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The SLIDING DOOR

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The glass door slid open, and a wave of cold air engulfed me and chased away the weight of heat that lingered upon my body as I walked from the parking spot on the street to the hospital. It was August 1996. A smudgy heat spread a blanket over the city and laid there, unmoved for weeks.

I entered the main hospital lobby. Excitement layered with anxiety: the first day of my bone marrow transplant rotation at Mount Sinai Hospital. The grandeur of the place took my breath away. It looked more like a hotel lobby than a hospital lobby. The walls were high with skylights installed in the ceiling, and plants decorating the corners. Sunlight flooded the space with optimistic reflections. People's voices bounced off the cool air inside and mingled together, sounding like distant whispers. Despite the cheerfulness of the surroundings, one could sense a vibration of anxiety and anguish in the cadence of the white noise. Some had come to visit their sick friends or family members. Some were waiting for their children to come out of the operating room. Some were waiting for their father to come out of cardiac catheterization suite.

I paused and scanned the place, orienting myself toward my destination. A reception desk was to my left, and a tall, handsome man in a suit stood behind it. There was a row of people standing, waiting to be helped. I joined the line.

A woman standing just before me pushed a stroller with a baby napping inside. At the desk, I heard her ask the man, "Can you please tell me how to get to the burn unit?"

The man pointed his finger to the elevators and said, "Take the elevator to the third floor. You'll see it on your left."

She then asked with a hesitant voice, "Do you know if I should wear a mask?"

"The nurses on the floor will be able to help you with that ma'am," he responded.

She thanked him and made her way to the elevators. Fine tremors danced on her lower lip as she pressed the elevator's call button.

"Hi. Can you please tell me how to get to the bone marrow transplant unit?" I hear my voice with a hint of a tremble.

"The ninth floor, ma'am," he answered with a faint smile.

On the ninth floor, I met my attending physician and the other fellows from different city hospitals who were, like me, rotating in the unit. The meeting room was large without windows. We sat around an oval table, and the attending physician pulled a clipboard loaded with sheets, from her large saggy bag, each marked with variable colored circles and underlines.

One by one, she introduced the patients on the unit, their medical history, and their progress. Each fellow was assigned a number of patients to follow closely.

Room 207. I met one of my patients, a 28-year-old

The sliding door

woman, the same age as me. She was the one who started it all, the first one whose story shook my soul and extracted the words from within me to begin a series of stories.

She had just finished the traditional chemotherapy courses given for lymphoma at her local oncologist's office, but had not responded to the treatments. She needed a bone marrow transplant to save her life. She was admitted in preparation to receive radiation and an additional course of high dose chemotherapy, which was given before the transplant procedure. She looked vibrant and energetic. She moved around the room as if she were visiting someone who was sick—bright face with a permanent smile, no hesitation, no slow steps, or bent back, or pain. The only evidence of her condition was her bald head.

The transplant unit

The transplant unit is intimate. Only a few patients, but each requires attention and multiple medical visits throughout the day. I spent a lot of time talking with my patient during our visits. In the beginning, the subjects were bare medical facts. As time went by, she became comfortable with me. She opened up and let me in behind her permanent smile and her apparent nonchalance. She talked about the bone marrow biopsies she had to endure—the fear, the pain, the chemotherapy complications, the nausea, the infections, and the numbness in her hands and feet. She revealed to me how she tried to swallow her anguish and step beyond her moments of despair. She quietly wept as she confided that sometimes she wants to close her eyes and die.

During one of our conversations, she fell into a sudden silence and stared frozen out the window. I broke her silence and redirected her gaze, "I can see it. You will leave this place and get on with the life you dream of. I can see it."

She sighed, and smiled. I continued, "You know that we can't leave those dreams behind."

To keep her going, I told her the stories of patients I had met—patients who had an unyielding belief that they could fight their disease, and they did.

"Do you know that optimism boosts the immune system and loads the body with substances that might help in the fight against cancer cells?" I explained in the form of an educational question.

"And do you know, there is always a light waiting at the end of a dark tunnel?" I elaborate more metaphorically.

On good days, we laughed and giggled together. We talked about the age of 28, the age of fighting, of strength, of dreams, and enthusiasm for life.

"My eyes are on the west, you know," she said excitedly. "I am going to ride my motorcycle around the Grand Canyon with my boyfriend."

I had not yet met her boyfriend. She did not want him to visit while she was in the hospital. She did not want him to see her "ill."

"And I want to backpack around Europe with my husband before the kids come," I said dreamily.

Her passion was graphic design and photography. She dreamed of a studio in Los Angeles. I envisioned myself in a medical office somewhere in Manhattan. The future seemed to be waiting for both of us outside the hospital.

