THE
Richard Spear, M.D.
MEMORIAL
ESSAY
CONTEST

PRACTICING AND LIFE MEMBER CATEGORY WINNER

On Call

Kenneth Henderson, MD

Heaven help me, I am having the Gulliver's Travels nightmare again. While it has been a recurrent dream of mine, it seems to come more often now since my micro-premie infant son was born. We had lost the fetal heart tones about 24 hours prior to his delivery. He was estimated to be extremely early at about 21 weeks gestational age. He was born with no heart rate or respirations, an apgar score of zero. I had to be there, but offered him no treatment. I did baptize him with the available IV solution. His mother felt guilty in that she did not want to be pregnant for the third time. I felt guilty that in spite of my training and experience as a newborn baby specialist, I was helpless to save my only son. We buried baby boy Henderson in the children's section of the cemetery next to the freeway so he could feel and hear the motor noise. He came from a long line of good men who loved cars. While he never saw any of them, I believe he has seen and is with God. Life is short, no matter how long a person lives. I believe premature babies toil in the vineyard of the Lord, through labor and delivery, struggling to be born. It is a life lived long enough to reap the reward of heaven from an all-loving and merciful God. His death provided me with the empathy to last my entire lifetime.

In the dream, true to Jonathan Swift, they have me staked out again like a frog on a dissecting board in general biology class. I was held securely by No. 5-0 black silk suture and a million pins. All of my old patients, alive and dead, were busy performing the procedures on me that I had once performed on them. The disadvantaged were gleefully assisting their more fortunate classmates. I recognized many of them and could recall their names. They continuously assured me it would not hurt. It, for sure, hurt me much more than it did them. I can never be absolutely sure if my dream is in retribution for the pain that I have caused or if I am the one in need and in fact the patient. Maybe the little babies, my patients, are there to treat me and make me well. Are they now able to show their gratitude by making me whole?

The phone rang again and again. I was not sure if I was at home or in the hospital. I slept in scrubs when on call at home and had a rule that if called back to the hospital after midnight I would sleep the remainder of the night there, if I could. I was not sure if it was Saturday or Sunday. On Saturday, I had promised my oldest daughter Amy that I would let her make rounds with me once again in the intensive care nursery. If it was Sunday, I would meet my wife and family at St. Joe's for 11 a.m. Mass, then go to the country club for brunch. It turned out to be neither.

I tried the coffee in the sleeping quarters but it was not drinkable. I made my way across the hall to the intensive care nursery. It was the sixth intensive care nursery I had developed, in three different states, over a 20-year period. I believe that I had finally gotten it right this time. It was designed with 36 critical care beds for assisted ventilation arranged in four pods. All laboratory work was done stat and the results came back as soon as available to the correct pod via computer. We had our own portable X-ray machine in an effort to avoid infection issues and a huge 36-space rotational viewing box. All of our X-rays were photocopied and displayed by bed number, available for patient care and teaching. Only respiratory therapists especially trained and certified to work in our nursery could attend patients. No heel stick could be done except by laboratory technicians trained to work in the unit. Respiratory therapists could draw arterial blood gases and registered nurses could draw routine lab from catheters. Attending

physicians intubated patients and managed assisted ventilation, placed arterial and venous catheters, did lumbar punctures and occasionally placed chest tubes. Of course, in dreams, my premature Lilliputians can do all these procedures having been carefully taught by our time-honored method of "See one, do one and teach one."

The architect of the intensive care nursery had been instructed to give special attention to issues of light so babies and staff would know day from night. Physicians and nurses may become disorientated working long hours with no perception of day or night. Graduates of the nursery also need to begin to learn day from night, especially after having been there for several months. We had a color consultant pick the wall and cabinet paint colors and the floor covering design and color. We had paid special attention to music and sound issues, as well, for the benefit of all concerned. After multiple phone conversations, I had traveled to northern Georgia during the construction phase and arranged for a total of 39 original, one-of-a-kind stuffed animals, most of which were life-sized, to be donated from the Cabbage Patch factory. This gave the intensive care nursery a warmer and friendlier look, a place of hospitality, for the purpose of reducing the anxiety level of parents, family, staff and visitors. I was able to take my daughter Abby along with me for her sixth birthday. We adopted a special baby for her.

I got the head nurse's attention coming through the last barrier door into the unit. She had just started changing the watch with the nurses leaving and coming on shift. She immediately came over to remind me I had interrupted their rounds just last week and I could not start my rounds until they were finished. I also could not come along and make comments that would slow them down. She next told me to go to the cafeteria and eat breakfast. I was already much too thin. This is the same nurse I had trained several years ago to work in the unit when she was just out on nursing school. She told me I should go to the nesting room and take an hour nap after I had eaten. This meant the room was clean and empty. It was a special room we had designed for mothers to spend the night with their high risk infant before taking them home. It was a way for them to perform their mother craft, give medications and learn to manage the required equipment under the supervision of the intensive care nurses. The mothers were allowed to stay until they had the confidence and experience needed to take the baby home. Only cocaine-addicted mothers had the courage to refuse this free service. I was given the local credit for inventing this concept. No one ever invents anything. I had adapted the concept from the various parts of similar units that I had seen and developed during my many travels.

