

The Anesthesiologist
Second Place Prose 2002

I don't know why they never had children. I can piece together their story in my mind, from the bits she told me, from the pulmonary fellow who took care of them for two months, and much from what I imagine.

She must have been tough as nails to make it in an all male world of medicine I really can only imagine. Maybe they met at a conference. Or maybe one of her fellow Vienesemen introduced them. A famous anesthesiologist from Hungary. That I learned from the nursing home face sheet that gave his vital information. A niece in Maryland. A wife, Dr. Greta. A phone number, a contact person, an address. And here he is now, a hundred blocks north of that address, their apartment, and the other ICU he left only a week ago.

It's hard not to think of how many A-lines he must have put in, as we stick and stick his pulses, futilely trying to thread a catheter over a wire. At the end of the day, he would change out of his scrubs--always spotless, even after the messiest case. He would leave the main entrance of the hospital in his jacket and tie, hat tipped slightly to the left, and greet passing colleagues and the man he bought the paper from every morning, as he headed back toward their apartment.

She spent the day seeing the children of their friends and neighbors, prescribing glasses, drops. Always giving her opinion of a boyfriend or a school, or a blouse. There is a wonderful program on tonight at the symphony. A prodigy; in from Italy. She tells her assistant as she puts on her coat. They must have made quite a couple at the Opera or Philharmonic. He never could stand the Ballet.

When their niece came in from Maryland they would see the latest show, go to a fine restaurant, and dine with colleagues and friends. In her own, second-generational way, she too is proper, just so, and just as successful. His wife will tell you of her high university post, of her responsibilities, her honors.

But she isn't their child. She is in Maryland. She wants us to place a chest tube. She is not here. His wife is here. And yet, she should be with her husband, the Famous Anesthesiologist. At the opera, out to dinner, dancing. Anywhere but the ICU. Anesthesiologists know critical care well, but ophthalmologists rarely visit the ICU.

Maybe it was because of their professional drives, their focus and their love of the life they led together; maybe that is why they didn't have any children. She must have been tough as nails to make it in medicine when she did. He must have been tough as nails to make it to 90 years with her. But she nourished him and he nourished her. She is the one keeping him alive now. I can understand how she can't see surviving him. Two elegant, proper, tough cookies. How could they be apart.

Part II

It was easy to write about their life. The day after I admitted him, I was so disturbed, I had this knotted feeling inside my stomach. I came home and wrote about their life. But after she made him DNR, and after he died, I didn't have that twisted feeling inside me like I had had 11 days earlier.

I knew the stories she had told me, and the stories I had imagined, but still I needed to write about what had happened inside the ICU.

I admitted him 11 days ago. That was 7 days after he was discharged from another hospital, to the nursing home that put him in the territory of our ICU. The call from the ER made us all roll our eyes. Nursing home resident. Vent dependent. Ugh. Does he need to come to the ICU? He looks like death.

Then I met his wife. Her thick Austrian accent, her pocketbook, her Bergdorf Goodman shopping bag. A small lady, but a lady not to be ignored. She told us about his pleural effusions, his infections, his tracheostomy. Suddenly she clenched her fists and squeezed her eyes shut. Are you all right? I have supra-ventricular-tachy-cardia, pronouncing each syllable. We felt her pulse. Do you want to be seen by a doctor? She continued to bear down. We felt her pulse again; she had valsalva'd herself out of it.

A few hours later I reached the pulmonary fellow who had taken care of him for two and a half months. She filled in the details of his metastatic cancer, his infections, hemorrhage, respiratory failure. His wife had fought the discharge to the end, she questioned every medicine and treatment, swallowing up hours of the team's time. But please remind her to go to that doctor I gave her the name of. And please give her a hug for me.

I don't know who his time in our ICU tortured the most. He got arterial lines, venous lines, foleys, blood draws, pleural taps. His lungs were drained of their fluid, and filled up with fluid again. He barely had any oxygen in his blood, even on 100% oxygen, and his heart kept on beating.

The team discussed it every day on rounds. There is no point. We aren't doing anything. I hate going in there.

We followed numbers in circles. If one was low, we raised it. If one was high, we lowered it; if we could, which most of the time we couldn't. Thankfully, discussion on the chest tube faded after the first few days. We'll just continue chasing numbers, doing nothing, but doing too much, until his wife finally lets go.

And his wife. With her never-ending questions, her thick accent. But what about the pulse. What is his oxygen saturation now? At the other hospital his blood pressure was always 100. Shouldn't he get a little digoxin, he was on digoxin at home? I tried every tactic, every answer. But her questions really had no answers, certainly none that I could think of. And so I spent hours on the phone with her, trying to explain the gravity of her husband's condition.

And so she came in, and she called on the phone. She traveled from their apartment on the other side of the city, and she stroked his head, and gave him kisses, and called him her dear. And she asked and asked, What will I do without him. What will I do. And so we kept on poking and testing, infusing and treating. Until there was nothing left to treat, and the machine was breathing for him, and he no longer moved, and drugs maintained his blood pressure, and his kidneys were failing, and his liver was failing. And still, what will I do without him.

And finally their niece came in from Maryland. And she cried with his wife, and saw that he was gone, but was still here in our ICU. And the attending, who so dutifully had cared for the patient and his wife, spoke with them both, and told them this was the end. The medicines aren't working. But still, what will she do without him.

And I talked with them both. And the niece cried, and the wife stroked his head. And the machine breathed for him. And the blood pressure medicine was raised and raised, but his blood pressure continued to fall, so we stopped raising the medicine. And he didn't move, and his lips were dry and cracked. And I told her to think about her husband, how he had cared for his patients, how they had lived their life together. How this was not her husband. And she told me how he was a sculptor and violinist, how their apartment was filled with his works. How he loved classical music. He was the first anesthesiologist to put his patients to sleep with music.

So I took the clock-radio from the clerk's desk and put it in a bag to protect it from his multiply resistant infections, and I went into his room and plugged it in, and put it on the floor, and turned it on. And the Bach or Brahms or whatever it was played in his room. And she stroked and stroked his head and gave him a kiss and left the room.

This is the end. Yes, this is the end. It's over. Yes. And she signed the DNR, and she gave me a kiss. And I said goodbye to his wife and his niece, and they left the ICU.

And I sat there with my medical student, and an hour later we stood up and went into his room, and we watched his pulse on the monitor. 60. 40. A few beats, then none. And we stood there. That's it. That's it. The famous anesthesiologist from Hungary, husband of the famous ophthalmologist from Vienna.

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