Meeting Death

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Despite 4 years of medical school at a large, tertiary care center; despite 12 months of third year rotations; despite a 1-month medicine acting internship in a high acuity medical intensive care unit; despite advanced cardiovascular life support (ACLS) algorithms, the pushing of pints of pressors and the occasional series of chest compressions delivered to the tune of The Bee Gees “Staying Alive”; despite lost pulses, stopped breaths, and pupils nonreactive to light; despite numerous disconnected ventilators and chain-hung curtains quietly pulled; despite the anger and tears and disbelief and goodbyes of family members; despite daily discussions with a dying patient’s very demented husband about his wife’s imminent passing, each met with the horror of that information being completely new; despite the yellow highlighting on about a half dozen death certificates and the collegial shoulder squeezes of well-meaning residents and attendings; despite eulogies in local western Pennsylvanian newspapers with accompanying photos of younger versions of faces I recognized; despite all of this, I don’t think I had ever really encountered death until I found myself at Kamuzu Central Hospital in Lilongwe, Malawi.

I’m not really sure what most people do in the United States, but to me the verb “dying” and the noun “death” no longer seem to sum it up. Often they and their surviving loved ones seem somehow to be “in a better place,” despite vacating one of the most prosperous societies in the history of human civilization. Even in death, the dying’s wishes are often respected, which is a pretty good proxy that he or she carried some amount of dignity in the face of hopes, dreams, and fears before life’s close. The dying patient is made comfortable and carefully monitored for any manifestation of pain. I’m glad and proud this does occur for so many. Nonetheless, I no longer associate this chain of events with dying.

People like Ronald Reagan and Michael Jackson and Elizabeth Taylor pass away, in either a timely or untimely fashion. In the US today, even those on death row—guilty or innocent—pass away with bellies full from a final meal or a clear conscience from denying the very same.

When I was there, the vast majority of people who left Kamuzu Central Hospital by way of the morgue *died*.

Nothing can prepare you for the ugliness of death. When there are no IV pain medications—and there weren’t while I was in Malawi, at least that I could find—there is comfort only until the complications of HIV or liver disease or

whatever else rob one of the ability to swallow. Then, one is left to die the “natural” way, which has got to be one of the most un-natural things a person can witness.

Dying is a brutal thing—tinged, tainted, marinated in the dregs of injustice.

I watched this play out for the first time in a young woman with a narrow face and the kind of soft features that frequently require one to vouch that she is, in fact, as old as she claims. Even with advanced hepatic encephalopathy she did not appear to be in her early 30’s, the divorced mother of three young children. She had never been able to afford the blood work to render an official diagnosis, but she had been born with right upper quadrant swelling and had significantly deteriorated over the past year. She was hot, clearly uncomfortable and unarousable when I met her in the third bed on the right side of a not-overwhelmingly overcrowded inpatient room, painted in light green and blue hues that could properly be called hospital green and blue. I prayed she was hypoglycemic, something a little dextrose could fix. No. Never before had I hoped for a diagnosis of cerebral malaria; the rapid diagnostic test and smear were negative. At the head of her wire-framed bed, joints rusted rigid from years of use, there was a functioning electrical outlet. This meant we could perform an ultrasound without having to move her. The ultrasound confirmed liver pathology, but lent itself to no immediate diagnosis.

Sometimes at the extremes of human emotion we entertain notions we would rightfully be ashamed to fess up to in mixed company. In her case, I wanted to peg this series of unfortunate events on something—a character defect, or readily available wrong. A drinker? No alcohol according to her mom. Bad genetics? No family history of jaundice or similar deaths in relatives. Multiple sex partners? She was HIV negative. There was no clear cause, fair or unfair, that I could callously press onto her gaunt, emaciated frame. She was impenetrable in her stillness.

I placed IV’s, ran fluids, somehow found a vein on two separate occasions to draw labs that confirmed that the dusky maroon fluid taken from her was the blood of someone who was gravely sick. None of the medicines or interventions listed in my sleek pocket guide were available; as days passed, it began to resemble a spent satellite on

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some distant lunar landscape. There was nothing to do but listen to her cry out in pain—first irregularly, then with increasing regularity, then irregularly again as death's cruel forces marched her onwards. I tried not to think about her kids or how she was exactly my age.

Through all this her mother—a well-dressed woman of barely 50, whose head scarf was impeccably kept at all times—sat, stood, or laid, stony-faced by her daughter's side, completely inscrutable. She was remarkable in the same ways that other patient guardians were remarkable, merging seamlessly into the hospital's day—staff rounding, family visitation hours, sharing the single matte gray sink in the corner of the room and lone restroom in the hallway. She napped on the floor to her daughter's left, and there she kept her daughter's various old X-ray films, health passports and lab slips in so tidy an order that one knew where to return each item after looking at its results. I couldn't say anything to this woman in Chichewa except, "Your daughter is sick—very sick—I'm sorry," as I carefully returned her daughter's health passport to its preordained place. She reacted so little to my words that I asked my Malawian co-workers if I was saying everything correctly.

In the West, those of us lucky enough to interact with injustice infrequently and on our own terms often romantically think it is something that is raged against. We can taste the salt as we mentally picture Gandhi marching to the

sea, we imagine Mr. Mandela coolly refusing to hate his captors despite decades on Robben Island. It's not true. Injustice—the brutal injustice of life for billions of the earth's residents—is met with indifference or resignation. It is expressionless features and a yearning to create a tiny bit of order in an ambiguous world. What a luxury to process the emotions of a loved one's death, to find an order, or maybe even a meaning, in every event. We say, "God called them home," never stopping to think that God seems to have a predilection for filling heaven with the younger, darker, poorer members of the human race.

In the United States the living are allowed to struggle and seek meaning and solace as the dying are placed quietly in the grave. In Malawi, the dying are left to struggle mightily while the living quietly prepare for another day.

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