

Dying Alone

By Dr. Wendy Sligl

The white walls of the hospital hallway stand quietly as I scurry by, making my way to intensive care unit on the third floor. It is 4 a.m. A patient has been airlifted from a small community – fighting for her life, battling severe pneumonia.

I rush by the elevators and, suspended for a moment in time and space, think of my car in the underground parking – I will not get to go home. It has been a long night already.

The security doors to the unit open in front of me, their unwelcoming mass regrettably yielding way. The hallway of the ICU stands seemingly endless. The beeping of pumps, ventilators, and other miscellaneous alarms creates an uncoordinated symphony of agitated noise.

I quicken my pace toward room 27. As I approach, the noise level rises. I slip through the curtains. The room is small and cluttered with equipment.

Syringes are scattered over the bed, tubes full of blood await analysis in automated machines. Intravenous tubing is in a mess on the hospital room floor. The elderly patient's form lies still under the plain flannel blanket.

An hour of resuscitation passes. The collection of lines and tubes grows: a breathing tube attached to a sleek ventilator, intravenous lines buried in the large veins of the neck, an arterial line diving through the groin.

Large tubes filled with the thick red blood of illness make their way from the patient to the dialysis machine – cleansed of evil humors as they pass through the filter – and return to the patient with the hope of healing.

The collection of IV poles surrounding the patient's bed is an ominous sign. She is on full life support and still we are losing.

We work through the night, but despite our efforts we cannot make the patient better. Her color turns from sallow to a bluish hue. Her oxygen levels fall while we fight to keep her blood pressure up.

We cannot gain control. I ask one of the nurses if we have heard from family. The answer is a somber no. She lived alone; never married, no children. There is no one we are expecting; no one to tell that she is not going to make it.

The mood in the room reflects our patient's condition as the situation progresses from bad to worse. She has been slipping away from us, little by little. We have been losing the battle for hours. It is time to let her go.

Looking at her 81-year-old body lying motionless on the bed, I notice her frailty for the first time.

As she slips away our team dismantles itself. There are many other critically ill patients to look after, and the extra nurses return to their original assignments.

The machines are taken away. I am struck by how much more human the patient appears with all the equipment removed. I stand by her bedside holding her hand.

I think about all the years of medical school and residency, none of which could prepare me for this. I wonder what it's like to die alone. My grip on her hand firms.

I want her know that I am here, that she is not alone. Her blood pressure drops as each minute goes by. Her oxygen levels read 72%, 67%, 63%, 59%...the tone of the beeping deepens.

Ten minutes go by. Her fine white hair is still pinned back, probably like she had done it for years. I wonder what she was like before all this. What secrets she has to tell. What things she loved to do. Why she never married.

The monitor shows three flat lines – no blood pressure, no detectable oxygen levels, no electrical activity of the heart. This is the first time I've experienced death in its entirety.

We are alone in the room. The rest of the unit slips away, displaced from my thoughts. I am touched by her peacefulness. The tension in her muscles has vanished.

The bed seems large for her delicate frame. I am calmed by her stillness. I stay until the morgue attendants arrive.

It's now 8 am. I've not slept in more than 24 hours and the rest of the hospital is just awakening.

I'm tired, my thoughts are confused. I do my rounds, seeing the rest of the patients in the unit, and complete my work for the day. My head hits the pillow at 5 pm, 35 hours after my last sleep.

I wake up the next morning imagining last night's patient working in her garden. I know nothing about her but it seems like something she would have liked to do.

It's not often that people die alone in the ICU. I'm glad this was not the case yesterday. I am left with a great sense of accomplishment, despite having failed to save her life.

I realize that being a doctor is so much more than keeping people alive. It is also about helping people die in comfort and with dignity. The 20 minutes I spent holding my patient's hand were the most important minutes I spent being a physician that day.

I look at the clock and realize I'm running late. I pocket my thoughts, tucking them away in the back of my mind; another few steps in my journey as a doctor.

I grab my coat, step into my shoes and run out the door to another day at the hospital.

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