FROM THE INSIDE

A grief unobserved

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What is grieving like when your work is a dance of life lost, life supported, and life reclaimed? How does one grieve while working in the ICU? Where death and dying exist all the time? For me, grief was loneliness: the person I was closest to and could talk to about anything was gone. For me, it was a restless search: looking for him where we had been together and coming to the disappointing realization that our separation was final. For me, it was a paralysis and an indifference to the external world coexisting with internal turmoil. In this state, the thought of returning to work forced itself upon me (maybe prematurely) a search for myself, for the person I lost and the sense of duty. I wondered if it would be the place where I could be the person and professional I had been before my loss.

I returned to work and felt the looks. Most of my colleagues were unsure about how to act, afraid of making a mistake. Some would speed by, and sometimes I would speed by, to avoid an encounter. Some would act as though nothing had happened. Some would hope that with time, the loss would be forgotten and they would never have to address it. Some would look at me with warm eyes and say nothing. We both knew in the stillness of the encounter that we were both thinking about him. For some, the condolence was one item in a checklist: I am sorry for your loss, now let's discuss a patient. Some patiently waited for the end of their shift to chat about him, because he was their friend. They were grieving too, and we understood each other's grief. Some gave me a warm look and a warm hand and waited for an opportune moment.

Consoling the bereaved is an almost impossible task. I feared and planned to avoid my feelings as much as possible, but very quickly realized that the surroundings of my work would vividly bring back our months spent in hospital and the final episode of his death. During my

first call back, I walked at night in a unit that was tightly wrapped in the unusual silence, interrupted occasionally by words and beeps. In the rooms, darkness reigned with little daring lights while monitors whistled their alarms. The patients were asleep, their loved ones sitting by their bedsides holding their hands, with hope and fear coexisting in their faces. It was all too familiar. I found myself abruptly blinded by tears and memories. Walking in the hallways, I saw stacks of blankets, sheets, towels. The same ones I used to change his bed. I saw patients being transported in service elevators. The same ones I used to transport him for his radiation appointments. From time to time the sadness would break through and explode inside my chest. Sometimes, little events supplied the final push into the abyss. An angry dad, upset with my concern about the progression of his child's illness, screams at me: Do you believe in miracles? Do I say no?! Do I say I did not get the one I was hoping for? I say neither. Instead, I apologize and rush outside the room to hide my emotional state. A mom wants to leave for the night. I know the feeling of leaving your loved one for the night and hoping you will see them in the morning. So I tell the mom not to leave yet.

Sometimes life will be lost. A child is brain dead. I feel nauseous as I explain this to the parents. They stare at me, blinking and I know they neither see nor hear me. It is all too familiar: their inert eyes frozen with grief. In her terror, the mom accuses: I will always remember this room. I will always remember you! You have no idea how this feels! I say nothing, except that I am sorry for their loss. I tell another mom that her child's metastases have progressed. Her daughter is getting sleepier. She cries; she has no questions. Before I would have quietly left. Now, I ask if she wants me to stay. We sit together in silence, holding each other's hand, grieving our losses. A family decides to pursue comfort care. They ask for my help. This time I decide I cannot help. I cannot see agonal breathing after extubation; I cannot see a body getting bluer and cooler. It reminds me of the savage despair

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of sitting by the bed of my dying love. I cannot see the altered, expressionless, terrifying faces of the dying from whom life is receding. And then amidst a pandemic we have to enforce visitor and staff restrictions. A young couple loosing their first baby is alone. And so I remove the tube, I clean carefully the little face in his mother's lap and the nurse and I are their extended family.

What is it like to grieve while working in the ICU? Is it possible to rise from the depths of your personal loss and help others? In the current pandemic, I think of the losses experienced by many made doubly devastating by their inability to act on instinctual¹ gestures of human comfort: sitting close to their dying loved ones, holding their hands. I think of my partner, who gradually lost his ability to do what he loved. My work reminds me of my loss, but also allows me to be among people whose suffering I now understand more deeply and whose pain I can help alleviate. Dr. Abraham Verghese thoughtfully characterized

our field in *Cutting for Stone*: "Medicine is a demanding mistress, yet she is faithful, generous and true. She gives me the privilege of seeing patients and of teaching students at the bedside, and thereby she gives meaning to everything I do."

Compliance with ethical standards

Conflict of interest

Author states no conflict of interest to declare.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Received: 11 April 2020 Accepted: 17 April 2020

Published online: 24 April 2020

¹ In memory of my partner Brian Kavanagh and my friend Afrothite Kotsakis whose mentorship, friendship, and collegiality shaped who I am as a clinician. Thank you to Kay Min for encouraging the writing of and editing this piece.