

FROM THE INSIDE

Take care

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Serenely, you rest, eyes fluttering to my voice over the soft rhythm of the ventilator. Your brow smooth and untroubled, your shape frail and gaunt, swallowed by blankets that crest over your protuberant belly, swollen with ascites. I recognized your story before I recognized your name. A middle-aged man with end-stage cirrhosis requiring frequent paracenteses, a recent spree of emergency department visits and admissions for encephalopathy and infection as your precarious patchwork of outpatient support began to fray and fail. Two weeks ago, you waited with similar tranquility, sitting upright in your hallway stretcher in the emergency department, quick short breaths pulling air against the push of your round, tense abdomen. Inquisitively, you regarded the quiet roar around you, patiently waiting your turn while others called out and monitor alarms crooned. You were good-humored and personable, cracking jokes when I came to examine you, commenting on the busy department and thanking me, even as I apologized for your hallway accommodations. Prior notes mentioned sobriety from alcohol was recent and perhaps uncertain, obscuring your candidacy for liver transplantation. Briefly, and with detachment, I wondered then about your future, knowing a new liver was your only chance. Now, in an unfamiliar environment as I rotate in the medical intensive care unit, I see your familiar face and detachment is no longer possible. Liver dysfunction led to infection, which led to renal failure, which led to respiratory failure. Amidst the throes of alcohol, there will be no new liver for you. And no new liver means no repair for your kidneys, no fix for your breathing. One thing has precluded another, and just like that, with finality, this morning you are out of options. You will die here with us and with me, the intern whose emergency department shift you recently enlivened with your humor and gratitude. The sense of usefulness I equate with my role as a physician

disintegrates. I wish I had more than my care to give you. It does not feel like enough. Replaying our last interaction, I will later scrutinize the chart for clues as to where the end began. My thoughts will return to you frequently in the days, weeks, and months to come. With these doubts, I find that on returning shifts I still gravitate instinctively, unflappably, towards those suffering, those incurable. I find some solace in the decency of spending time, providing fellowship. I can only hope this offers them some comfort, too. Even when it is not enough, this is something. Reflecting on this, and from your loss, I will change. In time, I will rebuild my definition of a physician, I will come to terms with its limitations, I will find value in accompanying and taking care—even when there is no treatment to give. Through the blinds, rays of sunlight flit past the tangle of intravenous tubing, dancing silently across your hospital bed. “Hi Mr. L, I’m Doctor Prucnal, it’s six o’clock in the morning, on Thursday, June 2nd. You’re in the hospital for help with your breathing”, I say, as I always do, guarding against the demons of delirium. I complete my exam, you do not respond to my words or touch, and the wall clock reminds me I am running late to see my other patients. I turn to leave, search for some comfort to give, some usefulness, I squeeze your hand and find a few honest words, “Nice to see you this morning, Mr. L. We will take good care of you.”

Declarations

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