



Some good
in
this world

Keith Radler

Mr. Radler is a fourth-year medical student at NYU Grossman School of Medicine, New York, NY.

A room's walls are lined with paint by numbers, the glow of the Disney channel reflects off the windows, an erratic tambourine rings down the hall, battles among super smash brothers are waged. The sights and sounds of the pediatric floor can be disorienting. At times, I found myself almost forgetting where I was, for in many ways Hassenfeld Children's Hospital (HCH) just felt like a place for kids. At times, the fact that some of the children walking the halls or laughing in the playroom were severely ill could almost slip from my mind.

On my first day as a medical student on the pediatric hematology-oncology service at HCH, an experience brought the children's hospital into clearer focus. I gained a greater appreciation for its true nature, as a place of both hardship and hope.

My first morning rounds was uneventful. My concerns were typical for a medical student. I looked over notes and tried to mentally rehearse my forthcoming patient presentation. We rounded on 10 patients including a teenage girl with relapse of leukemia. As the new team members introduced themselves, she smiled, greeted each one, then answered the Fellow's questions. Yes, she felt fine. Yes, her pain was well controlled. No, she hadn't noticed any changes since starting the new chemo. She participated though without full interest as she had been part of rounds like these many times before.

Rounds concluded at noon. My presentation had gone smoothly and the residents hurried to put in orders for the day. An hour later, the hustle and bustle was beginning to slow when the phone rang. It was a nurse calling about the teenage patient. She was behaving strangely. When we arrived to her room, the patient looked unchanged but her mother rushed toward us in distress. It took a moment for an interpreter to be called before the mother's message was delivered, "She doesn't recognize me."

More and more people filled the room as the extent of the patient's mental status change became clear. When asked to touch her nose she held up 10 fingers; when asked to look to the left and right she mumbled. A stroke code was called. She couldn't tell us where she was or identify anyone in the room. All she could say was her name. It was the only sign that the person we had met this morning was still there.

She was sent for a CT scan and when she returned we were called again to bedside. It was easy to tell by the worried, pale faces of those standing outside that things had gotten worse. I first heard the moaning. A deep, profoundly tormented groan filled the room. It was the only noise she could make, unable to verbalize. It never lessened in volume or anguish. It was a sound so far removed from language, it seemed impossible that it could be coming from the same girl I had met that morning.

When I looked, she was writhing. She struggled against nurses as her limbs moved in all directions sometimes grabbing the bed, sometimes reaching into the air, but never resting. Her eyes were so utterly wide open, it was as if her lids had been clipped back.

Fixed, unwavering, her eyes looked straight ahead at a terror beyond comprehension. Whatever disorder had overtaken her brain, one thing seemed undeniable, she was deeply, absolutely afraid. Her mother looked on in agony. I imagined her horror was the only kind that could approach the intensity of her daughter's. I didn't need translation to make out what she was asking through spasms of sobbing, "What is happening to my daughter?"

The anxious faces in the room provided no clear answer. Everyone tried to find ways to be helpful, but there was little to be done. Most simply watched, paralyzed by the scene unfolding. Attendings from multiple departments surrounded the bed and looked on. They deliberated with urgency. Whatever was taking place was too terrible to tolerate. It could not be allowed to continue.

Some good in this world

They gave benzos and Atarax with no response. They agreed to try Haldol.

As the injection broke skin, I noticed that a new figure was standing just outside the door. His backpack and T-shirt were stained with paint, a visitor sticker was displayed on his chest. He had yet to enter when a nurse noticed him. “Are you dad?” He nodded. My heart sunk. I wanted him to turn around, to never have to see what was unfolding in the room. What good could come of watching your child suffer like this? The nurse’s expression was heavy when she said, “You can come in.”

Dad looked upon his daughter with sad, but calm, eyes. There was grief in his expression, but he resisted shock, fear, or panic. He could see through the terror and suffering to his child before him.

As he approached the bedside, attendings, residents, and nurses cleared the way. He laid his hand upon her head. He was silent. He softly brushed his fingers through her hair. He watched her with heavy, but loving, eyes. Then it happened. The groan subsided, the thrashing of limbs abated, her eyes, fixed seemingly forever in fear ever so slightly relaxed. Everyone remained quiet before the gravity of the moment. A collective breath was held. For the first time in hours, one could appreciate the beginnings of relief entering the room. It was probably the medicine, at last freeing her brain from the circuit of terror which had seized it. But I couldn’t help but think, maybe it wasn’t.

Maybe it was something else, something science couldn’t describe. Maybe it was her father’s hand that broke the cycle of fear. A love for one’s child so pure and imperishable that it could conquer such a profound darkness. Was it a miracle of medicine, or a miracle of another kind? At the end of the day, it doesn’t matter, it was a miracle regardless.

That week, I would see her parents early each morning. They sat silently in the family lounge, sharing coffee. A brief respite, I thought, from the pediatric intensive care unit where their daughter remained for the next week.

I find myself reflecting again and again on what happened. It affected me in a profoundly unique way. I witnessed suffering and fear on my adult medicine rotation, but this was different. To see such a terrible thing happen to a child feels so fundamentally wrong, so contrary to my conception of the way things should be.

Comfort came in the form of a children’s story—one of fantasy, magic, and adventure. Yet, it is also a story of catastrophe and courage, where the smallest of people must bear the greatest of burdens. Utterly exhausted by

the weight of their task and nearly overwhelmed by a darkness so pervasive as to appear insurmountable, the protagonist of this story poses the question, “How can the world go back to the way it was when so much bad has happened?”

Somehow, even when faced with horror and hardship, people endure. They weather the most violent of storms, they continue forward with resolve and bravery. How do they muster up such strength, what force sustains them? The story’s hero decides that it is a simple conviction, a confidence that, despite all else, “There’s some good in this world. And it’s worth fighting for.”

Though witnessing such a frightening and emotional event on the first day of my pediatrics rotation was difficult, I have come to view my presence in that room as a defining educational moment. I learned what a place like HCH represents. Those who work the floors of the hospital, and all those in health care, are present during the most challenging moments a family can face. They see pain and grief, yet also bear witness to the grace that families display—a grace that comprises the very essence of the space, a love that can overcome even the most immense tragedy.

Within the walls of HCH dwells the good worth fighting for. It is the ultimate privilege of those who work there to get to fight for it.

The author’s E-mail address is Keith.Radler@nyulangone.org.