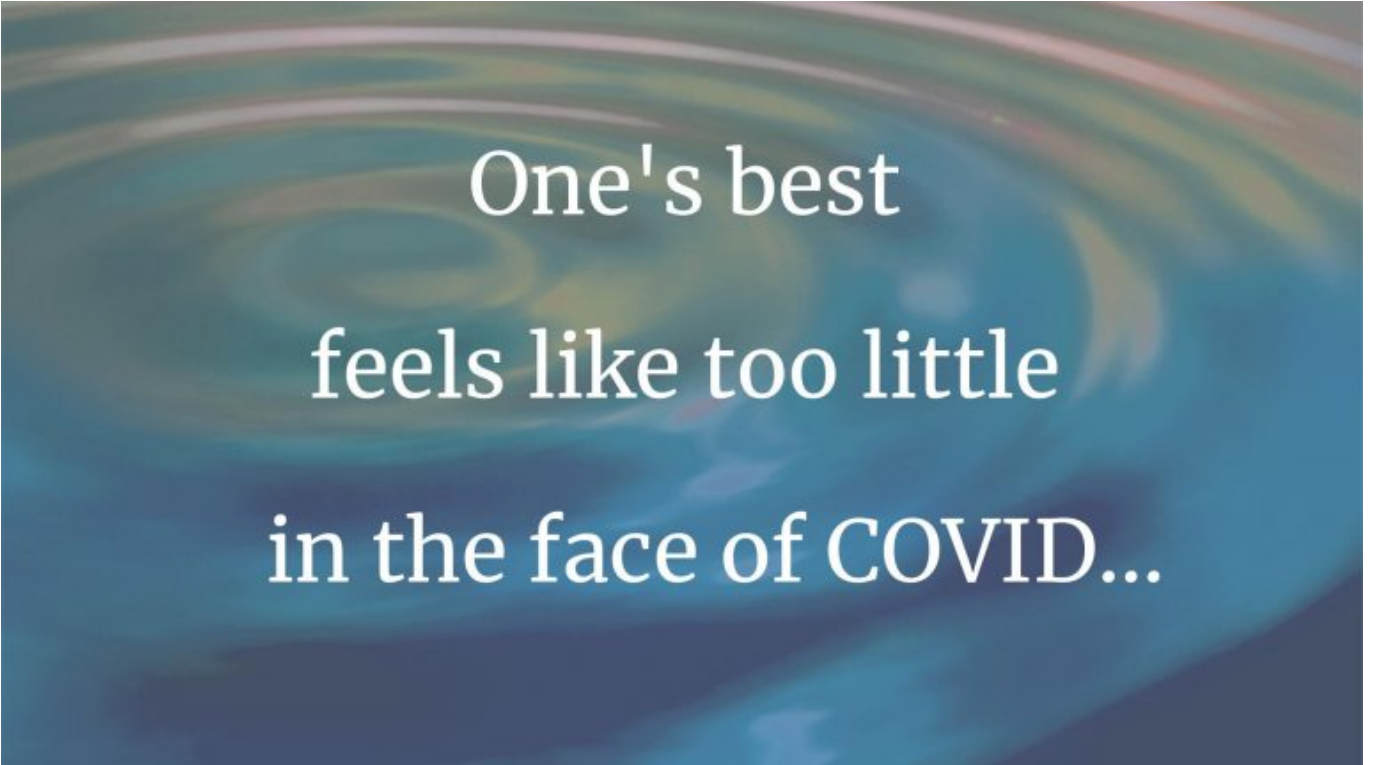


In Need of a Prayer

Category: Stories

written by Jo Marie Reilly | December 16, 2020



One's best
feels like too little
in the face of COVID...

The new patient's name is Emmanuel. He was sent from his nursing home to our emergency room with a cough and fever. The oxygen level in his blood is well below normal, and he's gasping for air.

It's my third week in the local community hospital ER. I've been putting in extra on-call time during the COVID pandemic. It's been rough to get back into the emergency setting while continuing my day job as a family doctor and medical educator. I've been sharing admissions with the hospitalist, who's joined me in the on-call room.

"I'll take him," I tell my colleague.

"Sure?" he asks, eyebrows arched over his face mask.

The pager blares again.

I nod, then dash down the hallway.

Lubing up with hand sanitizer for what seems the hundredth time today, I grab gloves, gown and cap and don my N-95 mask, goggles and face shield.

Preparing to enter the patient's room, I stop and squint at a document I hadn't seen before on the door:

COVID SUSPECT ROOM OCCUPATION

How many minutes were you in the room?

Did you have on an N-95 mask?

Did the patient have on a mask?

Did you use the medical equipment in the room or your own?

I mentally check off each one, marveling at how complex it's become to conduct a medical history, physical exam and clinical assessment.

