On Being a Catholic Physician **Baptism in the ICU¹**

E. WESLEY ELY

Vanderbilt University Medical Center, Nashville, TN, USA

“A swimming pool in the ICU? You must be nuts.” The nurse’s voice was almost lost amidst the whooshing ventilator and infusion pumps. Another nurse snapped, “Look, I’m an atheist, and even I don’t think its nuts. It’s dignified. We are granting a man his dying wish!”

As an ICU physician, many hospital rooms take on the significance of intense events that occurred with previous patients; taken together these rooms flash for me as a kaleidoscope when I walk corridors on rounds each day (Ely 2015a). For example, last year my patient in room 213 had profound gastrointestinal bleeding, and his perils taught us about the enduring blessing of marriage (Ely 2015b). Recently, I was called to see a new patient we will call Bennie. In an uncanny coincidence, the resident said, “Dr. Ely, my mom sent me that story you wrote last year about the war hero, and I loved it.” Knowing what he did not, that we were standing outside that very room, I reflexively chuckled back, “Well, Sam, that was super special, but there’s no way this room is birthing another story like that.” Boy was I wrong.

Five days earlier, we admitted Bennie and met his family. He was frail and wrinkled, with a furrowed brow and a look of utter confusion that would draw on the heartstrings of even the most calloused physician.

Bennie appeared old enough to have seen Hoover in the presidency, but that was just because of years spent in tobacco fields throughout the South. His delirium was partly due to pneumonia, and the rest was doctor-induced from being tied down and given too much sedation. The children, Laura and Len, told us to take good care of their dad, “He’s all we have, and we know that being on a ventilator isn’t good, but we are confident in miracles.” This family lingo translates to ICU doctors as “unrelenting full code,” which in Bennie’s case could be an obvious problem in trying to help him achieve a “good death” during what had the makings of a fatal illness despite our best technology.

With aggressive antibiotics and fluids, Bennie improved dramatically, was extubated several days later and transferred out of the ICU, only to return that same night with a massive stroke that took away his entire left side. After we gave him clot-busting medicine, he rallied again, remarkably regaining movement of his left arm and leg. The next morning on rounds, the nurse reported, “His delirium has cleared, and he’s been CAM-ICU negative for twelve hours, mouthing words around his endotracheal tube and communicating clearly to me and his kids despite this wicked aspiration pneumonia.”

We had a window of opportunity. *It was time to flip it.* This is how I teach young physicians to help patients and families when major life-threatening events begin piling up. Invariably, the first thing Bennie, Laura, and Len were going to ask us when our team of eight walked in the room was some variant of two questions. So during the difficult conversation, I answered questions while flipping our focus from “What’s the matter with him?” to “What matters most to him?” Then we transitioned from “How long can he live?” to “How quickly can he die?” It is amazing how much clarity is gained when we switch the camera lens in this way. I emphasized that in no way were we giving up, but that it was imperative for us to put all this in perspective. (1 Cor 10:13—trials come but God always provides a way forward and a way out of suffering: “No testing has overtaken you that is not common to everyone. God is faithful, and he will not let you be tested beyond your strength, but with the testing he will also provide the way out so that you may be able to endure it.”)

We began to revisit Bennie’s life goals and speak directly and concisely about prognosis and the big picture. With Sam and the other residents looking on, I held Bennie’s hand and looked him in the eyes, with Laura and Len on the other side of the bed staring intently at us. Adjusting my words based on what I knew about his background and the family’s expectation of a miracle, I said, “Bennie, just like tobacco plants and their blooms wither and wilt when they get old, so do we. (1 Pt 1:24—despite our withering, the Word, *Logos*, will always remain.) And there is a way forward, so how can we serve you?”

The next morning when I walked in, Laura and Len had big smiles on their faces. Bennie looked frailer than ever, so I was a bit confused. They pointed to the whiteboard we have in all patient rooms,

which read, “Today’s Goals: Stable vital signs. Baptism.”

The nurses reported that Bennie had answered that first question and told his kids what mattered most to him: focusing on his spiritual self rather than the physical. (2 Cor 4:16–18—though the outer self is wasting away, the inner self is being renewed towards an eternal weight of glory, and what is unseen is eternal: “So we do not lose heart. Even though our outer nature is wasting away, our inner nature is being renewed day by day. For this slight momentary affliction is preparing us for an eternal weight of glory beyond all measure, because we look not at what can be seen but at what cannot be seen; for what can be seen is temporary, but what cannot be seen is eternal.”)

What is fascinating is that most of us operate under the assumption that God will make us stronger, but in fact the entire point of a conversion like the one that we were witnessing before our very eyes, was that when God gets closer to us, He weakens us. To me, this process is so counter-intuitive that it demands some conversation. First, we think we are running towards God in order to get stronger. But in fact, it is God who is approaching us to make us weaker in all realms—mentally, physically, and spiritually (Dajczer 2016). “For when I am weak, then I am strong” (2 Cor 12:10). When we are weak, we cannot trust or believe in ourselves, and thus we must rely solely on Him. We must essentially collapse ourselves. Our power of mind and body must disintegrate and be taken from us. Then we can be made whole and strong through the Father, Son, and Holy Spirit.

