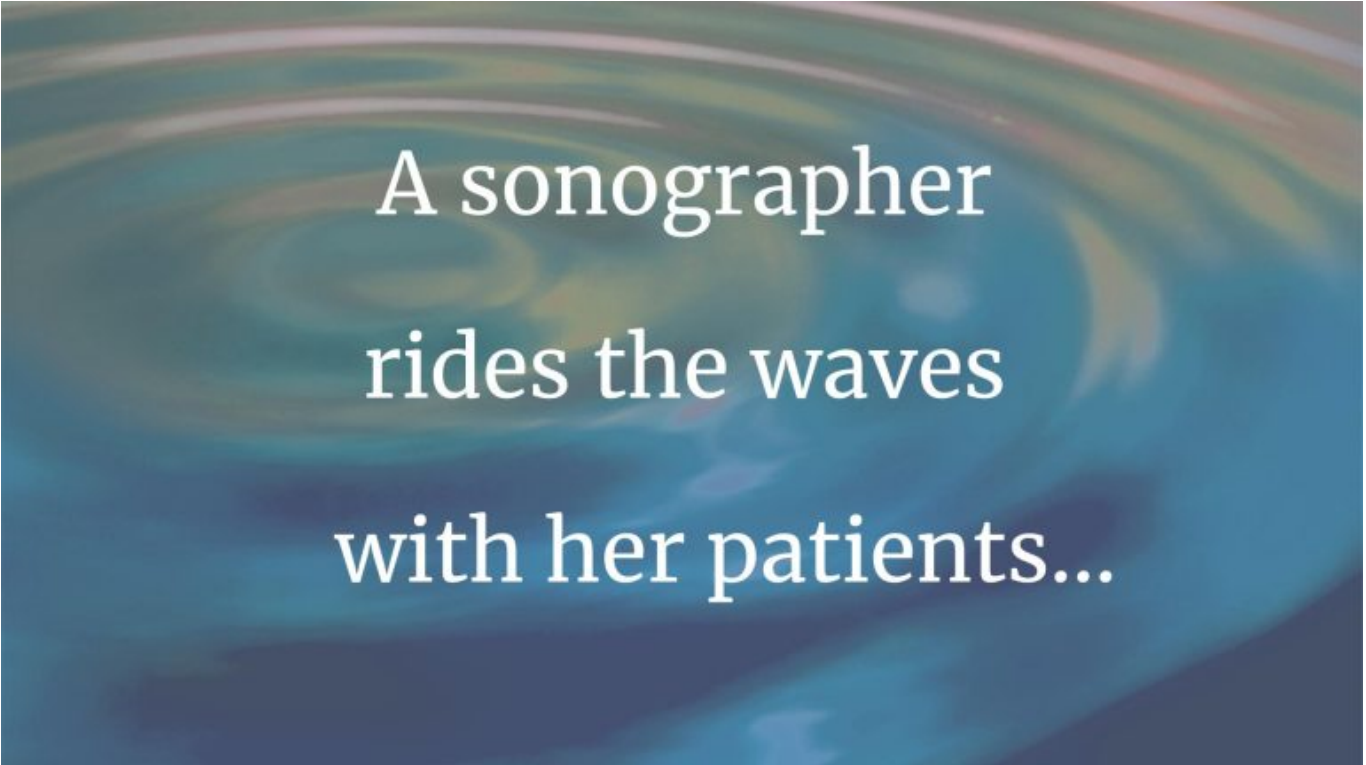


Room 103

Category: Stories

written by Caitlyn Renée | March 1, 2022



A sonographer
rides the waves
with her patients...

The tension in the triage section of my hospital's emergency department is palpable as I walk toward Room 103. There are more nurses at the station than usual, and their eyes follow me as I push my ultrasound cart towards my destination.

The evening has been equally busy and disappointing thus far—as reflected in the hurried, low whispers between nurses and providers.

I am on my way to complete a diagnostic ultrasound. The patient is one of three successive women who reported identical symptoms; the previous two had suffered embryonic demises.

Some women present to triage with symptoms that suggest a miscarriage or spontaneous abortion, but that was not the case today. My three back-to-back patients had only light spotting, and all were about seven weeks pregnant. The similarities are eerie, and the providers have just finished breaking the sad news to the first two women.

I'm bracing for a third heartbreak because, after all, superstition tells us that bad events occur in threes. Health care is not immune to superstition; I think it brings some sense of control to scenarios where the outcome cannot be guaranteed. And no intervention is possible in cases like this; we are simply discovering a truth that has already come to be.

I am silently praying for my next patient as I push open the door to Room 103. Maybe, like superstition, this is just another attempt to control

something that I know I cannot. I feel acutely aware that this woman's symptoms and history are even more suggestive of a pregnancy failure than the first two patients' were; she has miscarried before, she's experiencing more bleeding, and her previous ultrasound was less than reassuring. As I set up the ultrasound equipment, she seems extremely nervous. She and her partner are tense and silent. Their eyes follow my every move as they wait for answers.

I say my rehearsed lines: "I am not a doctor, so I won't be able to give any results. I will send my images to the radiologist, and once he writes the report, the ordering doctor will go over the results with you."

I say this to curtail any questions before they can begin; but my words are not particularly reassuring to a patient desperate for an answer. There is a distinct agony to the uncertainty she is enduring, and I feel it with her.

The room is silent and still, except for the hum of the ultrasound machine as I place my transducer on her flat belly. Ten drawn-out seconds later, my shoulders drop as I exhale. On the ultrasound screen, I can see the tiny flicker that confirms viability in this cherished 8-mm life.

Smiling, I turn the screen to show the concerned parents the good news that I just said I would not share.

I think this is a good kind of dishonesty, if such exists. Their worries are eased, if just for this moment. Then the questions start.

"Is everything okay? Then why am I bleeding?" the woman asks. The truth is that I don't know.

I can only offer a rehearsed reply: "The doctor will be able to answer that better than I can. You can ask the doctor when they go over the results with you."

My answer may sound apathetic, but it is not. I am carefully toeing the line as to what I'm permitted to say within the scope of my job.

I continue the scan and carefully evaluate, image and measure the mother's anatomy, as well as the squirming little one. I take the opportunity to show the parents the movement, a comforting sign.

I feel a lightness as I exit the room. The nurses' heads turn toward me expectantly. I'm happy to have good news to share on a day when we didn't expect any. The tension of not knowing dissipates amid sighs of relief and expressions of surprise.

Today the superstition was wrong, and we are glad. We're well versed in delivering bad news and comforting grief in between writing reports and coordinating care for our many patients. We enjoy this short reprieve and savor the good.

I do not do this job for moments like this; I do it for all of them. But a happy moment for a patient is a gift, one I get to share with her.

Though we may downplay it while on the job, my colleagues and I do share in our patients' emotions, through all the ups and downs. In one room, we celebrate with a family welcoming a newborn; in the next, we grieve with a mother whose baby was gone before delivery.

For someone who works so closely with patients, empathy can be necessary—or crippling. Finding balance is critical: Too much empathy can envelop and overwhelm me; too little can make for a cold visit. The right blend of caring and calm allows patients to feel that they've had a warm witness to their story.

I think that is why I do this job: to experience the depth of another's story, even if it's just for the few minutes we grace each other's paths.

It's a constant learning experience, and I certainly don't always get it right. But I'm convinced that the connection, no matter how fleeting, is genuine and real—and it stays with each of us as we carry on with our lives.