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Grief and renewal: a clinician's journey

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“We work in the dark—we do what we can—we give what we have. Our doubt is our passion and our passion is our task. The rest is the madness of art”

Henry James. *The Middle Years*, 1893

It happened almost 20 years ago, in the small hours before dawn. A colleague went out to talk to the surgeons. Words were exchanged, opinions differed, phone calls, labs, more words... An abdominal computed tomography (CT) was ordered, and it looked bad, but they decided to wait, send the patient to intensive care unit (ICU), and wait.

The patient was a 5-year-old boy who had been admitted to the surgery ward 3 days earlier for probable appendicitis. When he rolled through the doors of our ICU, he was in frank septic shock. Five minutes later, he went into cardiac arrest. I flew. My hands compressed the tiny chest with a vengeance, forcing my own energy into the small, exhausted heart. Fifteen minutes it lasted, no more. Once again P, QRS, and T waves were limping across the monitor screen; the pressure was almost normal. The nurse at my side eyed me oddly and said she had never heard me swear like that during a code, over and

over. To this day, I have no recollection of swearing, only of an overwhelming, almost diabolical imperative to keep the boy alive.

And there he was, alive, but still as death. The initial relief dissolved, leaving me physically and psychologically spent, a feeling I had never experienced. Catching my eye, the nurse nodded toward the door of the unit. The boy's parents were out there, waiting for someone to tell them that their child was alright. They had no idea of what had been going on.

I showed them in and told them. The words I used were familiar, repeated hundreds of times in that same room, but they flowed haltingly this time and rang hollow. I told them the child had been seriously, severely ill when he arrived in ICU, that his heart had stopped, that we had pulled him back, but there was no way to tell what would happen now. My hands were shaking.

The father listened as if his own life depended on it, trying desperately to fit what I was saying into the last few days they had spent in the hospital, waiting, reassuring themselves that there was no real danger. If the situation had been so serious, surely someone would have told them, done something to avert this disaster. The father, I felt, knew I had battled to save his child's life, and I saw him cling to that knowledge. For the mother, there was no solace: every fiber of her being blazed with resentment, disbelief, and devastating pain that filled the room and overflowed into the heedless dawn. When the words were over, we stared at the floor, and I was overwhelmed by a suffocating burden of the responsibility and shame for things that had not been done, for things that had not been said, for the tragic series of inexplicable forces that had dashed this family to pieces in the space of 4 days.

A few hours later, the boy was finally taken to the operating room, where it became clear that the sepsis and cardiac arrest were the result of a ruptured appendix. He was returned to the unit, comatose and unprotesting. Why... how had it come to this? No one could bring

themselves to ask that question, not even the parents. My sense of guilt persisted, and though I knew it was inappropriate, unjustified, misplaced, that awareness did nothing to reduce its power.

A week later, the child died, unobtrusively. The ICU director called me at home. The boy's parents wanted to see me. I went to their home and spent several hours with them. They were exhausted, and there was little left to say, but my presence seemed somehow necessary, a tie to the child perhaps. And the next day, for the first time, I went to the funeral of a patient I had treated in the ICU, but the heaviness that had taken hold of me, body and soul, refused to loosen its grip.

In July, like an automaton, I left Rome for the vacation I had planned in the Dolomites. Day after day, I scaled their rocky faces in the thin solemn Alpine air, my thoughts immersed in nothing more than maintaining my hold on those wild, ancient crags. I had made it to the summit of Mount Tosa and was rappelling back to earth, when the idea came to me. I discussed it with my guide before I left for home, and he agreed. I would return in the fall and open a new climbing route to the summit of Mount Tosa, 150 m of grade IV rock face. And the route would be dedicated to the boy, the child who I had not saved.

The climb took place in October. It was a grueling ascent that demanded all my effort and concentration. I moved slowly, choosing my holds with the utmost care, testing the wall-hooks, double-checking the snap-hooks. I never allowed my gaze to stray toward the summit above or the valley below me, and when the going was roughest, I kept it fixed on the wall of rock 20 cm in front of my

nose. After 8 h, I reached the top. It was a magnificent place with a boundless view of ageless, cloud-wreathed peaks—Mount Adamello, the Marmolada Glacier, all the way to the Ortles Massif. Here, I felt, the boy and I could rest. Here, I could finally leave him.

The descent took only about 40 min and was very enjoyable. I was keenly aware that I had undergone a change. The shield that had allowed me to maintain a safe distance from the suffering around me was shattered, and I felt the sobering but no longer suffocating weight of responsibility that my profession conferred on me. Peace had somehow been made, and my spirit was no longer in chains.

Two decades have passed since that night, and intensive care medicine has become increasingly complex, technological, evidence based, and data driven. However, each case we see is the result of an encounter between an individual life and a specific set of forces capable of ending life, and the encounter is always unique, unrepeatable. As physicians, we are inevitably forced to scramble back and forth between these two poles—person and process—to act, always to act rapidly, rationally, correctly, even when we are unsure what is best for that unique person before us. I have not found the answer, but the mountains and the boy have taught me some lessons: to move slowly, weighing the options as if life depended on it; to avoid looking too far ahead or behind, concentrating on the problem at hand; to rest gratefully when rest is offered; and above all, to be wary of the cold ... not only that of the shaded cliffs.

Conflicts of interest None.