

Who Would Want to Do This?

Category: Stories

written by Kristin Beard | July 7, 2017

Kristin Beard ~

“Get the patient on the monitor.”

“How long has he been down? Someone get on the chest!”

“Keep ventilating. He’s in v-fib. Defibrillate at 200.”

“Charging, everybody clear?...Shock delivered.”

“Resume compressions. Push one of epinephrine...Hold compressions. What rhythm is he in?”

“He’s asystole, resume compressions.”

We repeat the process a hundred times over. The medic said they started coding the patient an hour ago. The family is in the consult room with the chaplain.

It’s getting harder to keep the patient breathing. His skin is turning blue. His pupils are fixed and dilated. He’s motionless.

No one speaks. The only noise is the constant shrill of the monitor. He has no heartbeat.

“Someone call the chaplain.”

“Time of death, 10:22 am.”

As I silence the monitor and disconnect the patient from the defibrillator, I reflect on how, as an emergency-room nurse, I put myself through this agony on a daily basis.

Why would anyone want to do this?

As I take the dreaded walk towards the family-consult room, with the physician by my side, we look at each other and sigh.

When we open the door, the family stands, as if formally greeting their superiors. The dead man’s wife is flanked by her two daughters, their arms draped around her protectively. Half a dozen other family members huddle close behind them. They’re bracing for impact.

“Please have a seat,” we say.

I can see that deep in their hearts they know what we’re about to say.

The doctor expresses his condolences as he confirms their worst nightmare. He describes the procedures and decisions that were made during their loved one's final moments, a flood of medical jargon flowing from his mouth.

The family stares right through him, seemingly unable to comprehend. I wonder if they're wracking their brains trying to recall their last moment or conversation with their loved one.

As the doctor leaves, I stay behind with the family, as always. I never say a word, but I hope that my presence offers them a sense of support and respect. If my family and I were in their position, I would want a nurse to do the same for us. I give them a few minutes and wait for the inevitable question.

Slowly, the patient's wife walks over to me. She reaches out, seeming blinded by her tears, and then her glossy eyes meet mine. She takes my hands in hers.

"Can we see him?"

Does she know that the hands she's holding have been pushing on her husband's chest for the past hour? That they broke his ribs in an attempt to save his heart?

I squeeze her hands. "Of course."

Hands clasped, she and I walk down the hallway, with the rest of the family following behind like ducklings. As we go, the wife pulls me a bit closer for support.

We approach the large trauma room where her husband lies waiting. Before we enter, I try to prepare the family for what they're about to see.

I explain that the once boisterous and outspoken husband now has a breathing tube down his throat. The arms that once hugged his children have intravenous lines and tubing coiled about them like venomous snakes. His chest is bloody and bruised from thousands of compressions.

I know that no matter how much or little I tell his family, no words can prepare them.

I pull back the curtain to reveal the man's lifeless body covered in a white sheet. His family flocks to the bedside, weeping softly. I close the door behind us.

After a few minutes, his wife turns to me, her eyes full of tears. I can tell that she's struggling to find words. Now I'm crying too.

"I'm so sorry. We did everything we could," I say.

She looks back at her husband and wraps her arms around me.

"Thank you, thank you, thank you," she says.

She holds onto me for what seems like forever.

After ensuring that the family is comfortable, I leave the room to give them privacy. Closing the door, I wipe the last tears from my cheeks.

I'm exhausted—for the past few hours I've torn myself apart physically, mentally and emotionally. But I have to put on a strong face and pull myself back together. It's only the beginning of my twelve-hour shift: I have four more patients to take care of.

After the patient's family leaves, the staff and I prepare his body for burial. I wrap an identification tag around his toe, as if he were some kind of livestock. I zip him up in a plastic bag like a peanut-butter-and-jelly sandwich. It doesn't feel like I'm caring for a patient anymore.

I close the door to the morgue, and just like that, he's gone.

Being a part of the final hours of someone's life is hard, I reflect. You try your best, but sometimes your best efforts lead to the worst outcome. Still, although I couldn't save this man's life, I did offer his family care, compassion and support. And giving them comfort has brought me some peace of mind and a sense of satisfaction.

Taking solace in these thoughts, I turn to organizing the papers that have accumulated on my desk over the past few hours. I review the test results for my other patients, then make my rounds. At some point along the way, I reach a realization.

The best and the worst are inextricably linked. They're two sides of the same job. This family's deepest distress has called up my deepest caring; on the worst day of their lives, I've given them the best of myself.

This leads to another thought:

Who wouldn't want to do this?

And I keep on going.

About the author:

Kristin Beard is a nurse in the emergency department at Lancaster General Hospital-Penn Medicine, PA. She received her ASN degree from Pennsylvania College of Health Sciences and is now pursuing a BSN degree there. "I've always been drawn to trauma and critical-care nursing; my career goal is to become a trauma nurse practitioner. This story was written for an English composition class in my degree program. I've never considered myself a writer, but I feel that giving voice to the stories in medicine is so important. I believe that in order to provide our patients with the best care, we need to first care for ourselves and each other. As medical professionals, we're like sponges. We soak up our patients' compelling, heart-wrenching, intriguing and miraculous stories, but we never get 'wrung out.' If we don't discuss them with others, these stories can weigh us down. Sharing a story is often the start of the healing process."

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