We lost the micropremie newborn baby boy whom I had come in to treat a few hours earlier. We always say baby boy or baby girl to give the patient proper identification because most are born too soon for the parents to have a name in mind. In fact, we had about one death each week. I had become all too experienced with death and dying. I lectured on the subject as well as on how to process grief. It had occurred to me while walking to the obstetrics floor that I may still have some anger over the loss of my micropremie son. Again, I thought if we could only meet the parents, prior to the death, of the babies who died within the first 24-36 hours after admission, we could do a much better job supporting them. Nearly 50 percent of our babies were born in referring hospitals and transferred, by us, to our unit. About 80 percent of our inborn babies came from young single mothers with little or no social or financial support systems. High-risk babies come from high-risk parents. I smiled when I recalled meeting a very attractive great-grandmother last week who was 45 years old. Maybe it is time for me to stop this line of work when the physician is older than the great-grandmothers, much too skinny and has had three eye surgeries.

I went to visit the parents of the micropremie baby boy that had died. I located a sleepy ward attendant who gave me the room number. On entering the room I was surprised to see two middle-aged parents that were awake and very happy. I should have realized that I was in the wrong room but I suppose my exhaustion clouded my perception. While it may be spiritually enlightening to learn that micropremies have little or no skin pigment, making their race difficult to determine, it is not a mistake a person with my experience should be expected to make. I slowly introduced myself in a much protected way since I was there to tell them of their son's death and I had not met them. They listened intently as I explained my role in their child's care and the working of the intensive care nursery. I had developed the skill over the years to have two meetings, during one first visit, in this situation. The second meeting was to provide the bad news. As my conversation grew dark the father unexpectedly came over to me and put his hand, or God's, on my shoulder. "We know who you are," he said. "We have seen you on television several times. You are Dr. Henderson, the director of the intensive care nursery. I am sure it has been a long night for you and you look tired. Boy, are we glad you are in the wrong room. I have just visited our healthy baby boy. We sure feel so sorry for the parents that are waiting for your visit." It was amazing and quite reassuring to me that this kind man, unknown to me, chose to save all three of us from further embarrassment in this unique real-time situation. I believe he did not want me to say something that would later require their forgiveness.

I stood in the cool dark hall for a few seconds in order to regain my composure. Maybe I should have waited a bit longer after the death of the patient to resolve my own feelings before trying to console the parents. Could it be I was just trying to rationalize my error? Later, I would have the time to reflect on the implications of this night. What does it mean that very early in gestation we are all the same? We look more like each other then than we will later look like our siblings. Sex can usually be determined but not gender, race or color. We are all created in the image and likeness of God but also created from the slime of the earth as well.

Continued on page 26

On Call Continued from page 25

Could it be possible to develop a spirituality in the world to enable mankind, in spite of this dichotomy, to maximize our sameness for the benefit of ourselves, of all other species and of the earth? Could this sameness be the new basis for world peace? Peace at least for Jews, Christians and Muslims who are all the descendants of Abraham? Will we be allowed to live, at all, if we all can not live together?

I visited the nursing station again. This time the nurse escorted me to the correct room and departed. The young mother was watching television after finishing her too late delivered post-partum meal. Still shaken from my recent experience, I slowly began the first of the two meetings. At the end of the first meeting, I told the teenage mother, about the issues we were having with her micropremie baby boy's heart and lungs. She had not stopped watching television during the first meeting, a very bad sign. She suddenly said to transfer the baby to a hospital that does heart/lung transplants on tiny babies and went back to watching television. After I told her of the death of her son, she said I had waited too long to transfer the baby and that I would be hearing from her. I explained that she would be receiving a call from my secretary in about two weeks to arrange a one-hour post-death conference. This meeting would occur in about 90 days, would be without charge and would be helpful to help resolve some of the many issues concerning the loss of her child. She said fine, but may not keep the appointment. I have not heard from her or her lawyer, yet. In fact, my medical malpractice concerns related to a lifetime of critical care medicine, thankfully, have never been realized.

While eating cold eggs and hot grits, I recalled a recent conversation on parenting with my older brother Don who was dying with lung cancer. He concluded that in order to reproduce, parents essentially had to be both trained and certified adults. Don had not yet heard my working definition of an adult as a person able to love and work. I told him an adult person is able to love himself and as a result have the capacity to love others as well. Adults should be able do work for their own benefit and for the benefit of others. We agreed our prodigal father had taught us the unconditional love parents can have for their children and our maternal grandfather and our mother had given us our faith, and had taught us the unconditional love God has for sinners. We agreed that our own mother's love was conditional and required performance above all things. I explained that my life's work required unconditional love for totally dependent little patients. We talked of my long experience with teenage pregnancy. He was amazed to learn that if a young girl's male sexual partner is significantly older, or physically abusive, she will very likely have a second child and that child, along with the loss of what selfhood she may have had, will be directly related to her not finishing high school. In my opinion, this continues the poverty cycle that is the root cause of many feminist issues. He and his second wife had raised six children together. He believed bad parents should go to jail. We did not always agree.

