



Illustration by Steve Derrick

Hope

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You had just returned from surgery, and there was a flurry of activity near your room. Nurses, respiratory therapists, and unit staff breezed in and out. Their experience was evident in the seemingly choreographed ballet of their collective motion. Ventilator settings were set, fluid bags were hung, pumps were programmed, monitors were connected, and tubing, leads and lines were attached and strung. Their deliberate and focused performance conveyed the gravity of your circumstance.

A second-year pediatrics resident rotating in the pediatric intensive care unit, I looked at your scans. I read the radiologist's comments on the characterization of your brain and spinal cord injuries, and I reviewed the diagnostic impression cited by your neurosurgeon. Your pathology was rare, and your prognosis was poor.

I entered your room. It was sterile and cold. The rhythmic beeps of the monitors blended with the periodic discharges of the ventilator to create the common mechanical chorus that serenades the critically ill. In the dense choir of equipment, within the tubing, wires, leads, monitors, and the metal bars of your external fixation device, I couldn't find you. You lay inert, the tracings dancing across the telemetry screen the only evidence of life.

Eventually I found your face. It was swollen and bruised. Your eyelids hung open, static and suspended mid-blink. Your gaze was empty, like that of the stuffed animal tucked

in your arm. I watched the unnatural rise and fall of your chest. I observed the screws of your fixation device embedded in your temple. I inspected the subdural bolt protruding from your head. I reached down to grasp your hand. It was cold.

During visiting hours, your cold, lifeless room ceded to bouquets of fresh flowers which accumulated around your bed. At your bedside there was a picture of a person, beaming, vibrant, and full of life. A steady procession of friends and family would enter expecting to see the person in the picture. They would exit a short time later, heads down, wiping tears from their eyes. Among the colorful blooms, you laid lifeless and inanimate. The scene was reminiscent of an open casket at a wake.

Later that night, your parents returned to your room. Your mother read to you as your father gently stroked your hair. Together they held your hands and sang to you. Sincere and resolute, the harmony of their voices was in stark contrast to the bleakness of your circumstance. Their expressions, like their voices, were assured and unwavering. They refused to let you go.

“How oblivious,” I thought. Had they not looked into your empty eyes? Could they not feel your cold hands? Did they not see the mechanical rise and fall of your chest, or the subdural bolt jutting out of your skull? How could they find you in all the noise and equipment? How could they still see you present in your lifeless body?

I could not. You were already lost and gone, only numbers left behind. I didn’t call you by your name. I referred to you as “the trauma in room 9.” You were the drip rates adjusted to maintain the intracranial pressure limits specified by your neurosurgeon. You were the positive end expiratory pressures of your ventilator settings. You were the blood pressures and heart rates of your vital signs. You were the milligrams of your various medications, the kilograms of your daily weights, and the volumes of your intakes and outputs.

But nights turned to days, and days stretched into weeks. Each night, your parents would return to your room. Your mother would read to you as your father gently stroked your hair. Together they held your hands and sang to you.

Unwavering and resolute, like the harmony of your parents’ voices, you continued to endure. Your swelling slowly faded, and your bruises gradually healed. Your tubing became less and less, and your leads, wires, and monitors disappeared. The metal bars of your external fixation device were gone, and your subdural bolt had been removed. Without a ventilator, and breathing on your own, the once

loud chorus of your equipment had fallen silent. Your drips discontinued, your medications reduced with each day that passed. Eventually, there were no more numbers left to manage.

I entered your room. By now it was familiar and cozy. Without the chorus of equipment, without the tubing, wires, leads, or monitors, I could see you. Your face no longer swollen or bruised, you looked like the person in the picture at your bedside. I watched the natural rise and fall of your chest. I reached down to grasp your hand, and it was warm. Your nurse told you to squeeze my hand, and you did.

Two weeks later, I watched you walk with assistance out of the intensive care unit.

It was I who had been oblivious. I assumed that you were lost, but you had been there all along. You were evident in the deliberate care of your nurses. You were apparent in the tracings on the telemetry screen when there were no signs of life. You were present in the chorus of your equipment as it operated to sustain your existence. You were visible in the unnatural rise and fall of your chest when you couldn’t breathe on your own. You were the reason for your external fixation device, and you were the justification for your subdural bolt. You were the warmth present in my hand when yours were still cold. You stirred to your father’s tender touch as he gently stroked your hair. You were the reassurance in the harmony of your parents’ voices as they sang their nightly songs.

You imbue numbers with meaning and science, and with purpose. In your absence, data was simply my defense. You provide resilience in uncertainty. You are the light in the darkness. You are the impetus for progress, and the catalyst of change. You are the notion that regardless of what misfortune might befall humanity today, tomorrow will be a better day.

I didn’t call you by your name then, and I don’t recall your name now, but I will remember you always as “Hope.”

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