

Conspiracies of Kindness

A hospital is a place where small conspiracies of kindness are always happening if you're alert enough to take note of them, consciously participate, or maybe even instigate.

These conspiracies are possible because, before anything else, a hospital is a field of interconnection. We know this on the mundane level of the tasks we do in which we collectively sustain the lives of the ill.

I draw a couple of tubes of blood from Mrs. Goldwassers' central line at 4 a.m., careful not to awaken her. I ask a nurse's aide to take them to the lab. An hour later, the lab sends the message that the potassium level is dangerously low. With the weakness of her cardiac condition, this could provoke fatal arrhythmias. I call the doctor, who has me write an order for IV potassium, STAT. The secretary faxes the order to the pharmacy, and I pick up the med fifteen minutes later and hang the IV to run over four hours. No need to wake the patient. She is sleeping like a baby.

A conspiracy of kindness. Myself, the nurse's aide, the lab, the doctor, the secretary, the pharmacy—all tending to a sleeping woman. One little conspiracy among many.

If a hospital is a village, then like all villages, a hospital is a web of stories that make up a network of relationships, We are a part of our patients story and they a part of ours.

This is what makes the story of "conspiracy" possible.

Mrs Goldwasser has a story. I know just a bit of it. Her parents survived the holocaust, and she told me of the root insecurity of being the daughter of survivors. I to Thou, I spoke to her about visiting the death camps in Eastern Europe with my wife.

I knew little of the stories of the secretary and the nurse's aide because I've often

worked alongside them. Also the pharmacist. The young intern who prescribed the potassium I knew not at all but I was aware that we were all conspiring for Mrs. Golwasserl.

In Africa they say that every individual life is a story told by God but the life of the village is told by the ancestors. There are always layers upon layers to our interweaving stories.

What brought you to the profession of taking care of the ill? What brought you to work this evening? What brought you to this little conspiracy of tending to this woman's sleep?

Health care providers can make use of the possibilities of conspiracy if they realize they are part of this web of stories, this field of interconnection.

It seems to me that patients are generally more aware that staff are participants in a story, their story, than the staff itself is. A cold nurse is immediately recognized as a cold nurse, a warm nurse as a warm one, and the theater of the day or the hospital stay will play itself out accordingly.

Burnout among health care professionals is endemic because we flatten what we do of meaning, it becoming "just a job." We trivialize the work of our hands, do not recognize the web of interconnection we are a part of or the conspiracies we might join on behalf of our patients or each other.

The presence of conspiracy in the hospital was made abundantly clear—and clearly abundant—to me a few years ago. I'd come to work early and spent a couple of hours meditating and praying in the hospital chapel. Before I left to the neuro floor for a twelve-hour shift, I'd settled into that relaxed, open lucidity that sometimes comes with sitting still. I began my shift as ready as I'd ever been to face the challenges with poise and generosity.

Or so I thought.

I had too many patients all but one confused and agitated..

Mr. Owen (unconfused), an aging hippie eager to regale me with stories of the olden days; Mrs. Suarez, out of her skin with Alzheimers and trying to get out of her bed with a broken hip; Mr. Cohen, delusional with alcohol withdrawal; and young Billy, jonesing for methamphetamines. All “manageable,” requiring mere damage control. And then there was Carmen.

Carmen was in her early twenties, had been afflicted with seizure activity from the time she was a child, and with this admission was having several fits a day. She was practically feral in her demeanor, tied to her bed with an impatient nurse’s aide at her bedside to ensure she didn’t harm herself. She’d spit at you, her aim true, bite you if you weren’t careful, would no doubt scratch your eyes out if her hands weren’t tied down. Hell has a center where pain reaches an extreme pitch. Carmen was strapped to that place.

I was obviously flailing. The floor was busy, but my workload was beyond the pale. A conspiracy of kindness rose up on behalf of me—and through me, on behalf of Carmen. A nurse here and an aide there stepped forth to check one of my patients’ blood sugar, to do another’s vital signs, to draw blood for another, to check medication records against recent doctors’ orders. These small gestures made it possible for me to extract myself from the shift’s cascade of little crises and approach Carmen’s bedside with a modest measure of poise and tenderness—and to extend support to her aide, who was agitated and impatient sitting alongside the volatility of Carmen’s suffering hour after hour. I did the ordinary nursing tasks—checking her vital signs, emptying her Foley catheter of urine, giving her morning medications with apple sauce (which she’d spit back at me), and singing to her in Spanish while I did so. (Carmen was from Guatemala.)

At 3 a.m. I took refuge in a shower closet to spend an hour meditating. It took perhaps forty minutes to simply steady my breath. Eventually something profound dawned on me, so obvious yet I’d been blind to it.

Yes about this shift but more broadly about the nature of compassion.

It is an ordinary kind of egotism to imagine that I am the source of the compassion I am able to give. Compassion is not something anyone possesses. It is a gift that I was being given that I might extend it to another. Every gesture of compassion has a village behind it—from the uncle who first saw the light that is in you when you were child and let you know it to the nurse who, seeing your overwhelm, took a couple of sets of vital signs and freed you up to tend to a patient's anguish. Congratulating myself that I could be so relentlessly kind is so utterly beside the point. Gratitude and humility within the general conspiracy *is* the point.

Sometimes it takes two to convert kindness to a frightened person.

Audrey was a black woman in her mid-forties with spinal cancer. She was on high-dose steroids to shrink her tumor, and the medication had made her emotionally unstable. In her eyes I was alternately a devil, a priest, or an angel. When she wasn't screaming, she had the sweetest, most luminous quality to her. The doctor wrote an order to place an indwelling catheter to drain her urine. By what grace might I be able to follow through on such an order?

As I was pondering this Art Patterson passed by her doorway. Art's a secretary, black, a pentacostal, a good friend.

"Art my man, I need your help praying for somebody."

"Okay, Doggie Bones. Who needs praying?"

I tell him the situation and go get the catheter, and then we both came to her bedside.

"Audrey, this is my friend Art. I was telling him about how sick you've been feeling and asked him if he'd pray over you with me."

She settled into the calmest mood I'd seen her in as Art bathed her in the loving care of Jesus. And that mood lingered. After Art left, she received the catheter without the

least resistance.

A third example of conspiracy :shifted my self-consciousness around doctors
I'd barely arrived on the oncology floor when Dr. Wayne approached me to assist him and an intern in a procedure they were doing on Mrs. Otero, a needle biopsy of a rectal mass.

I greeted Mrs. Otero in Spanish while the doctor swabbed her for the biopsy. I could see she was frightened. Noting a cross around her neck, I began quietly singing a song to the Virgin Mary that my mother taught me as a boy while she was injected with lidocaine. "Let the song carry you, Mrs. Otero. Let Maria hold you," I said softly and ran my fingers through her hair. She shifted from a frightened and physically tight woman and relaxed into the song. I encouraged her to breathe deeply, and when the biopsy was done, I set off to begin my shift.

A few minutes later Dr. Wayne again approached me in the hall. "Could you come back to room 1018? We need another specimen from Mrs Otero."

I know a few sacred songs in different languages and often sing to patients to soften the atmosphere of hospital procedures. This was the first time I'd done so in front of doctors. Initially, there had been the clinical distance that sometimes accompanies the excruciating intimacy of a rectal biopsy, but now there was a light upon us, a warmth..