Time on the Cross

By Michael Ortiz Hill

The journalist Andrei Codrescu once wrote of a friend of here's who got the job on an assembly line mailing little wooden Jesuses to crosses for 40 hours a week. Eventually he had quit because it was driving him crazy. Sometimes it seems to me that my work as a medical surgical nurse of the large urban hospital bears a strange resemblance to that of Codrescus friend – night after night, I mindlessly nailing people to the cross.

A couple of stories: two dying patients, one week.

The first was Ruben, a 27-year-old Mexican men with brain cancer. His family had come from Mexico to be with him during his last days alive. They gathered around the bed weeping and praying, but clearly accepting with grace the inevitability of the final moment. As I watched Ruben's blood pressure drop on the cardiac monitor, I could see that the oxygen in his blood was thinning out, and the peaks and valleys of his heartbeat were leveling towards the moment of silence and death. Because the doctor it had the kindness and good sense to write in order to Ruben simply be kept comfortable (one of only three such orders I had seen in a year and a half at this facility), my work was to protect the profundity of the situation. Ruben also, thank God, had an order not to be resuscitated if his heart should fail. Roughly 20 minutes before he died, the nursing supervisor and charge nurse insisted that Rubin be moved to another room so that a difficult patient across the hall could change roommates. I registered my outrage at this crude decision, but to no avail. Ruben was hurriedly disentangled from his monitors, his oxygen, the apparatus to suction his lungs, and wheeled into the hallway, where he died. I tried to explain to his family in Spanish the logic of all this as they wept.. My Spanish is good enough, but there are things that don't translate between cultures, and probably things that cannot be said in any known language.

Three days later I was with another Mexican, a woman named Maria with end stage AIDS, acquired from her recently deceased husband. She was in and out of a coma, all of the systems of her body failing. Her heart was beating irregularly at over twice the normal rate. The oxygen in her blood covered at 70% which meant she was suffocating even though she was receiving 5 liters of oxygen a minute through a face mask. Nonetheless, after days of struggle, she looked quite tranquil as long as she was in move to much, in which case she cried out in agony. Her mother's sat at her bedside around-the-clock, also quite tranquil. Since Maria, too, also had an order not to be resuscitated, she had all the makings of a good death in the company of one who clearly loved her deeply.
But Maria had a very high potassium level in her blood, and a young intern insisted that I give her a liquid medication by mouth that would lower it. I refrained from

mentioning to the doctor that it could be given as an enema. I left work at sunrise, kissing Maria on her forehead and offering her my blessings for her passage to the other side,

The next evening I met her doctor in the hall, who with great enthusiasm told me that the drug she ordered could be given as an enema, which of course, it was. "We are doing everything we can for her," she said. My heart sank as I smiled, trying to pretend that I shared her delight. My pathetic effort to spare my patient had failed. She lived several more days; her enema was one of the lesser of evils visited upon her.

It's always easy to wax self-righteous in these situations. Sometimes it seems to me that most eight-year-olds have more complex ethical self reflection than many of us in the "healing professions." I question the sanity of medical "standard operating procedure" that makes the patient's body and mind the battlefield where we fight death with our full arsenal, even when death is attempting to come gently and can only be briefly postponed at best.

But self-righteousness is always beside the point. Because I've participated in such dramas, I'm aware how easily such violence is enacted while pretending it is healing. Thinking with the heart in such situations is an extraordinary challenge and much more compelling than self-righteousness are a few simple questions. What happens to us in these institutions that we disconnect and forget the simple fact that any given patient could easily be our grandmother, our child, all our best friend, a childhood buddy, or for that matter, ourselves? Would we treat our kin this way?

Why is it that doctors often fail to recognize or fail to act on the recognition that making a patient comfortable is often the best, the kindest, and the most appropriate treatment? Why is it that even the most reputable hospitals in the world seem to rarely address practical issues of healing, death and dying, that have been discussed in the public forum for over 20 years? "Dying with dignity" is a commonplace idea in the Sunday editorials in any newspaper in America, so much so that it's been transformed into a cliché. How can medical professionals participate in a culture of obliviousness to the extent that we enact "medicine" with the less depth of thought than mainstream America?

What is the etiquette of skillfully and compassionately addressing the issues surrounding "Do Not Resuscitate" orders"? Ruben and Maria were amazingly among the more fortunate: the situation was explained, the options offered, and choices made. Why does this routinely not happen even one death beckons? Why do we allow people to be violated on their deathbeds when it's clear that with a little courage it could be avoided?

How can we quietly be better allies for those who are most helpless? Immigrants and non-English speaking people are the most likely to be martyred by hospital "business as usual," alongside those who are senile or deranged. Some are dazzled

by the technology and have unreasonable expectations of it. Others are engulfed by a world that they can't begin to understand as they stand helpless before the stark realities of disease and mortality. This is a dire situation, one alien to most of us, and one where basic concerns such as patients rights and informed consent rarely penetrate. How can we change this?

Finally, how can we support each other through the real work of thinking and acting from the heart, and entrusting the hearts intelligence in the midst of the cynicism that allows many to accept what is patently unacceptable? In what ways do we suffer when we don't think and act according to what we know is right and true?

These are just a few questions. There are many others. Some I know, many I don't. I lay them on a table with bluntness and with a great deal of both joy and sadness, having wrestled with him all my adult life, aware of both how much I've learned and how little I understand.

The twin mysteries of death and grief had made me who I am. When I close a patient's eyes with my two fingers I congratulate him or her for one journey finished, and another just begun. When I prepare the flesh to be returned to the earth, I think inevitably of that day when, God willing, the end of my life will be sheltered by kindness. In truth the way is clear; it's just do what we know in our hearts is so often muddied by circumstance and fear that even in the most precious of moments we forget: "do under others as you would have them do unto you."