart, and when the nurse came to the phone, I spoke as quickly as I could. “I'm so sorry I missed your call, really I am. I want to help my father, but I'm working in the ICU and I was in full PPE when you called. And I need to go right now to help with an intubation. I'm so sorry — I hope you understand. How can I help in the next few moments?” I spoke quickly — trying to fit it all in. There was a pause and I held my own breath — *oh my God, she thinks I'm a horrible person. Who says things like that when their father is in the hospital?* I wanted to take it all back. I wanted to run away. I wanted this to end.

“You sound so very stressed. Please don't worry. We're here to help. I am here.”

Time stood still. I felt like she was next to me.

“It's going to be okay. Go and tend to your patient. We'll care for your father. His procedure went well. I'll call you to give you updates, but I don't expect you to answer your phone. I just want you to be aware of what's happening.”

I choked back tears as I thanked her. I jotted down her name somewhere in the middle of my “ICU cheat sheets” and I ran into the bathroom where I could lock a door and I began to weep. A flow of what seemed to be endless tears streamed down my cheeks. Tears born from fear, from exhaustion, from guilt. Tears unleashed by the kindness of someone who understood. She had gifted me with kindness and caring. Her gentle yet assertive words had broken down all my carefully constructed walls that I believed I needed to keep me standing through this disaster but prevented me from feeling, from breathing through my own fears and pain.

Freed from these constraints, I wept as I used to as a child, with my whole body, gasping after each deep sob. I felt space open up inside where the pain and fear used to reside. When there were no more tears, I turned on the tap and washed my face. My heart felt a little bit lighter. I took a deep, unobstructed, cleansing breath and rehearsed the role I would play in the room as I walked back toward my patient. I donned my PPE and took my place, ready to join the team as we flawlessly helped to ease the pain of breathing.

Carrie Bernard MD MPH

Department of Family and Community Medicine, University of Toronto, Toronto, Ont., and Department of Family Medicine, McMaster University, Hamilton, Ont.

This article has been peer reviewed.

This is a true story. The author's father has given his consent for this story to be told.

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