

The Pronouncement
Second Place Prose 2005

Gladys Stephenson had been one of the few people lucky enough to die in peace in a hospital and protocol demanded that a physician be dispatched immediately to verify her death. As the lowest person on the medical totem pole, just two months into my internship, that was me.

I dragged myself out of bed and stumbled up to her room. I thought I was in the wrong place when I found a woman lying in bed watching television. I apologized for disturbing her, but when she didn't respond, I looked at her more closely. The spinning colors of the Wheel of Fortune bounced off of her waxen face without as much as a blink in response.

I turned the television off and reflexively drew the curtain. The neon light from the hospital entrance sign refracted through the rain-streaked window to throw contrasting shadows across the room. Oxygen still hissed through the canula in Gladys' nose and when I closed the valve on the regulator, she seemed to shrink in the sudden silence. I twisted the loops of tubing away from her ears and hung them over the bedrail.

I placed my stethoscope on Gladys' chest and verified the absence of heart tones and breath sounds. I then pulled a wisp of cotton from a swab and ran it across her eyes to confirm that she would not blink.

A scar marched across the shallow indentations of Gladys' ribs where her right breast had been. Another climbed from her waist toward her umbilicus, marking the site of a vertical Caesarean section, a technique that had fallen out of favor long before I had ever scrubbed in for a case. The thick ridges of tissue –testaments to the gains and losses of her life – felt unreal, like a reproduction of a battleground from a long forgotten war.

I felt very anxious in the chilled isolation that attended Gladys' death. My only previous call night encounters with dying patients had been during codes – raucous wakes thrown in honor of those unable to escape life without notice.

As heart monitors traced the final erratic fibrillations of their lives, we pounded their chests; forced breath into their lungs; injected exotic medications into their core veins and launched hundreds of volts of electricity through their hearts, all with an implicit desperation that absolved us of any doubt or culpability. Codes distilled medicine into its purest, most concentrated form and we thrived on their kinetic rush of clarity.

But like any cultural response to death, codes often benefited the living more than the dead. By doing everything possible, no matter the cost or likelihood of success, we affirmed our patients' significance, and by extension, our own.

When I was summoned to pronounce Gladys, I was pulled from that cultural framework for the first time. With no chorus of monitors and medications to herald her passing, I was left alone to face the reflection of my own significance in the mirror of her desiccated body. It felt like an

awful reproach, like Gladys was mocking me for not being able to do anything. Or for being so arrogant as to think I could.

As I picked up her left hand, I felt an indentation around the base of her fourth finger where her wedding ring had honed it over the years. The cruel intimacy of what I was doing suddenly caught my breath; holding Gladys' hand like her husband once did seemed a terrible invasion of her privacy. I pinched the cold nail bed and she did not respond to the pain. I quickly pulled the sheet over her and rushed back out into the greater light of the hallway and the comfortable hum of the living.

The code mentality is so ingrained in our approach to health care that it's embedded in the language. We "fight battles" against disease, our radiology is invasive and our cardiology is interventional. Patients and physicians alike feel anxious if we're not scanning, prescribing or operating. In a society where everything seems possible, there is no greater sin than doing nothing.

Unfortunately, much of our troubles are resistant to the awesome power of our medical technology. When it fails to make us feel any better, or even tell us why we felt bad in the first place, all we can do is wait nervously for the next miracle cure.

At first, pronouncing Gladys felt like another manifestation of internship's ritualized hazing: being woken up in the middle of the night to fill out paperwork on a patient for whom there was absolutely nothing left to do. But reading the story of her life in the Braille of her scars and bones taught me an invaluable lesson, one that I struggle to remember every day: simply acknowledging a life is infinitely harder than doing everything possible to save it, but just as worthy of the effort.

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