Opening the door, I'm struck by the deafening roar of the mechanical-ventilation system.

How in the world can I expect to hear his lungs through the stethoscope? I think, and then, Does it even matter?

Catching my first glimpse of Emmanuel, I'm overwhelmed with a sense of futility. Does he stand a chance of making it through this vicious virus? His bloated belly protrudes grandly from his 300-plus-pound frame. His legs are the size of the oak trees lining the streets around my home. His oxygen mask is slipping off his face.

With a deep sigh, I pull it together to give him the best I've got. Instinctively, I reach out and return the mask straps to their proper position behind his ears.

Oops! Am I supposed to do that?

Despite the mask, Emmanuel is struggling to breathe, his chest muscles tugging fiercely over his rib cage.

"You hanging in there?" I ask. "What can I do to help?"

"I just can't keep this mask on my face!" Agitatedly, he twists it behind his ears.

I put my stethoscope against his scorching-hot skin and strain to hear his lung sounds. Completing his exam, I note his mental clarity—a rarity among the nursing-home patients I've been admitting.

"Do you have family members I can be in touch with, to let them know you're in the hospital?" I ask.

"My wife will only be terrified," he confesses. "She hated me going to the convalescent center, but she couldn't care for me at home. My cell phone will die soon, and I don't have a charger. No way to tell her myself."

I shake my head at how isolated hospitalized patients are now. Amid the pandemic, cell phones have been a gift to most of us, yet when patients get admitted to the hospital, no one tells them to bring in a cell-phone cord. They're swallowed up within the medical system; no family member can see them, and few can contact them.

I pause. My next question is a very painful and difficult one.

"We're asking all of our patients what their wishes may be should their hearts stop beating, or should they stop breathing," I say gently.

"I've lived a good long life," he says. "If it's my time, it's my time." His voice fades, but above his mask, his eyes are clear and piercing.

I realize that the minutes are ticking away. I remember the sign on Emmanuel's door, demanding that I chart the time I'm here with him. Each minute puts me and my family and elderly parents at progressively greater risk, but I need to help him through this delicate and important conversation about his end-of-life needs.

I think of my own father—so fragile, admitted to the hospital three times in the last five months. *If he were here, I think, I'd certainly want his physician to have this discussion with him.* The thought hits too close to home, so I push it aside.

Sitting a safe distance from Emmanuel, I summon my most caring tone of voice to deliver pointed questions about how to direct his medical care if he stops breathing. I keep glancing at my watch, feeling an increasingly urgent need to leave the room.

On my way out, I pause and rest my hand on Emmanuel's shoulder.

"We will do our best to care for you," I say. Outside, I peel off my COVID gear and scrub my goggles and hands with disinfectant wipes.

In the ER, the attending doc shouts to no one in particular, "Code blue in room 16. Didn't make it." A patient arrived in full cardiac arrest, then died, despite the team's best efforts. My colleague's pain is palpable, but there's no time to process the loss; I hurry to my next patient.

Dwayne is tremulous and detoxing, his heart racing. Slurring his words and picking at his hospital gown, he tells me how he lost his job last week due to COVID layoffs. Feeling panicked and cut off from the support of his Alcoholics Anonymous community, he went on a vodka bender.

My thoughts turn to Veronica, who visited my clinic two days ago, right after suffering a miscarriage. She carried her eight-week-old baby (too small for a mortuary cremation) in a Tupperware baggie.

"If I went to the ER," she confided, "I'm afraid the nurses would flush my baby down the toilet."

COVID has deprived her of the presence of family, friends and her spiritual community, who could give her the support she craves while grieving her lost hope for a child. She handed me the baggie, and I mustered some words of comfort, keenly aware that she needed more.

Veronica and Dwayne are just two instances of how COVID has impacted patients' day-to-day lives, preying on the most vulnerable.

Trudging out of the hospital at 1:30 am, I whisk off my mask, grateful to

breathe in the fresh night air and rub my ears, aching from being squeezed beneath the tight mask strings for eight hours straight. My hands smell of the bleach wipes with which I incessantly wipe down my cell phone, stethoscope and computer, even in the "safety" of the doctors' call room.

Being a doctor takes its toll. I'm grateful to sit quietly in the car for a few minutes, my COVID clothes and shoes stashed safely in a Hefty trash bag. I reflect on the ER shift, the madness, the intensity of pain and illness, the Band-Aiding I did with each patient. It never felt quite adequate. I remember Veronica and others like her, hurting and in desperate need of caring and compassion.

Feeling physically and emotionally exhausted, I drive home with Celine Dion and Andrea Bocelli's "The Prayer" blaring. Its final lines keep replaying in my mind, echoing my own prayer for healing and strength:

*When we lose our way
Lead us to a place
Guide us with your grace
Give us faith so we'll be safe...*