

The Man Who Holds Hearts

Category: Stories

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One spring day last year, I sat in the office of the man who was to be my husband's heart surgeon, waiting to have one of the most important conversations of my life. My husband, Craig, sat next to me with his guide dog, Chase, at his feet.

The doctor—tall, dressed in surgical scrubs—came in, introduced himself and sat down. His eyes looked kind; his demeanor was serious.

He explained that, based on all the tests, Craig needed extensive surgery—two heart valves replaced, heart muscle trimmed and likely coronary-artery bypasses to nourish the repaired heart.

“There is some risk,” he cautioned. “This is not the riskiest surgery in and of itself, but Craig's fifty-eight years of type 1 diabetes are a risk factor that can't be ignored.”

I felt sick as he spoke. Having retired two years earlier after forty-five years as a nurse, I knew the mortality and morbidity rates for patients like Craig.

And those of us in the US healthcare system know what a mess it is. COVID had caused nursing shortages, and the hospitals were staffed with traveler nurses...Tears burning my eyes, I confided that Craig had suffered many traumatic experiences in hospitals and emergency rooms.

The man who holds hearts listened quietly.

"Do you want to know which hospital *not* to have heart surgery in?" he said.

I felt a laugh come out and thought, *Ah, he's my kind of guy—a truth-teller.*

The man who holds hearts was growing on me. From my years of working with physicians, I felt he was well within the norm: exceptional intelligence intertwined with wanting to use his gifts to bring hope and healing.

He told us that he would do Craig's surgery at a hospital with an intensive-care unit staffed by highly trained nurses and ICU physicians. The surgery was scheduled for the following Monday.

Physicians are driven to excel, and within a profession that so reveres excellence, it takes great courage to do the work of holding hearts. Sometimes even your best work is not enough, but when it is, you win a victory over death. That heart, so badly damaged by life, beats happily for many more years because of your skill. And when that heart held so tenderly and worked upon so intensely fails, it can lead to devastating shame and self-loathing.

My husband's surgery was long and complex: nine hours on the heart/lung bypass machine. In the following days, his platelet count plummeted, and the doctors thought that he might have suffered a postoperative stroke. His body, long damaged by diabetes, struggled to recover.

For eleven days, I watched the man who holds hearts labor to save Craig. He called in many specialists and, like a maestro conducting an orchestra, led their efforts to change a sad song into a victory march. He used all of his knowledge, skills and experience in trying to stop Craig's downward spiral.

At 1:00 am on day eleven, the head ICU physician told me that Craig was dying. His fingers and toes were turning blue, due to poor blood flow. His kidneys had failed, and he couldn't tolerate the dialysis. Like a house of cards collapsing in slow motion, his body was shutting down.

"Go home and rest," the doctor advised. "Your surgeon will call to set up a meeting in the morning."

At 7:15 am, the man who held hearts met with my son, my daughter and I outside of Craig's room to talk about his care going forward. The palliative-care nurse came and stood beside me, and the ICU physicians huddled off to one side.

I could see the surgeon's emotional and physical fatigue. I thought I glimpsed tears brimming in his eyes, ready to roll down at any moment, but he held strong.

"I don't know if Craig's quality of life will ever be the same," he told us. Still, he wanted to continue Craig's medications and carry on with efforts to keep his heart in normal sinus rhythm.

"I will see you on Monday," he said, turning his tired body around and heading off to the rest of his day.

Watching him almost run away down the hall, I felt confused, knowing that since we'd left the ICU earlier that morning, Craig had been resuscitated over and over.

I felt the palliative-care nurse's arm around my waist.

"Patti, what do you want to do?" she whispered.

"Do you want to transition Craig to comfort care?" asked one ICU physician.

"Yes," I heard myself say.

I knew Craig's wishes, as expressed in his advance directive. He did not want to be kept alive by extreme measures; he wanted to stay comfortable. "Make sure they give me the good stuff," he'd said, meaning fentanyl. The blood-pressure medications were turned off, and a fentanyl-drip IV was started. Gradually, Craig's heart rhythm shifted from normal sinus to rapid atrial fibrillation.

With his daughter holding his hand, and I wrapping my arms around his head, keeping my face close to his, he slipped away.

I did not hear again from the man who holds hearts. It was the ICU physicians who held me as I cried. They shared their own sadness while helping me face letting Craig go.

But the pain that the man who holds hearts did not offer me a hug, or help me make the decision for comfort care, stayed with me.

I have no doubt that his own heart was broken. I watched him labor night and day; I saw his frustration and sadness. He'd invested untold hours in trying to save Craig, but perhaps this other dimension of care was something he could not face.

We went on a very difficult journey together—he, the man who holds hearts, and I, the wife and nurse. Perhaps some day he and I will find a way to talk together—maybe even cry together—about our loss. If we do, I hope that it will help mend both of our broken hearts.

Epilogue

Months after writing this story, I summoned all my courage and called Craig's surgeon. His staff arranged for us to meet one morning before he saw patients.

I was anxious beforehand, but having talked with my pastor, I felt assured that the meeting was the right step in my grief journey. Grief had become a brutal companion and was affecting my health. My own physician expressed concern about my insomnia, chest pain and recent hospitalization after an episode of amnesia.

I stood anxiously as the man entered the room. He looked rested and young—not like the man I had seen on the morning of Craig's death.

As he approached, I held out my arms and asked for a hug, which he generously returned. With that, I began to feel calm, almost peaceful.

We sat across from each other, knee to knee, eye to eye. I told him how hard I'd found it to be simultaneously a palliative-care nurse, a wife and a respectful colleague during Craig's hospitalization. The man responded with warmth, sincerity and understanding to my questions and my grief.

He said that he was reading a book about letting patients die when there is little hope—that he was trying to grasp that this was okay. I didn't ask why he hadn't called me after Craig's death; clearly, at that point, he simply couldn't.

Everything else we said to one another is private. All I can share is that I heard his voice, and he heard mine.

And now I feel that my heart was held as well.