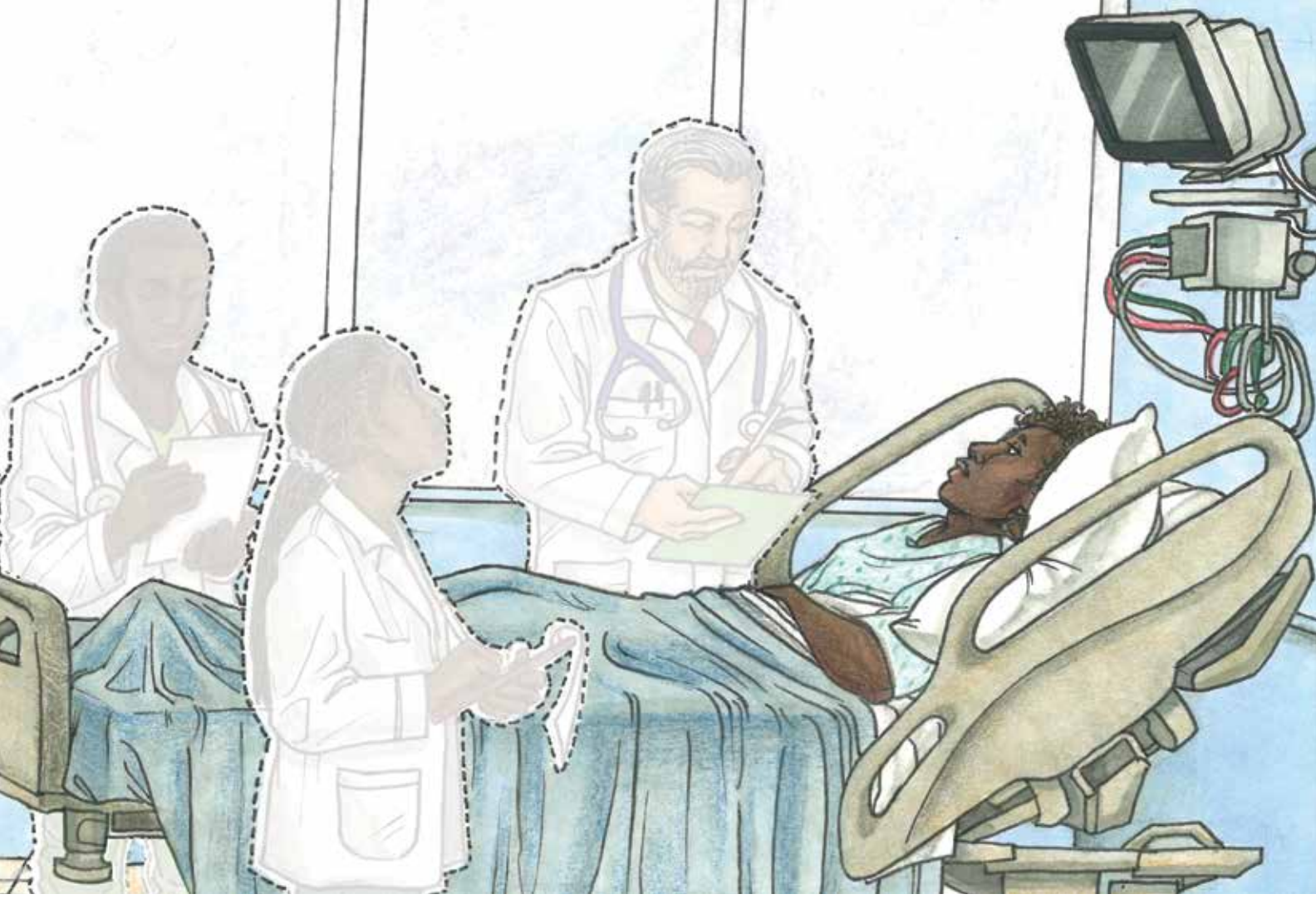

Illustration by Claire Gilmore

The grace in presence

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Riffling through old letters and what-nots, I recently found a forgotten thank you note that I received nearly 40 years ago. It arrived in the deep of winter, weeks after the glow of holiday lights and closeness that people of many backgrounds celebrate. The note was from a young woman that I had cared for in the hospital. It was a small card on Christmas stock thanking me for having been there with her. Not being there *for* her, but *with* her. The note awoke in me the feeling of gratitude I felt then—certainly for her thoughtfulness in writing, but more so for her survival that I only claim to have attended.

There was an epidemic that winter, but the epidemic was influenza, not COVID. Just out of residency, I was practicing in a small town, a world away from the academic medical center where I had trained. A new colleague who needed a holiday respite asked me to take over care of a young woman he had hospitalized for fever, cough, and a wisp of infiltrate on her chest X-ray.