At this point, I looked behind several others and spotted Kelly, our charge nurse, who stood clutching a huge box that contained a large rubber swimming pool. Being Catholic, I had thought that we had

sprinkle him with water while on the ventilator to administer this sacrament of baptism. That is not at all what they had in mind. A full dunk was the plan (Acts 2:37). The logistics needed to be discussed, and there were no shortage of opinions about whether this was appropriate or safe, or could even be done.

David, a highly respected and technically savvy nurse who is an espoused atheist, quipped, “Look, I think that this is about granting a dying man his greatest wish.”

A large area next to Bennie’s bed was cleared, an electronic generator was used to inflate the pool, and a brigade of people was assimilated to pass hot water pails from a distant, large sink to fill up the pool. Bennie’s body was hoisted high into the air, with his son, Len, waiting in the pool and Laura standing next to him. As Bennie was lowered into the warm water, the ventilator was unplugged so that we could bag ventilate him.

Len, who himself had been baptized only a year ago, took his father into his arms. Both of them had a solemn look, as Len slowly submerged his father completely under the water while saying aloud, “Dad, I baptize you in the name of the Father, the Son, and the Holy Spirit.” And just then the social worker from the corner began belting out “Amazing Grace” while the rest of us stood frozen in time.

There are many nuances of this story that affected me, two of which I will share. As Bennie came up from the water, with all of the blue, corrugated ventilator tubing leading the way, I could see unequivocally that around his breathing tube, he had a huge smile that seemed to say, “Better late than never.” Compelled to share this with someone else, I looked to my left and saw tears running down David’s face.

This should make us reflect on the full meaning of baptism, according to our

Gospel teaching from Christ, where he is referring to his own death in Mark 10:32–45. Jesus said to them,

The cup that I drink you will drink; and with the baptism with which I am baptized, you will be baptized; but to sit at my right hand or at my left is not mine to grant, but it is for those for whom it has been prepared.

The day after Bennie died, his daughter found me in the hospital and said, “Doc, tell other people about Dad. We hope it will make them ponder and him smile.”

I have learned a basic distinction in life. Sympathy is feeling sorry for someone, and we have plenty of that. Empathy is feeling “with” someone. (See further Dr. Jodi Halpern’s famous book on empathy is titled *From Detached Concern to Empathy*). Halpern writes that “sympathy is easier and more common. Empathy is more intense. Instead of saying, ‘I know how you feel,’ say, ‘Tell me what I’m missing’” (Halpern, x). Empathy is not an extra step in care that we can get rid of when there is no time for it. Rather, it is an “adverb that describes *how* we care, *how* we should do many of the things we are already doing” (Halpern, xv). On that day, amidst all the other insanity of the hospital, diving deep into Bennie’s life story through his baptism allowed us to be reborn, too. Dewey, who has been practicing medicine for over half a century, said he had never seen anything like it. Being “with” him in that pool, all of us walked into the other patients’ rooms better physicians and nurses and more ready to care for those to come.

I will end with a few thoughts from Dorothy Day regarding our baptismal vows:

Most of us do not know that we have taken vows. We have renounced the world, the flesh, and the devil; we have already done it, there is no help for it; we are Christians, we have put on Christ, there is the seed of divine life in us. But

as to whether we remain idiot, or moron, or feeble-minded in this life—this does not seem to occur to most of us. We have to grow, the egg has to hatch, it has to develop wings, else it becomes a rotten egg, as C.S. Lewis says. Augustine says that a mother delights in nursing her child, but she doesn't want it to remain a child always. She wants it to grow into a man. (Day 2016)

NOTE

- 1 This true story was originally published in the *Wall Street Journal*, June 17, 2016 (<http://www.wsj.com/articles/a-swimming-pool-in-the-icu-1466117000>). It is republished here for a medical audience to allow a wider communication of the events that unfolded in respecting a dying man's wish in the ICU while undergoing life support with mechanical ventilation.

REFERENCES

- Dajczer, Father Tadeusz. 2016. Reflection. *Magnificat* (May).

Day, Dorothy. 2016. Reflection. *Magnificat* (May): Tuesday May 24th.

Ely, E. Wesley. 2015a. Kaleidoscope. *Annals Internal Medicine* 162, no. 2 (Jan 20): 152–3.

Ely, E. Wesley. 2015b. Love, faith and the lost battalion. *The Wall Street Journal*, February 19, 2015. <http://www.wsj.com/articles/e-wesley-ely-love-faith-and-the-lost-battalion-1424391483>.

Halpern, Jodi. 2001. *From detached concern to empathy: Humanizing medical practice* New York, NY: Oxford University Press.

BIOGRAPHICAL NOTE

E. Wesley Ely, M.D., M.P.H., is a professor of medicine at Vanderbilt University and at the TN Valley VA-GRECC Aging Center in Nashville, TN, and is a geriatric intensivist. He is president of the Nashville Guild of the CMA and faculty sponsor for the Society of Saints Cosmas and Damian (SSCD), the Catholic medical student organization at Vanderbilt School of Medicine. He may be contacted at wes.ely@vanderbilt.edu.