REFLECTIONS

Caring for Mr. Gray

Mr. Gray died. A mistake was made, it had to have been a mistake. And 20 years later, she would still wake up in a cold sweat and remember his death. Surely there is forgiveness in time, and a working through of the difficult patches in life. But memory remains, sometimes a searing, scorching pain for which there is no remedy, only acceptance.

It was 1979, and for a small-town Carolina girl, the fears of beginning a medical residency were overwhelmed by the excitement of starting it in New York City. It all boiled down to the bread: her gummy, homogenized white bread existence had been replaced by the varied, the exotic—pumpnickel, chewy rye, the braids of challah in the windows on Fridays. For the week prior to the beginning of her internship, she would often take the Number 4 train down from Jerome Avenue in the Bronx, all the way to Chambers Street or the Village. Staring at the addict's arms long and hard, she puzzled over their track marks, her wry awareness of her naivete submerged under a sense of vibrant life, her joy in her anonymity and independence, her wonder at this out of control mass of humanity of which she was now a part.

And there was a kindness too. That she had not expected. When she mistakenly got off the train at 125th Street on her first day up to the Bronx, the uniformed policemen directed her back to the subway. Fellow passengers gave her advice as she stood looking at the diagrams, swaying as she held on to the pulls. Hearing her accent, they also gave her directions to the nearest Baptist Church. Tucked away inside her were sustaining memories of rounding as a girl with her physician father in the local hospital, where elderly women in hospital gowns were glad to see their doctor in his white coat, medicines, enlightenment, and soothing words at the ready. Armed with her knowledge, her memories, and her sense of herself, she was ready for this new life, ready to start her doctoring.

By the second month of her internship, however, the thrill of city life had been replaced by the horrors of a hospital without gram stain solution, patients in beds without sheets or blankets, rude, gratuitously nasty nurses, and hard-boiled residents. They talked about "hand holding" versus "real medicine" and seemed to belong to the competitive school of residency—fast-moving machismo, a lack of sentimentality, and a gallows humor fueled by fatigue and frustration. Nothing seemed to work very well in this place; it was far worse than she had expected in its lack of civility and services.

There were the days: rounding, conferences, and the interminable progress notes. And then there were the nights. When the beeper went off at 3 am, it would be her resident, Dave, saying in the slow, steady voice that never changed its cadence: "You're getting another hit." Her airless, hermetically sealed on-call room was high above the street, and as she listened to him she would stare down at the winking lights, the subway train snaking its way up the lonely, surreal scene. Although she was trained to manage the medical problems each night on-call, what she saw had the power to change her in ways that she hated. One summer night she was called to take care of an elderly, demented Vietnamese man who needed a new IV. With his hands mittened in gauze, he moaned and waved his arms, knocking the angiocath out of her hands again and again. The anger that boiled up in her towards him was shameful; she could feel herself wanting to strike him, a wayward child not obeying the parent trying to help.

Another night at 3 am, she rushed into the radiology reading room with x-rays, straight from the ER where her team was managing a trauma case. She placed the films next to the radiologist and then watched with growing incredulity as he ignored her, deliberately packed his briefcase, and slowly walked out the door, unresponsive to her request for a quick read. She followed him to the elevator, where he stood impassively as the doors closed. "How can you do this? The patient is sick, we need help!" she cried as the doors closed. Sick at her own impotence, she raged into the next day. "Lord have mercy," she thought, "I came here to be a healer; I've turned into a harridan." Jacqui, her co-intern whose southern roots were mixed with a learned Detroit savvy, simply answered, "These people have no home training." It comforted her, somehow, this idiom. How far away from home she was.

Into all this came Mr. Gray. Not one but two organisms growing in his blood from his IV drug use. He was stable, but in for weeks of intravenous antibiotics for his subacute bacterial endocarditis. Mr. Gray reminded her of Harry Belafonte, only more worn, older. But it was his voice that drew her so strongly, the soft, slurred words not of the Caribbean, but of the Southeast. He could have been from home, and in fact had migrated from there years ago and had been a cook in a restaurant. Here was home; here was someone who must have understood her disorientation, who retained a gentility that she understood, so much in contrast to the rest of her present world.

Her patients were a haven for her; she enjoyed seeing them on the daily work rounds. Remembering her father's presence, once in the room, she went about the business of doctoring in a way that seemed natural, right. She felt she was able to make them better, to give them comfort, and to respond to their families. But Mr. Gray was her favorite, and she carefully checked for fevers and tachycardia on the vital signs chart on the edge of his bed each day, asked about his appetite, listened to lungs and heart while she quipped about the insanities of city hospitals or he talked recipes from his youth. Dave the resident, and the other members of the team, would lounge against the walls out in the hall, looking through the other charts as they waited for her to finish her visit. Occasionally she was reminded to order an ECG or a CXR, just to check to make sure that things were stable. After work, she would walk down to Jerome Avenue for knishes or derma, or else to Gun Hill Road, for chuletas, rice, and beans.

