

# *The boatman*

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## The boatman

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I would swim over the deepest ocean  
The deepest ocean, for my love to find.<sup>1</sup>

—Carrickfergus/The Kerry Boatman

Resting the diaphragm of my stethoscope on the man's chest, I glanced at his wife's reddened eyes. Two hours ago, I had buried a butterfly needle into an artery in his ankle, the only remaining part of his body that would dependably relinquish a few drops of blood. The procedure must have been terribly painful, I imagined, but my patient's leg barely twitched as I probed clumsily under his skin for that confirmatory scarlet flash. Finding him now in extremis, both his wife and I knew that my presence at his bedside carried only ceremonial significance.

Sixty seconds passed, and I heard no sound from beneath his gnarled sternum. The air thick with an impending surge of grief, I noted the time displayed on the wall in crimson LED: 3:47. Our third patient to die in twelve hours. "I'm sorry for your loss," I mumbled, ashamed by my inability to muster a more substantive expression of empathy.

Even by our battle-worn fellow's estimations, the intensive care unit had been uncharacteristically bleak recently. Our patients' constant proximity to death left little time to attend to personal needs, much less to lofty ideals of medical care. A text from my wife flashed briefly across my phone's screen one evening—"I miss you." I registered the message mentally but didn't respond. Any notion of getting home at a reasonable hour had long been abandoned.

Exhausted and hungry for hope, I felt more akin to death's henchman than a doctor—a sort of medicalized Charon, the mythical boatman of Greek mythology who ferried souls of the recently deceased across the River Styx and into the underworld. While the ancients were said to hire Charon with gold coins deposited in the coffins of their loved ones, I received payment in "fun-sized" packets of Jif peanut butter scavenged from the nutrition room. Adopting a mental posture of self-preservation, I turned inward, attempting to protect my spirit and my schedule from my patients' suffering.

And yet, poling my skiff across the choppy waters of

the ICU, I was still able to glimpse sparks of love amidst the interminable sorrow, flashes of what theologian Thomas Aquinas termed *agape*: "to will the good of the other." A subtle voice murmured softly above the hissing ventilators and clamoring telemetry alarms, "Here I am." When all our resources seemed spent, doses of pressors were maximized, and a code cart had been parked forebodingly outside of our patient's room, that was when I heard love's compulsions most clearly.

The latter half of my rotation found me more skillfully adapting to the ICU's breakneck pace after a rocky first week. Strings of events that I previously experienced as relentless crises became tolerable, and I began glimpsing my patients' humanity for what felt like the first time. The blur of bodies that I cared for each day came into focus as mothers and fathers, violinists and firefighters, with one particular individual standing out.

She was, at first, a string of acronyms flitting across my computer screen, distilled from a human woman into that neat sort of jargon that makes doctors feel smart and safe. Our paths would cross when the oncology team decided that her anxious respirations, caused by the tendrils of a rapidly progressive lymphoma strangling her brainstem, were "incompatible with life." She needed us to slow her breathing, stabilize her body's metabolic imbalances, and, perhaps, allow a recently administered dose of chemotherapy to avert a cruel fate.

Immediately, I was heartened by her family's earnestness and constant presence at her bedside. In fits and starts, I learned about the formerly vigorous woman who now lay unconscious before us, her swollen body full of tubes, gasping desperately against the unhurried flow of the ventilator with the same fortitude that she had mustered to fight her cancer. She and her husband met in Connecticut forty-odd years ago, raised their children nearby, and were enjoying a quiet retirement until she received her bombshell diagnosis just five months prior. Things, I thought to myself, were not supposed to go this way.

Yet as cosmically wrong as this woman's illness seemed, the outpouring of love that I witnessed from her family felt so right. As I deliberated over their attempt to give their matriarch "one more shot," I began to see the efforts of the entire ICU as an outgrowth of this affection, even in situations where aggressive care appeared frustrating, futile, or misguided. The often-mocked phrase, "she's a fighter," masked her loved ones' deeper,

broken plea: “not yet—there’s still so much life that she has to live.”

My own patient’s battle ultimately came to an anti-climactic halt one afternoon when her blood pressure dropped precipitously and unexpectedly. The usual repetitions spilled forth from our mouths—we’ll need to hang a fourth pressor, send labs, somebody call the attending—and we began laying the groundwork for a dramatic resuscitation in an attempt to buy time for an overdue meeting with her family. This crescendo of preparation, rising in both volume and intensity, was ultimately stilled by a single word from her husband—enough.

So, we stopped.

The ensuing stillness gave me the unexpected chance to reflect on the significance of our patient’s illness and death. At the end of it all, was it not love that brought her to the hospital, love that spurred her family to spend hours of anxious waiting at her bedside, and love that prompted them to whisper *go* when every fiber of their being wanted to scream out *stay*? Her husband told me about how he wished, in this moment of extreme sorrow, to leave this world and join his wife on her journey to that far country, yet their souls were now separated by an impassably wide expanse. The sentiment reminded me of a verse from a timeworn folk song:

I would swim over the deepest ocean  
The deepest ocean, for my love to find.  
But the sea is wide, and I cannot swim over,  
And neither have I wings to fly  
If I could find me a handsome boatman  
To ferry me over to my love and die.<sup>1</sup>

I could not be the proverbial boatman to reunite my patient with her husband. Powerless to delay the inevitable, I could only hope that, on the other side of death’s veil, their shared joy would find continuation.

Departing the hospital after my final ICU shift, I could feel the accumulated tension of the previous two weeks dissipating with each breath that I exhaled into a frigid January sky. Despite the loss that I had spent my waking hours witnessing, I left my rotation feeling oddly sentimental about the role that deep human connection unexpectedly played in a place so driven by procedures and data. *To will the good of the other*. At their cores, patients and their families tried their best to make medical decisions based on their love for one another. Physicians attempted to navigate the dark waters of illness and disease on behalf of those in their care. Even those distracted, pained condolences that I offered to my first patient’s wife, our eyes briefly meeting in a quiet acknowledgement of her loss—this, too, was an attempt to convey *agape*, however imperfectly executed the gesture.

To merely exist, I now know, is to entertain the possibility of calamity—but what better way to weather life’s storms than with one’s boat lashed to the stern of another?

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#### References

1. Behan D. *Ireland Sings*. London: Essex Music Ltd., 1965.



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