Fateful Encounter

Category: Stories
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I cannot take my eyes from his face.

It has been destroyed in the wreck, along with the rest of his body. His head is misshapen, bloodied. Someone has tried to staple together one of the larger lacerations—extending diagonally across his face and under his chin—but there was little point. They gave up partway through.

I have never seen a dead body. I am twenty-five and in the second of five terms of nursing school.

Before the calm of his final resting, the CPR was violent. Even as his stretcher came barreling through the emergency-room door on its way to the trauma room, someone was pumping his chest. It was hard to see between the scrambling bodies, all in green scrubs and yellow gowns. But the ones doing the compressions were obvious, kneeling on the mattress, their shoulders heaving at once chaotically and rhythmically; I could almost imagine they were fighting wolverines in there, not trying to save a life.

There was only so much that could be done. The carnage was too great.

His eyes are still, cold—very nearly swollen shut. I remember hearing someone yell amid the chaos: “Pupils are fixed and dilated!”

Now that it’s over, there are doctors and nurses (many students) learning from him. As an observer and nursing student, I’m told to come into the trauma room and don gloves. To touch his body. His broken chest. It’s hard to look away from his face, though. The left side of his chest sits about an inch lower than the right; someone tells me there was a moment when his heart was beating visibly from the outside. I think of his crushed chest pulsating like a creature breaking free from its egg. But that is a birth, and this is a death.

And there’s my hand, on his chest. The sternum is soft and pliable where it shouldn’t be. He’s already cold. I am gentle when I touch him. I don’t know why; I can’t hurt him.

Stupidly, I ask: “This isn’t from CPR, it’s from the crash, right?”

“Yes, CPR would never cause that much damage,” someone answers. “Broken ribs, yes, but it would never crush someone’s chest like that.”

Of course it was the crash. All of his limbs look broken, too.

People begin to file out, but not before cleaning his blood off their

shoes.*Why do doctors and nurses wear white shoes?* I wonder.

A doctor takes an ultrasound of the lower abdomen “to see if it’s full of fluid.” He seems curious about the extent of the internal bleeding.

I nod, looking at the young man’s body. So many people are touching him. He does not flinch or shy away; maybe that’s the most shocking part.

I’m new to nursing, but I’ve grown accustomed to examining people’s bodies, touching them. People are guarded, self-conscious. Maybe they use the gown to cover every inch of skin except the one I’m looking at, or they tense their muscles or blush or go very quiet or talk too much.

Dead people do nothing. It’s nearly too much to take, the strangeness of this.

Someone explains that the breathing tube and catheters and electrodes will stay on the body for the coroner’s report.

Yes, I nod, looking at bloody-pink frothy bubbles in the endotracheal tube protruding from his mouth.

“Should we clean his face for the family?” I ask.

“The nurses will do that if the family comes to see him, but we’ll try to discourage them from coming,” someone answers. The wreck caused too much damage.

I look around the room. Bags of unused blood hang at the bedside. I clean the young man’s blood from my own white shoes and leave the room. Wash my hands.

It’s been maybe thirty minutes since he came through the door, but it feels like hours.

Look normal, I tell myself, but I’m already starting to break down.

“It’s okay,” a colleague says reassuringly. “Not everyone is meant to work in this area of nursing.”

Can I really be a nurse at all? I wonder.

I am shaken in multiple ways. I feel betrayed by my physical reaction to the young man’s death: constricted throat; trembling hands; tunnel vision. The tears that followed. This leaves me with a gnawing unease that I won’t be able to function during emergencies or emotionally charged situations.*Will I let my patients down? Will I let my team down? What if I can’t help a patient in need? What if I hurt a patient—or, worse, let him die?*

For weeks, I check the newspapers for news of the young man. “Industrial worker dies in on-site traffic accident,” the headlines read. “Man airlifted to hospital following work accident dies…Safety investigation following employee death.”

Blurbs only. Blurbs do not convey a tragedy. There’s no photo, no name. No sense of what was lost.

It’s been more than three years since then. I have seen more tragedy—seldom on the same scale, but tragic nonetheless—since becoming a registered nurse. The young man’s face occasionally surfaces in my mind. Though I knew so little about him, he’s become an integral part of the way I practice.

When I recall his face, I remember my fear that I would never become a nurse. I know now that nursing didn’t require that I become callous to others’ suffering; it required that I learn to balance my emotions and my technical skills, that I achieve an artful blend of caring and calculation.

For me, nursing is tricky: it is so inseparable from caring that it’s easy to slip from a stance of empathy into one of overwhelming sympathy—to allow sadness and pity to wash over my senses like a tsunami. When I meet patients who strike a chord in me, maybe because they remind me of a loved one or share familiar stories, I find it especially challenging to keep my balance.

But I know that when I succumb to my deepest feelings, it’s a disservice to my patients. I can’t think or act effectively, and they need me to do that, too, as well as to feel for them.

I’ve learned that some tragedies demand that I take an emotional step backward, and others that I take a step closer. It’s a complex, endless dance—one that I keep practicing and refining, one whose steps I first began to learn in the trauma room.

About the author:

Amy Hiscock is a registered nurse in neuropsychiatry at the University of British Columbia Hospital. Prior to completing a nursing degree, she earned a bachelor of journalism and was a health writer and editor in the private sector. “Self-reflection is tantamount to good nursing practice. For me, the surest way to do this is on a page.”

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