Last rites

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Received: 30 March 2021 / Accepted: 1 June 2021

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Keywords Humanities · Palliative · End of life · Goals of care

The unmistakable blare of my hospital pager jolts me awake from my shallow sleep.

“Sorry to disturb you,” says the nurse, apologetically. “Can you come talk to the septic patient in bed 15? He’s on 5 l of oxygen but now he’s telling me he doesn’t want it anymore and he wants to die.”

My lethargic brain offers little direction. The patient probably needs a capacity assessment. Does he also need a psychiatric consult? Is he delirious? What would my differential be for his delirium?

In a sleepless fog, I wander over to the dimly lit room, finding my patient working to breathe as if staving off the very darkness that surrounds him. He is fighting to live while waiting to die, defeat firmly etched into the weary wrinkles worn on his face.

“Hello sir, how are you doing tonight?”

I wait for a reply, and wait some more. He offers no words, only breaths amid breathlessness. Maybe he did not hear me. I try again:

“Your nurse told me you don’t want any more oxygen—could you tell me what’s bothering you?”

Just more silence. My midnight mind begins drifting, combing through years of medical training to recall my approach to altered level of consciousness. Finally, he mumbles:

“How...did I...get here?”

Wow, he must be really disoriented, I first think to myself. Does he not know he is in the hospital, in critical care? But as I gaze deeper into the knowing look in his eyes, I realize his question is existential. It betrays his long-standing

regret and a fear of the unknown that has now taken hold. It is punctuated by his sombre surrender to a state of helplessness. And suddenly it is clear to me that this man does not want to die; he just knows that it is inevitable. In a moment of sacred clarity and poignancy, I realize our next words will be his last rites.

I had met this man before, less than 5 months ago. He had suffered a motor vehicle collision that abruptly left him paraplegic with a severe spinal cord injury. Paralyzed with grief, he had struggled to engage with his daily home-nursing routine, developing terrible bedsores on his lower back. When I first met him in the emergency room, the plastic surgeon commented at the time—a little callously but somewhat prophetically—“This man will die in less than 6 months.”

Now, his back infection has eroded so deep I can make my wrist completely disappear in the cavity it has left behind. Bacteria have invaded both bone and blood and are besieging his brittle lungs. He looks frail beyond his years, built of thin bones bound by atrophied tissue.

“Sir, you’re very sick,” I begin feebly, as I fumble and fail to find the right words. “How can I make you comfortable tonight? What can I do for you?” At this point, I am not even sure what promises I am able to make or keep.

For a moment, he pauses, as if preparing an answer. Instead, he starts reflecting on a life rapidly coming to a close, and, in the eerie 3-am silence, I unexpectedly find myself listening to a man’s final confession.

I used to be healthy, he whispers nostalgically. I was a real-estate agent. I had a normal life before it was all taken from me. I have a daughter halfway across the country whom I love very much. She is catching a flight tomorrow to visit me. I hope to see her again, one last time.

And then: I want to get my affairs in order.

He estimates it would take about a week, but I wonder if he even has that long. He seems resolute—or is it resigned? Remembering why I was paged, I convince him to keep receiving oxygen, desperately hoping it will buy him the

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time he needs to achieve his goals. Then, with no further treatments available, I silently offer a final prayer. Stepping out of the room to document our conversation in his chart, I notice one last striking detail:

Today is my patient's birthday.

Today will be the last birthday he will ever know. For a moment, I stop to imagine how he might have celebrated last year's anniversary—healthy and active, neurologically intact, so full of hopes and dreams and many promising years ahead. So starkly different from the rabid gasping and clinging to life that now fills his hours.

For a moment I wonder if I should go back and wish him a “happy birthday,” but the idea immediately feels trite and obtuse. Instead, I simply hand his nurse the chart and inform her, with a sudden lump in my throat and water pooling in my eyes, “He's turning 53 today.” It is much too young to die.

When I was a medical student, wide-eyed to emergencies and high acuity, one of my preceptors warned me about the effects of repeatedly encountering tragedy: “In this job, you will eventually, inevitably forget how to cry. When that

happens, you have to—have to—find your way back.” Since then, I have remembered every bad-news conversation I have had, each a soul-shaking moment of its own. I remember that woman's cry of despair when I said her mother's brain haemorrhage was “non-survivable;” or the look of hope giving way to loneliness when that teenager realized her resilient, alcoholic father would not be waking up this time; or the sirens of sobbing parents bidding farewell to their young son, who had drowned at the age of 21.

To be honest, when I think back to my silent prayer for that frail, dying man in that sacred, curtained room, I do not remember the specific words my heart spoke. But I still remember, to this day, exactly how it felt when my heart broke.

Declarations

Conflict of interest The author have no conflicts of interest.