Don had recently had a very personal experience with death, having lost his youngest son to AIDS. He pointed out how unnatural and unbelievably sad it was for parents to have to bury their children. He was curious how parents grieve for the loss of a tiny baby that in his view had never really lived. I tried to explain by saying premature babies just do not die in the intensive care nursery. They die in the hearts of their mothers, fathers, siblings, extended families, towns and communities. Grandparents sometimes think of them as replaceable, in a misguided effort to reduce their own child's grief, but parents never do. No matter how small a baby is to us, that baby is still the mother's ideal child. No baby is replaceable to the mother. Most mothers grieve for the loss of that child for the rest of their lives and are tearful when recalling the loss for any reason.

On my way back to the nursery I wondered how I had gotten into this neonatal intensive care business anyway. Why would any physician choose this career path? I came from a family of eight children and loved babies. I learned unconditional parental love from my father. He loved and protected all newborn animals. I loved my teachers who had taught me pediatrics. I grew to love emergency room work and critical care medicine. I loved the thrill, excitement and responsibility for life and death issues. I did not like to treat patients that were old and the majority of their health issues were lifestyle related. I have a well-developed reverence for technology. I helped develop the first time-cycled, pressure limited ventilator for babies. I loved patients whose critical condition came through no fault of their own. I, like dad, was in love with God's most vulnerable creatures. Through my grandparents, parents, eight siblings, my family, my mentors, the death of my infant son, and my many patients, I had developed my present transcendental relationship with God. I believe, as Karl Rahner, that God is accessible to all ordinary human experience, and all human development depends primarily on love and being loved. Punishment for my past and present sins and the final acceptance of God in my daily life, were no longer my primary spiritual issues.

Entering the intensive care nursery, I put on my armor, located my weapons and prepared myself for mortal combat. As I enter the coliseum, based on their need to believe I am the emperor, I perceive my 36 patients as tiny little anonymous gladiators ready to say, "We who are about to die salute you." Thumbs up, I am not the emperor. Rejoice, life and death is not up to me. I too am a gladiator and like you are in the pit. While I gladly seek combat, my role is not to cause wounds, but to bind them up. It had taken me many years of medical practice to learn I was not in charge of the divine mercy of life and death. God had spared me from that decision-making process in order to protect me from decisions I would never be capable of, or be prepared, to make. However, much of what we knew about babies with a birth weight of less than 650 grams

Continued on page 28

On Call Continued from page 26

came from what we had done to them, not from the care we had proven scientifically, and in advance, knew they would benefit from receiving. Each tiny micropremie's individual care was a well-designed experiment, although not necessarily enrolled in a study group with double-blind control. How small is too small? Have we oversold what we can do for our tiny patients? Does care provided with no reasonable expectation of success violate the patient, nature, or God? Have we reached an ecological impasse, a collision course, in terms of human expectations on the ability of medical science to deliver care? Cowboys are said to trust in God and luck. Fighter pilots may choose to have God as their co-pilot. I believe my life's work is my daily prayer. I do not expect to have all my questions answered in this lifetime. My survival and the survival of those patients on my watch is dependent on me doing one right thing at a time. There is no save what you can, or triage, permitted in this unit. Our death-adverse cultural pathology aside, the death of our patients must not rob us of our joy, the joy we need to communicate to the living that will hopefully help insure their survival.

At any rate, my congregation waits. I am here to preach the gospel of modern neonatal medical science. I know the homily well. Social justice, in this applied science setting, is more than taking care of patients that cannot pay. It is also treating all patients equally. I have spent my professional life in the quest of converting knowledge into wisdom. The art of medicine requires much more practice than the science of medicine. I believe wisdom is much more than intellectual love. Wisdom has many traditions and requires sages. Much work is required.

I walked over to stand between the giraffe and the elephant to watch my nurses finish their rounds. This unit is so much more than a monument to its builders. Such a description is far too inadequate. This facility is a cathedral, complete with icons, pipe organ, rose window and flying buttress. The decor is flooded with sound, color and the mystic feminine of the Middle Ages. It is a sacred place flowing with the mysticism of everyday life. Only vocations can be practiced here. I believe this is a healing place of God's grace of unity and reconciliation. It is filled with the Holy Spirit. Miracles are expected and do happen here with some frequency. Again, just like the first time, I realized that by placing myself in the hands of God, I could accept the parental unconditional love, and responsibility for these 36 lives. I trust with the grace supplied to me from the Holy Spirit that I can do this thing called healing. I have been given many gifts, and therefore, I have many obligations and responsibilities. I have God's work to do today. I was born, with the gift of faith, into God's hands. May He work through mine this day, for the good of the least of us, who are the hope of the future. L_M