Several days into hospitalization she was no better, and she had developed a rash. I do not remember many details of her medical history, but I do remember that she had no experience with serious illness. The worry on her face stuck with me, and I also recall her innocent look of trust.

My colleague and I discussed possibilities and a plan. Her respiratory symptoms were undistinguished, but influenza was rampant. I stopped the antibiotic considering that she might have an allergic reaction. The rest happened very fast.

That evening, the charge nurse called. It was about 10 p.m., during the change of shift. The young woman's breathing had quickened. She was tachycardic, the rash was more intense, and she'd developed edema from head to foot. A flood of new possibilities, and panic, rushed over me. The hospital's small intensive care unit (ICU) was staffed by experienced nurses, but there were no intensivists. If she needed a central line or a ventilator, this would fall to me. I took the information, ordered oxygen, labs, a blood gas, and chest X-ray, and headed to the hospital.

Earlier that evening, I had begun to feel achy. Without much thought to this, I dressed and prepared to leave. Suddenly, I was gripped by a chill. I stopped the car. Within minutes I felt a flush of fever. Unmistakably, this was influenza. The chill passed, and my forehead became damp. Nevertheless, I decided that my only option was to see the patient, albeit, masked, gloved, and gowned.

When I arrived on the floor, I found a terrified young woman in respiratory distress. I remember that she was alone, no family, just me and the charge nurse. I also remember feeling alone. I confess—not a noble thought—just pure fear that this woman might die. My face was masked. I calmly told her that we would move her to the ICU where we could treat her and watch her, and again I saw that look of trust.

The rest of the night was touch and go. She had pulmonary edema and required a rebreathing mask. I started steroids. She was working hard to breath. I started a small dose of diuretic. At midnight, I called my wife and told her that I would not be coming home, that I could not leave.

I wasn't as sure about exposing her (if she didn't already have flu) and the staff to influenza, but I decided that if she were to need intubation, I had to be there. In one respect, not leaving was as familiar as residency. In another respect, leaving felt as terrifying as free climbing.

I sat at her bedside through the night. I don't recall if my fever broke. I do remember my head and muscles aching, and not taking my eyes off her breathing. Almost metaphorically, she turned the corner at daybreak and began to recover.

I contrast this with a letter that I received this year. Another epidemic. A note of apology.

A woman I've known for years contracted COVID at a family event. My care for her from the start was remote: diagnosis made over the phone, COVID testing directed to a drive-up center, therapeutic instructions for sheltering at home by electronic messages and telephone. The first 10 days went smoothly. Then things changed quickly.

Her letter arrived months after her harrowing illness, and weeks after one of the first in-person visits to my office following the pandemic peak. She thanked me for being there for her. But, she could not deny that she harbored some resentment, even anger. Some toward me, some toward her family. Anger that I and her family had not been with her in the hospital. She acknowledged that there was an irrational aspect to this. She appreciated that I had responded promptly when her husband called to tell me about her lingering COVID symptoms; that I knew her and recognized subtle deficits in her language over the phone that tipped me off to hypoxia; that she got to the hospital in the nick of time; and that I had kept in touch with the intensivist who intubated her. She was also angry with her family that they had not visited her those many weeks in the hospital. She understood that they were bound by visitation policy, and that her anger made no sense. She knew that during the hospitalization so much communication—necessary communication—was done by phone or other electronic means with specialists over a large health care network. She appreciated my calls to her children in another state. She was grateful for her miraculous recovery. She thanked me for what I had done. She apologized for expressing her anger.

I understood.

Forty years ago, the circumstances were different. I cannot claim self-effacing valor by staying overnight. A singular situation drove my decision. There was some fortunate judgment and a little skill. Ultimately, her body prevailed. She was grateful for that, certainly, but not least, for my presence. For that too she afforded me a measure of grace.

Today, a thankful, but angry and grieving woman makes another point I cannot deny. Timeliness, accessibility, judgment, and the power to mobilize a team and health system saved her life. For this she is grateful. But, despite a skilled and caring health care team, she felt a piece was missing. Presence was absent.

The letter writer is wise and knows that her anger is not entirely rational. She understands the distance of metropolitan geography, the complexity of modern health care, and the duty that pulls doctors, nurses, and others delivering care in multiple directions. She understands that policies intended to protect also come with tradeoffs. All of this makes sense. But she expresses, and I agree, that something not entirely rational accompanies presence.

Her anger is dissipating; she is healing. I am reexamining where I can be present. I hope there is grace in that.

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