

Essential work



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On the fourth hospital day they asked me if John was bad enough to go on hospice, and I had to say no. In the time of the COVID-19 virus, he came to the hospital with a bladder infection and a minor heart attack. I wish he had clutched his chest, or spoken of an elephant lounging on his chest. Maybe we would have grasped that his heart was under attack, and had been for weeks. But he didn't. In the chart, we called

it a Type-2 myocardial infarction and moved on. He was getting better, so a "no" it was. He was not dying, then.

John had been long retired. He was a pastor and his son was a pastor. Pastors need a flock, no less than border collies need a herd, and John had lost his when he was nudged into retirement in his homiletic prime. His driver's license said 82-years-old, but who needs a driver's license to preach?

When shopping or walking his dog in the park, he often yearned to step up on a bench and shout out, "May the Lord's face shine upon you all." At other times, his gut twisted in lonely pangs that made him want to

walk, skin bare against elements, into a desert or ice. After much prayer, he decided his son and grandchildren were enough of a flock to nourish and protect. His heart was content.

Not long after, John's son moved him to a nursing home. In the nursing home, strangely, he thrived. Medications arrived as ordered, thrice daily, in neat packages. A volunteer came on Tuesdays to play accordion and many sang along. Sometimes, their feet told them to dance. Then the nurse's aides had to massage those feet, talk to them and persuade them to rest again. On Fridays, residents had the floor to themselves.

Soon, John had the floor and his new flock had him. They sang hymns they knew by heart. The tables were still littered with crumbs of bread and dinner gravy when they first intoned *Walk with me, oh Lord*. It would seem that John was not just installed but consecrated at these dinner hall services. The other hymns, those they didn't quite remember, they made up, and sang them in tongues and registers never heard before. John's son visited often, and on occasion, he joined in the singing.

When COVID-19 started they closed off all those homes—nursing, assisted, skilled. Some days I wondered if they'd come to seal my home and sequester me there too, but of course they wouldn't do that. I am needed, I do essential work. John and his flock didn't.

My essential work is to see patients with frail bodies and failed hearts. I see those hearts carry people much farther than they were designed to. That's because no heart beats alone. They all sense the common current and follow it. Singing on Fridays, John's flock followed the beat together.

As doctors we believe that current springs from a certain riverhead named the sinoatrial node. We write, "regular, S1 and S2" and move on. Now, ask yourself, how could the eternal rhythm of Lub-Dub, Lub-Dub, the river that carries us all, be coming from some microscopic, solitary node? When people move apart, their hearts can't sense the shared rhythm, and, alone, habits of the heart wither. That's how hearts break and people die. We say, cardiomyopathy, fibrillation, asystole, because we thrive on Latinate obfuscations. I listen and catch people before they go on too far, before they move apart, and their hearts fail alone.

When I first saw John on that fourth hospital day, I asked him the simplest questions about the place and date. He looked at me with his head cocked, as if wondering who is more feeble, me for asking, or he for not

remembering. His thoughts were off, lurching from one fragment to another.

From what I've gathered, after the pandemic was first declared, little changed in the nursing home. Medications were delivered, meals served, fallen residents picked up from the floor mats. Then visitors were barred. The accordion player didn't show up, sons and daughters stopped coming. Wives and husbands were banned from visiting. The children arrived virtually. The nurses showed them talking and waving on the phone screens. Many wondered why their family members were featured in silly movies instead of visiting. No matter the COVID-19 signs, the explanations, and redirections, the people wondered, why? What had they done to deserve such abandonment?

In the hospital, we put on our masks, frustrated that they don't fit, that they itch, leave marks and ulcers on our noses and behind our ears. We complain, but not much. We are tired, exhausted. We look at ECG rhythm strips marching on ICU monitors and understand the electrical meter without a word. We know the QTc of single hearts down to a millisecond. Yet we don't hear the rhythm. At the end of the day we take the masks off, turn up our radios, and drive off.

For the last Friday assembly before the head nurse enforced strict distancing in the nursing home, John called the flock. Even before they sat down, someone intoned, "Did you repent, fully repent?" "How have we sinned?" someone asked. There was silence, and eventually someone else inquired, "Who has sinned?"

From that day on, John's flock resolved to examine their ways. They would recount their failings and iniquities, account for past offenses, and make proper amends. They would beg God's forgiveness, and with it, the return of their wives, husbands, and children.

The orders to socially distance came soon afterward. The staff locked up the dining room and started delivering meals to the rooms. Then they divided the home into six sections and let people out one section at the time, 30 minutes each. Friends or not, two roommates walked together, at least two yards away from the next couple. John and the flock gathered no more, sang no more.

John's son called daily, and his father's reports grew stranger by the day. "We figured out how to get you in," John would say, "just give us a day or two." On FaceTime, John didn't look any different than usual, yet his speech was pressured, thoughts derailing. Concerned, his son tried to check on him in person, but the nursing home was locked down like a leper colony. The next day, John

came to the hospital with confusion and chest pain. In the chart, we recorded, “Toxic-metabolic encephalopathy associated with UTI and ACS. Troponins mildly elevated, trending down. COVID-19 negative.”

When I saw John again, on the sixth hospital day, he was much improved. He wanted to go home. He was chatting up the nurses and looking for new allies and friends among the aides and therapists. He asked them to take him home with them. It didn’t matter whose home, his own, his son’s, or his nurse’s. He said mine would be okay too. Anything but the nursing home. He drew the line there. Not the way they were running it now, his people sequestered, divided, and silenced.

On the seventh day, the hospital was at full capacity. New patients were diverted away, and the chief-of-staff demanded we “prioritize discharges.” I watched John walk. He was wobbly, not trusting the new walker. He needed more rehabilitation. After the walk, he plopped down into his chair, bent forward and slightly sideways, his hands outstretched on his knees. I pulled up a chair and sat down, six mandatory feet apart, hiding behind the mask and goggles. Then, facing this leaning tower of steadfast grace, I pushed it over with one sentence, “John, you need to go back to the nursing home.”

Sometimes even when trying one’s best, the essential work disappoints the doctor, other times the patient. Sometimes both. John was silent for a long time. Before I left, he told me he was never going to go back into that black hole of a nursing home. He’d talk it over with his son.

I wasn’t there when his son visited. I don’t know how John presented his case. Would pride have stopped him from pleading? If not, would humility? Or did he capitulate to a preordained decree, God sovereign and severe?

His son promised to hire private help to care for John at home, as soon as he could find people they’d trust, and John agreed to go gently—back to the nursing home for the time being.

I was told by a chaplain who works with John’s son that, after leaving the hospital, the two got in the car and drove away. Eventually, they hit the red light, by the nursing home entrance, and the car stopped. John was sitting quietly in the front passenger seat. Dead.

I should have held the discharge. I would have, had I, on my morning rounds, sat down close enough to hear his heart without a stethoscope. Had I paused long enough to feel John’s pulse follow the rhythm of his flock singing *Walk with me, oh Lord*. But, I was busy doing my “essential work.” I counted milliseconds and managed hospital discharges.

Recently, on the way to work, when that red light stops me by the nursing home, I want to curse it. I take a breath, then look at the passenger seat, and instead silently say, “Walk with me, John, walk with me.”

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