



## Materia Medica

# Looking Away

Martine Madill, BA 

University of Pittsburgh School of Medicine, Pittsburgh, PA, USA.

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While on a hospital service toward the end of medical school, our team admitted a middle-aged man, Mr. J, with a new diagnosis of metastatic hepatocellular carcinoma. The note from the overnight resident stated the patient was transferred to our tertiary care hospital to evaluate his treatment options. After reviewing his imaging and previous testing, we placed a consult to the GI team, knowing they would likely have little to offer. “Sad situation,” my senior resident remarked, before we turned back to reviewing test results on our computers.

When we came to Mr. J’s room on rounds, we were surprised to find that he was not alone. Two uniformed guards towered over him. Despite barely having the energy to roll over for us to listen to his lungs, or to nod his head when we questioned him about his symptoms, he was shackled to his bed. My muscles tightened, carrying a tension not present when caring for the other patients on our service. As I tried to focus my attention back to Mr. J, my eyes locked on the gun resting on one of the guard’s hips. The senior resident offered to prescribe a small dose of oxycodone to help ease his pain. One of the guards rolled her eyes before turning to look at her phone. At the end of the encounter, we found ourselves disclosing Mr. J’s terminal diagnosis in front of the guards, who accused him of drug-seeking as we closed the door behind us.

There was no time to process this unusual and disturbing encounter before the intern began presenting our next patient. Later that afternoon, Mr. J became more unstable, and we made the decision to transfer his care to the intensive care unit. The intern and resident worked around the prison guards to attach high-flow nasal cannula as his oxygen saturation dipped into the 80s. The guards, refusing to move away from Mr. J’s

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*The name and identifying information in this story have been altered to protect the identity of the individual described.*

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bedside, claimed they were just protecting us “in case he gets violent.” Mr. J sighed and lowered his head on his pillow.

Maybe he had been violent in a previous life. Maybe the guards were just acting in our best interest. But none of us felt threatened by this dying man. Mr. J lay silently in his bed as the guards hovered menacingly and the medical team worked swiftly around him. I noticed tears gathering in the corners of his dark brown eyes.

Our team called Mr. J’s family to inform them of his prognosis, and learned that no one from the prison had notified them of his illness.

“When can I come see my baby?” Mr. J’s mother asked as she slowed her breathing between sobs. The prison warden had already told us that it was against protocol to allow visitors for hospitalized inmates unless we could certify that this man was going to die in the next 24 hours.

“I’m so sorry. I wish we could let you visit. I promise that we will keep you updated as soon as we get more information.” His family wailed from the other end of the phone. Who was this system designed to punish — the patient, or his family, who will be robbed of the chance to say goodbye to their loved one?

I felt powerless in this situation. I could not, as a medical student, tell the prison guards to unchain this dying man from his hospital bed, or to give us a few moments of privacy to talk about his wishes for end-of-life care. Not even my attending, it seemed, could do that. I wanted to scream and cry for Mr. J, his family, and the unjust intersection of the criminal justice and healthcare systems. Instead, I was supposed to continue writing my notes and responding to pages from the nurses. In other words, I was supposed to remain complicit.

I had been complicit. The sad case in 118. The sickle cell woman in room 301. The COPD’er down the hall. Much like the armed guards and the warden with his callous remarks, we too use dehumanization as a defense mechanism. We’re afraid of what might happen to us if we look too hard at the person beneath the sheets.

This time, as his nurse wrapped another blanket around Mr. J's frail body, I couldn't look away.

The transport team came to take Mr. J to the intensive care unit, just a few hours after we had met him. The realization that this man was going to spend his final days treated not as a human worthy of dignity and love, but as an animal who needed to be caged, made me break down. I sat in my parked car, allowing the tears I had been fighting back to finally roll down my cheeks. I closed my eyes, erasing the prison guards and shackles from his hospital room. Attempting to restore his humanity in my image, I replaced the guards with his family, surrounding his bedside and singing his favorite music. In place of the cold metal chaining him to the bed, I pictured his mother's soft, nurturing hands intertwined with his.

No matter the nature of his incarceration, dying alone in an intensive care unit with two prison guards flanking his hospital bed, occupying a space that should have been reserved for those closest to him, seemed like a cruel and unusual punishment.

The next day, we were informed that Mr. J passed peacefully overnight, two hours before his mom and sister arrived to say goodbye.

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**Corresponding Author:** *Martine Madill, BA: University of Pittsburgh School of Medicine, Pittsburgh, PA, USA (e-mail: Msm129@pitt.edu).*

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