Illustration by Anne Hoegstool

From cradle to grave

Nadine Zeidan, MD

Dr. Zeidan (ΑΩΑ, University of Florida College of Medicine, 2017) is a recent graduate of the University of Florida in Gainesville, FL. She is currently a resident physician in Radiology at the University of Texas Southwestern in Dallas.

I remember the first time I held a baby. Actually, it was the first time I caught a baby in the newborn nursery. My whole life I had carefully avoided any chance to hold a newborn, terrified I would drop it. But I couldn't exactly say no when my resident asked me if I wanted to scrub in. The fear in my eyes and reluctance to answer were probably obvious, but like every other time in third year I was hesitant to do something, I faked a smile and said, "Of course!"

As I stood in that operating room, I kept fidgeting with the blanket, wondering if I was holding it wrong. I kept shifting my footing, making sure that I wouldn't trip on the cords tangled all around me. All I could think was "Don't drop the baby. Don't drop the baby."

When I heard, "It's going to be a big one," my fear grew. And then, in a matter of seconds, I heard myself saying "peds behind," and I caught that beautiful nine pound baby. In that second, my fears dissipated, and I brought the baby to the warmer.

We saw his big brown eyes staring at us as we looked for his red-reflex, and massaged his little bald head and fontanelles. He was just laying there, unable to talk, yet so full of life. I couldn't help but be fascinated by the miracle of life, and how he was literally a bundle of joy in that sterile OR. Here he was, a hopeless creature, depending on us for his every need and survival. Yet, with an entire life ahead of him.

Two months later I found myself in a situation so different yet so similar. I walked into my patient's room. Although he was only 60 years old, he had suffered a few strokes, and could barely communicate or take care of himself. He was severely underweight, and was being evaluated for failure to thrive.

As I looked at him for the first time, I saw his big brown eyes, just staring at me. They were so reminiscent of the baby's I had caught two months earlier. But, this time, the big brown eyes were the face of death.

His bald head was nothing like baby's soft and squishy fontanelles, but just another reminder of the cachectic man wasting away in front of me. He too was lying on his bed and unable to talk, but unlike the baby, he was void of life. I couldn't help but feel anguish at the life wasting away in front of me. Here he was, another hopeless creature, depending on us for his every need and survival, yet with no life ahead of him.

As his hospital course progressed, he continued to deteriorate. His cough became almost unbearable.

I had to stand there and watch this man die. I watched his dignity vanish as our Attending continued to examine him, despite stool literally dripping down his leg. And even though we kept him NPO (nothing by mouth), he was fed applesauce and suffered from aspiration pneumonia.

I couldn't stop thinking about how these two moments were so similar, yet so different. Both patients were so vulnerable, unable to care for themselves and so fully dependent on others. The baby's big brown eyes reminded me of hope and optimism, while the other patient's filled me with despair and anguish.

The baby was swaddled in cashmere and treated like a king, while the other patient laid in his feces-soiled sheets, without any dignity left. The baby was surrounded by a village, while the other patient was abandoned in isolation.

Lessons learned

I realize how comfortable I am delivering good news. I know how to tell a dad he has a new baby boy, or offer to take a picture of him as he cuts the cord.

But, with the other patient, I felt almost as hopeless as he did. How was I supposed to tell him that he was almost dead?

Although I can't say that I'm comfortable in dealing with death and dying, I can say that I've dealt with it. It'll never be easy, but at least it will never again be my first time. I'll remember the time and effort we put into contacting the brother, and how patient, calm, and compassionate my resident was as she broke the news.

I know to expect my grief to turn to anger, and to remind myself that medicine can fail. I know all I can do is listen, understand, and support.

I'm reminded of the dignity every patient deserves. The attention I devoted before catching the baby is the attention I should have devoted every morning I checked on the other patient. I would check on the baby twice a day, but would only spend a few minutes in the other patient's room. He was alone, and helpless, and I didn't know what to do or how to help.

I wish that I had just sat with him. We didn't have to talk, and he didn't have to be a learning opportunity. He deserved to have someone around, even if it was a stranger.

I always cringe at the thought of the Attending examining him. Why did we have to use him as a learning opportunity? I now think of the dignity and grace I owe each patient before I even read their chart or open their room door.

I regularly remember what a privilege it is to be in medicine. I have forgotten this in the past. As students, we witness and partake in the greatest and worst moments in people's lives. We are the first to swaddle newborns. We tell dads how their 16-year-old son, newly diagnosed with Chronic Myelogenous Leukemia (CML), just has to take a pill. During the worst time we tell families that their brother is dying, and there isn't time for them to say goodbye.

I have to remind myself of this great privilege every time the imperfections get the best of me. Whether I'm being ignored in a 10-hour colectomy, losing my hearing as babies scream during well-child check ups, or am getting up at 5 a.m. to pre-round, I have to remember how lucky I am that I get to care for patients from cradle to grave.

The author's e-mail address is zeidanad@ufl.edu.