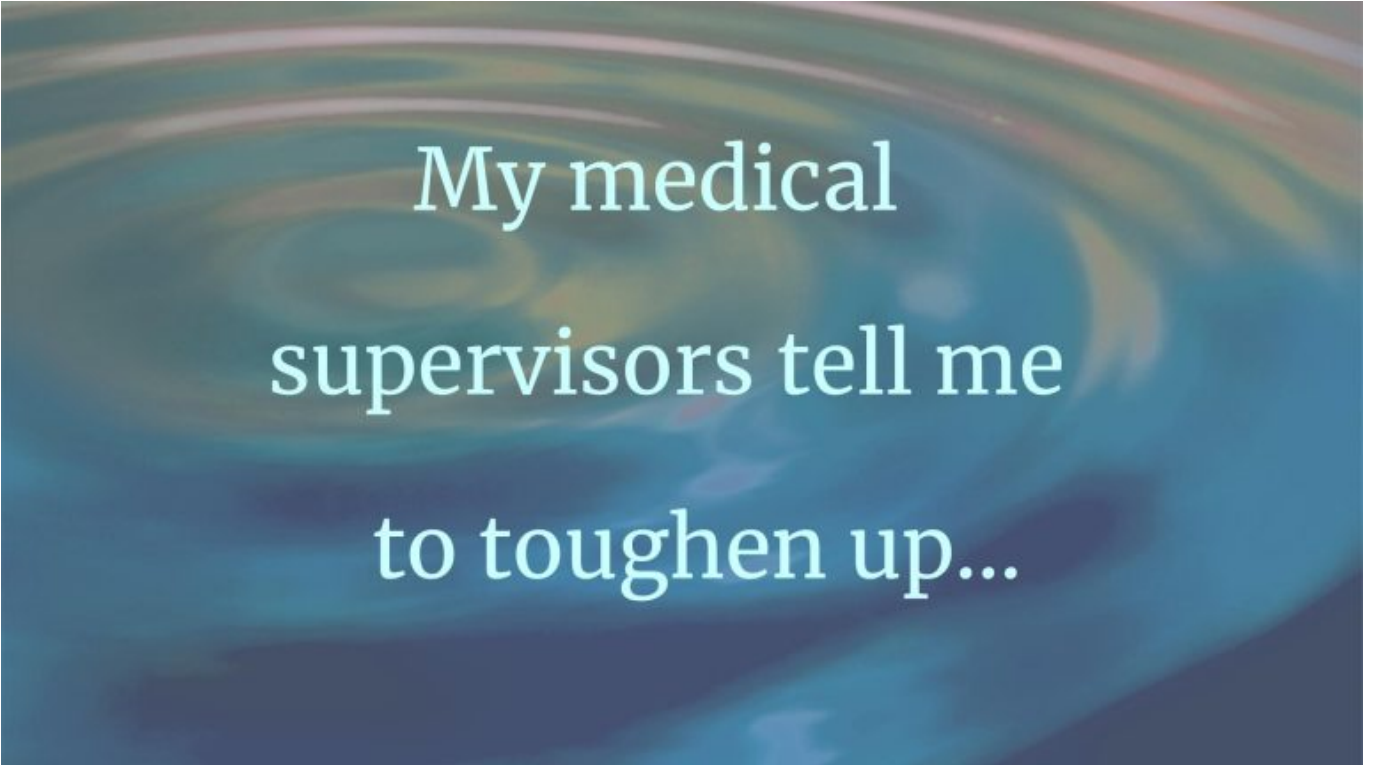


September Third Year

Category: Stories

written by Anjali Jaiman | September 13, 2024



My medical
supervisors tell me
to toughen up...

Today a patient died. Jake was forty years old. When he came into the emergency room, Jake was dying of sepsis. I gave him some pain medication, and he just slipped away. I did try to save him. As his blood pressure dropped, I ran fluids and antibiotics. I put his head down to keep blood flowing to his brain. I ordered labs and an X-ray and an EKG.