The nights continued, long and brutal. Cardiac arrests were standard to her by now, and mistakes seemed to be common. The ECG machine wouldn't work sometimes during the codes, and one biting acute resident remarked that all admissions to the hospital should be given a subway token, since they stood as much chance of making it there as in the hospital. A bewildered intern mistook an arterial blood gas for venous blood, and the patient coded before it could be repeated. The next morning the team was called into the family room on the ground floor, to meet the family and explain how sick he had been, how they couldn't save him, guilt showing in their faces and posture. Then there was the quietly whispered news around the hospital that one of the cardiology fellows had inadvertently cut off the tip of a Swan-Ganz catheter as he was placing it in a patient with an acute myocardial infarction. The patient had subsequently died. She would occasionally watch this fellow surreptitiously, with his beard and yarmulke, amazed that he seemed absolutely unchanged by this mistake, wondering how he processed the guilt and shame. But there was so much to do; life went on.

As time passed, her distress increased. She found her elderly, blind diabetic patient in tears one early morning, wet through and through, sobbing that he had rung for hours to get help using the urinal. A fast complaint to the morning nursing shift brought about an even faster counterattack by the nursing supervisor about the chain of command. The patient was forgotten. Another patient, the aged Mr. Oliver was their music each day on the 11B Ward, bellowing out, "Ethel, Ethel, hey Ethel," from his posied chair out in the hall. She knew that he was demented, that Ethel was dead, and that he had nowhere else to go. But when she subsequently visited her grandmother just weeks before her death down in North Carolina, she wept uncontrollably to see the shell of this loved one, incontinent and demented, in the same posy as Mr. Oliver.

And so, in the midst of all this, Mr. Gray was a bright spark. He seemed to be getting depressed that day. She noted it in his eyes, in the slumped shoulders. He felt, it seemed, that he would never get out of the hospital. She looked at the chart for the vital signs, examined him, and exhorted him to hang in there. It would be over sooner or later. She signed him out to her coverage, and spoke to his mother as she walked off the floor that evening. "He's sick," his mother said, with some vehemence. "Yes, he is," she answered, "but he's just depressed. The antibiotics are doing their job, he just needs to be patient. Everything will be alright." And home she went to her spartan apartment and read till sleep came.

Early the next morning she arrived just in time to see Mr. Gray in a wheelchair being transferred to the ICU, with oxygen nasal prongs in place, a white blanket wrapped around him, his long narrow feet in the spongy plastic scuffs that were the usual patient issue. Grabbing the chart from his lap, she looked into his eyes, noted his rapid breathing and diaphoretic state, and wildly began to read. "Asked to see patient at 4 am because of difficulty breathing. Patient states that HE HAS BEEN SHORT OF BREATH FOR 3 DAYS!" read the covering intern's note, underlined for emphasis in damning big letters. He was in trouble and deathly ill. All through rounds she was impatient, rushing through to get down to the ICU afterwards, hoping that he was in good hands, wanting this to be a minor setback. By this time he was on a stretcher, again headed out the door, feet sticking out of the blanket, on his way over to the CCU at the adjacent hospital. His valve has blown, she was told. He'll need emergency surgery. For the rest of the morning she was distracted, and finally, took the several elevators and made the hike over to the private hospital where the surgery was to take place. She walked into the CCU, found his name on the board, and walked into the room. His feet were the first thing she saw, the only thing. Dusky, gray feet, heels together, toes turned out. The sheet was just being pulled over his face. Tears came as she careened into the patient waiting room where she knew his mother would be waiting. Crouched on his haunches, a fellow was talking to Mr. Gray's mother. Her stare was baleful. "I am so sorry," the intern said. "I made a mistake, I am so sorry." The fellow looked annoyed. The mother reluctantly shook the intern's hand, pursed her lips, and said nothing.

All was as usual back in the ICU. The residents stopped by to say somewhat brusquely, "It just happened. Life goes on," as she sank down behind the counter. Not another word was ever said, and the routine was quickly reestablished. Months later, she confronted the covering intern about his damning note. "Don't you see," she said, "I did my best, I listened every day." The covering intern's face was absolutely blank. He couldn't even remember the note. So many people were sick; so many had died.

How could she make sense of this? Why didn't she get more cardiograms, more chest x-rays? Why didn't she have Dave listen to Mr. Gray? He was the resident, he knew more than she. How could she have failed in this sacred trust to care for someone, a kinsman. Was the attachment wrong; did it harm rather than heal? Was it fate? Was the valve meant all along to deteriorate? She kept seeing the feet, drained of color, limp on the bed. Kept seeing the mother's accusing face. And what about her doctoring, what about life and medicine? Rocked to the core, there seemed no certainty to life, only the certitude of death, and failure on her part.

As the years went by, she grew in maturity, toughened up. She lost many more patients, her father aged, and she realized that she would lose him too one day. But from time to time, the feet of Mr. Gray would reappear before her in her dreams, enough to awaken her with a start, and to bring tears to her eyes. The death of Mr. Gray was synonymous with her internship, a loss of innocence, a time of misery. And his memory was for her the marker of her real initiation into life and inevitable death: an exhortation for her to do her best, a reminder of her fallibility, and a glimpse of the map of her heart.

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