Before she received the high dose of conditioning chemotherapy that we planned to administer before the transplant, she developed rapidly progressive liver failure.

All attempts to save her liver failed, and although I kept trying to bring her some good news every day, there came a time when there was no more good news. She had reached the point of no return. After all those weeks of tears and giggles and moral boosting stories, there I was sitting by her bedside, trying to keep her awake only to tell her that the end may be near. I had been instructed to discuss with her the issues of intubation and cardiac massage.

"There's my little friend," she opened her eyes and said in a weak little voice. I smiled, but secretly grabbed my heart, falling at the sight of her. Her eyes were bright yellow, and under the thin white sheet, her fluid-filled abdomen protruded with defiance; her feet stuck out of the bottom of the sheets like two yellow balloons.

I reported the bad news to her. No sign of her liver function recovering. System is failing. I asked her what she would want the doctors to do if her heart stopped or she stopped breathing? Did she want a tube in her lungs? A heart massage and electric shocks? How I wished there was a robot sent to patients' rooms to ask these questions and record answers.

They teach you in medical school to detach yourself from your patients' burdening emotions, to compartmentalize, to build a transparent shield. Be there, but don't touch. It burns.

"You said I would get better. I believed you," she responded.

I fell silent. Impotent. She squeezed my hand. "You help me fight it. Ok?" Then she fell into a deep morphine sleep.

"Are you with me?" I shook her gently. I didn't want to wake her up enough to hear her answers.

She opened her eyes and said, "I want to go home for the weekend. I want to be in my room. I will come back here on Monday. I promise. Would you do that for me?"

Before I could gather my words on my dry tongue, she closed her eyes and fell back asleep.

I shook her again and asked her if she understood the risks of what she was requesting. This time, she opened up her eyes widely and forced herself to stay awake so she could say, "Everybody thinks I'm stupid or lost it because I'm falling asleep. It is just this stuff, morphine. Yes. I want to go home. I want to walk around my room. I am sure I will feel stronger if I do. I think staying in the hospital bed is making me lazy, and all swelled up."

"It is not your laziness, it is your failing liver," I responded with a gentle, defeated tone.

"Don't. Don't," she muttered before she conjured some strength in her voice and cried, "Don't say failing. It didn't fail yet. I'm fighting it, can't you see?"

I thought about the sentences of betrayal I was going to utter, contradicting all the lectures I had delivered to her during her illness, but I had to do it. I had to submit to the harshness of reality and betray my previous words.

"You have to understand that sometimes we don't win the fights we want to win," came out of my mouth as though I was an alien, disconnected from the Earth.

She closed her eyes; I wasn't sure whether she didn't hear me, or didn't want to hear me. She then said in a whisper, "Send me home for two days. I will feel stronger, and I will fight harder."

I was sure that, even if I shook her and told her bluntly that she was dying, she would protest.

I fought for her to go home for the weekend. I argued her logic with her nurses and the attending physicians, but bureaucratic and legal administrative policies strangled her last dream, the only reachable dream she had left.

She did not go home. She died that weekend. After all, there was no light at the end of her dark tunnel. There was not even a ray of shine to get through.

I urged her to have a dream I couldn't deliver. All my attempts to do something for her lay crushed impotent and useless at the feet of harsh reality.

Frustration

Frustration freezes your thoughts in a hidden corner where anger and sadness rustle with each other in the dark. Where do tears that cannot be shed go and hide? I failed my patient. I failed my friend. And like death, there is nothing I can do about it.

Only she knew that going home is a special kind of a dream, a very practical way of fighting what we cannot win. Don't we all want to go home when we are tired of fighting?

She was my age. I kneel before my flowery dreams; I

implore them for an answer: where do the dreams of a 28-year-old girl go when they do not get to go home?

As life ended for her, my life was just beginning.

A few more weeks remained before my bone marrow transplant rotation ended and I went back to my home base, Lenox Hill Hospital. There I would spend the majority of my three-year fellowship training. Lenox Hill's relatively small size and friendly environment comfort me. But Lenox Hill did not have a bone marrow transplant unit, or a wing for pediatric oncology. The fellows had to finish this part of training at Mount Sinai Hospital for the transplant, and at New York City Bellevue Hospital for pediatrics.

A few days later, I was assigned to another patient in the post-transplant section.

At the age of 17, he had been diagnosed with acute leukemia and was successfully treated with chemotherapy. But when he relapsed a few years later, bone marrow transplant was the recommended treatment.

He went through the process of the transplant. He received the new marrow and was moved to the post-transplant section of the floor—a completely sterile environment of isolated laminar flow cubicles; with walls of transparent plastic. To enter a patient's room, the visitor had to be completely sterile, just like being in the operating room. Alternatively, one could talk to the patient from behind the plastic walls of the cubicle or shake their hand by reaching into the pair of sterile gloves that protrude into the room from the front wall.