I had taken care of Jake several times during his previous hospitalizations. He was sweet, but tired. He was blind from diabetes, and his irises were gray-white. I think he shut his eyes as he died, but I can't quite remember.

His sister and his brother were rushing to the hospital, and he'd wanted to die at home with them. So I tried to get him a little more time. The edges of my eyes were burning as I held his hand and put the phone next to his ear so his brother could say, "It's time for you to rest."

"I hate when doctors do that," someone in the room said.

His brother and I talked to him for a few minutes. His heart had stopped before I could call his brother. But I lied; I didn't want his brother to know that he'd missed it—the death.

Someone once told me that every person's heart has a finite number of beats—when the count is up, so are you. I don't think that is a real medical fact, but I've never looked it up. I think I want to hold onto that idea for some reason. Today, I wondered if the same is true of tears.

"Is this her first death?" the nurse asked me about the first-year resident, who couldn't or didn't control her tears. My own tears had already started drying.

Do they hold only a finite number of tears? I wondered. Have I spent them all already?

I remember the first dead body I ever saw. I was on the train from Philadelphia to New York. It was winter, and in a train yard I saw a man sprawled in the snow on the tracks. He was face up, and his eyes were closed.

He must be dead, I thought as the train moved on. But maybe he was just drunk, lying there in the snow. I didn't call anyone to tell them about the man in the snow.

The first time I heard someone dying, I was a medical student. I was in a public hospital, and from out in the hallway I could hear the patient's heart monitor beeping—and the doctor and the nurse arguing.

The doctor wanted the monitors to be disconnected: "He wants comfort measures only."

"We need to know when he dies," the nurse snapped. "We need that bed for another patient."

He was alone, and I wished someone would go sit with him as he experienced this process of dying, suspended between life and death. I listened to the slowing monitor, but I didn't sit with him.

I was a first-year family-medicine resident when my first primary-care patient died. I had discharged him to a nursing home that neglected him. He came back to the hospital covered in bedsores, septic and dying.

I went to the hospital on my day off to be with him. I didn't know what music he liked, but I sat with him for a while one evening, playing Frank Sinatra and Motown while he muttered deliriously about Putin and Ukraine. Then I went home.

The healthcare system had called this man "my" patient—as if physicians have ownership of patients. As his family doctor, I'd been assigned responsibility for his health, but when he was dying, my attending physician tried to absolve me, saying, "It's not your fault."

The first time I told a man that he was dying was in the hospital, a couple of months later. He didn't look ill, but his failing liver and kidneys had revealed a secret history of drinking.

I sat at a table under fluorescent lights with him and told him, while his partner listened on the phone. The man wept, as did I.

"I want to be in my garden in the sun," he said. After he was discharged, I called him every day for a week.

The last time we spoke, he said, "I'm too tired to go outside today." I still wonder if he got to sit in the sun.

My grandfather died at eighty, the summer after I graduated from college. He said he had the "worst headache of my life." By the time he arrived at the hospital, he was no longer conscious. He'd had a massive cerebral hemorrhage. My grandmother decided that we would not ask for additional interventions.

"He wouldn't want it," she said.

My whole family was there as we disconnected the ventilator; we were singing.

I laid my head on his chest as he slowly stopped breathing. We sang and sang. Back then, I wanted a few more days, hours, minutes—but now I feel lucky that I was there.

Now I'm here with Jake who died today. I'm thinking about all of these people. And I wonder, *Can I keep my heart tender like this? Should I keep my heart tender?*

My medical supervisors tell me to toughen up. They tell me it's for my own good. They tell me that boundaries are required for survival. They tell me that we truly have only a finite number of tears. They tell me that I shouldn't wonder about the sun, the music, the tears—if I do, I won't be able to keep on keeping on. They tell me not to waste too much time thinking about what I could have done, because physicians are the last line of defense in this battle against death, and we must save our energy for the next patient. I'll finish residency soon, and they tell me that, as a doctor, I cannot grieve everyone.

My eyes are dry now, but I don't feel any better.