On Feeling Small and Crucial

B.J. MILLER, M.D.

ONE CALL NIGHT several months into my internship, I was awakened by my pager telling me to go to the hospice unit. At this little community hospital, one intern per night had the duty of verifying death. It was late, and I was feeling that particular hum that runs just beneath the surface of my skin in the middle of every call night. When the nurse asked me to come quickly, that a woman was taking likely her last breaths, I was surprised to find myself interested.

What would I say if she were still able to hear when I arrived? What would she like for her final moment? What would I say to the family? How would I know what they needed to hear? Do I apologize? These were the questions wondered of me by the medical student who was tagging along. I am not sure I even tried to answer. I was just content to be heading somewhere where I could draw on anything besides the “pocket” reference manual that made my dirty white coat look longer on one side. The younger man was in truth being kind to me; his slightly spastic interrogation was the perfect foil for my relatively dulled mind, making me look very calm. I had the benefit of being thoroughly exhausted, burnt from a day filled with differential diagnoses and somewhat forced heroic aspirations and all the posturing of rounds. Just then my brain happened to be retreating to its inner older structures, the better region, I later thought, for fundamental affairs such as death and dying.

We ambled down some hallways until we came to an altogether different place. We knew we were in the hospice unit even before seeing the sign hanging from the ceiling tile. We knew because the walls were lavender instead of a non-color like the rest of the hospital. There were needlepoint prayers on the walls and a picture of a pretty waterfall strategically reminding us to consider nature’s course. Behind a heavily varnished wood plaque into which was whittled the word “welcome” sat a nurse smiling up at us, nodding toward a room.

Still trying to avoid overthinking the scenario, or perhaps because I wanted to get back in bed, I chose not to pause and walked straight into the room. There were three family members standing around the bed, their heads slightly cocked to one side. Just their eyeballs rolled to meet me. It was extraordinarily calm in this room, aided by a conspicuous lack of fluorescent light. Strikingly, all of the family members were managing soft smiles, the starts of their eyebrows tugged sharply upwards by flexed brow muscles. Looking at the memory of their faces now they appear ironically content, or at least more than simply sad. Whatever they were feeling, I remember thinking two things at that moment: they seemed to love this woman and the hospice unit providers had done their job well.

These were the sister, brother, and niece of the now former patient whose last moment I had missed by a minute or so, they said. Like her hair, she was thin and sallow. I had no idea how old she was. Thirty? Seventy? All of a sudden I was aware of an odd and harsh and very loud noise; it was the whistle from the oxygen mask. I surely had been around this gear before but had never noticed that awful sound. Everyone sighed when I turned off the flow meter, first from relief then sadness, I guessed.

With the family’s permission I retired the oxygen mask and turned to introduce myself. I was not sure how to handle this exchange, but things quickly fell into place the second I thought of my own life’s losses. We shook hands for a long time.

Internal Medicine, Medical College of Wisconsin, Milwaukee, Wisconsin.
and exchanged words, including why I was there. They decided to leave the room while I did my duty.

Thankful to be alone, I stepped close to the bed-side and looked at this woman again who now seemed clearly to be in her 40s. She was wearing a flannel nightgown tied in a bow high on her neck. I touched her warm forearm and looked at her body, my head also now cocked to one side. I suddenly realized how liberally my eyes were rolling over her, as if she were not there; my brain thought my eyes were acting rudely or maybe even naively, and ashamed they darted off. I certainly would not have looked at her this way if she were alive, I thought.

I shook off this slight setback and put my stethoscope to her chest. How loud is the lack of a heartbeat! Not absolutely certain of the law I decided I had better inspect her pupils as well, a far more intimate maneuver, I quickly realized. Then I stood there dumbly and wondered whether there was anything else I should do. Concluding there was really nothing else to the task, I stood there some more and actually wondered to myself how I might want to be treated were the shoe on the other foot. So I looked around the room, first in the two chairs and then into the air above the bed, just in case souls existed and persisted. After all, I thought, she might want to or have to linger for some amount of time, and I certainly did not want to be caught denying her soul’s existence. (My earlier refusal to pre-meditate the scenario was catching up with me.) I felt very self-conscious over the next minute or so as I groped for an emotion that was recogniz-able. Finally, nearly arbitrarily, my brain decided that I should squeeze out a chuckle or a grunt, anything to return this fantasy to the external world. I chose to chuckle; that way, I thought, whatever was watching all of this, whether her soul or a nightcrawler under the side-table, could feel comfortable laughing too. (Life surely is trickier for the living.)

It was awkward alright, but beautifully awkward because my embarrassment was ultimately tempered by the appropriateness of my innocence. And with that conclusion, I had one of those moments where the grace and privilege of our profession are acutely obvious.

The student had elected to stay outside the room for this whole affair. By now he and the family were likely out of things to say to one another and thus were freed-up to wonder why I was taking so long just to listen for a heartbeat in a woman who was dead. But this exchange had demanded time. Maybe I will get faster at recognizing the transfer of spirit, but just then I was contented to have been at all involved with the moment where life and death touch. And then I smiled, genuinely, and left.

Address reprint requests to:
B.J. Miller, M.D.
Internal Medicine
Medical College of Wisconsin
1717 East Fox Lane
Fox Point, WI 53217

E-mail: bjmiller@mcw.edu