My next patient was a 20-year-old. I visited him every day, which was like swallowing a huge apple down my throat. His red cheeks reflected the high temperature he had run for a long time with no apparent source.

His mother was there all the time, in a surgical gown, gloves, mask, hat, and boots, sitting next to his bed on the only chair that could fit in the small space.

Expecting the medical team's visit during the morning round, she would get up anxiously and wait behind the plastic wall until we approached her. It was hard to say anything that would relieve her sad, tired face, or ease the black circles that surrounded her eye like a cry for help. Most of the time, the answer was that we were waiting for his body to accept the donated bone marrow. He was on a morphine drip to control his pain and his isolation's agony. Under the sedation of morphine, he would open his blue eyes and say a few words, and after he made sure he was still alive, he would go back to sleep.

On the 15th day after the transplant, I was assigned to perform a bone marrow aspirate and biopsy on him. I went to his room to explain to his mother the purpose of doing

the procedure. She looked at me with suspicious eyes and said, "Young lady, I want you to know that my son has suffered a lot, and I don't want this procedure to put him in more pain."

I explained to her that her son was sedated with a morphine drip and that the chance of the procedure bothering him was very small; nevertheless, I was going to give him a local anesthetic. I assured her that I was going to make it as painless as possible.

With weary eyes, she measured my petite stature and examined my small hands, and said, "May I ask you how many of these have you done before?"

This is always a tricky question for a doctor; the kind of question that casts doubt on their skills and abilities. I was not offended. I smiled and answered, "Enough to make you confident that it is going to be easy, fast, and painless. I promise."

She said nothing, and she left the room with tears in her eyes. I proceeded with my work.

I walked out to tell his mother that everything was fine and that she could go back in her son's room.

"That was fast. I didn't even hear his voice," she said.

"I promised you," I replied.

With her eyes still moist with tears, she held my hands and apologized for her doubts. I receive her hands in mine and squeezed them tight. I told her that I understood her fears and her concerns, and assured her that she had nothing to apologize for.

Over the following weeks, each time I looked through the plastic curtain of my patient's room, his mother was watching me as I wrote my notes. In her eyes, I could see a glimpse of admiration. It reminded me of my mother's glistening eyes as she bragged about my accomplishments during my medical school training.

Things were not going well on the 20th day after the transplant. My patient's donated marrow was acting against him. He had terrible bloody diarrhea and vomiting. Swallowing the apple each time I visited him and his mom became more painful. His mom asked me what was going to happen while he looked at me with tired, wondering, and worried blue eyes, and tried to smile. The answer was difficult.

"We will have to wait and see," I explained.

Thirty-one days after the transplant, his condition improved remarkably. He was allowed to go outside his room and walk around. His mother was thrilled. Her face lit up with cautious joy when he took a few steps around the unit. He walked to the cubicle next to his to visit a young man who was going to have a bone marrow transplant in a few days.

"The whole thing may seem scary initially, but it's not

that bad," I heard him encouraging the man from behind the plastic curtains.

"You just have to be patient and trust God and the doctors," I heard his mom advising the man's wife.

The apple in my throat became easier to swallow.

The next patient in room 207 was a young girl with relapsed acute leukemia. I was thankful that she was not on my assignment list. To me, the previous patient in that room was still there.

My rotation on the transplant unit ended, and I went back to Lenox Hill Hospital. I was relieved to be back in the place where I could run up and down the stairs without waiting for an elevator.

In the weeks that followed I saw one of the nurses I met at Mount Sinai. She knew my post-transplant patient and his mom. Every time I saw her, I wanted to ask about him, but I hesitated. The possible answer scared me, but not knowing gnawed constantly. Finally, I found the courage to ask, and braced myself for the possible answer. I walked to the nurses station, introduced myself, and reminded the nurse of our rotation time at Mount Sinai Hospital. Then I closed my eyes and asked, "How is he doing?"

"He died," she replied. Before we got a chance to talk more about it, she was off to one of the patient's rooms for an urgent call.

The apple lodged back in my throat. I couldn't swallow. I felt the pain of his mother's face behind the wall of my heart. As doctors we can make suffering from illness more tolerable, but we can't make the face of death more bearable to look at.

We dwell, we murmur prayers, we sweat, we beg, we hope until it is all summed up with the words, "He died." How can a full life fold itself in two words and vanish as if it has never existed?

The sliding glass door at Mount Sinai Hospital opens and closes a hundred thousand times a day. Hot air is held out, and a cold air lingers inside during summer, but in winter, the heat inside chases the frigid air out. Sliding glass doors. Plastic walls of a room. Room 207. A rotation begins and ends. Lives begin and end. And we push on.

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