2018 Hope Babette Tang Humanism in Healthcare Essay Contest

Second Place Nursing Student Essay: Kenny

Rachel Sterling

watched his heart rate drop from his normal rate of 120 to 100, then to 80, then to 70, and I realized this was it. I called for his family, who was planning his service in the corner of the room. As loved ones gathered around the bed, holding his hands and watching his breathing slow, I found myself glued to his footboard. I held his ankles and cried, willing him to let go and find the peace he deserved. Within a minute, he was gone. I hugged his ex-wife and closest friend tightly. We cried together for a minute. Then I wiped my tears, printed the EKG strip showing asystole, and notified the physicians of the time of death.

Kenny was a patient on my cardiac ICU unit for eight months. After his heart transplant, he faced every complication possible—bleeding, infection, respiratory failure, renal failure—he had it all. The first time I saw him, I remembered thinking, "What a shame," and dreaded the day I would have this emaciated man with the flattest affect I had ever seen as a patient. He didn't seem afraid, or angry, or sad—he was just indifferent. It was clear I would have no connection with him.

On my first day with Kenny, I attempted to give him Tylenol through his PEG tube and instead shot the hot pink liquid all over the ceiling. He glanced at me with a look so void of confidence, I immediately felt the need to assure him I was a competent nurse. I spent several weekends caring for Kenny, and little by little, I was able to crack his shell. On a particularly rough day, his anxious and difficult sister came to visit. I wasn't his nurse that day, but I saw her run out of the room panicked, not knowing what Kenny was trying to say. I went to his bedside, and he mouthed, "Tell her to leave." Concerned she would see it as my

R. Sterling is a third-year nursing student, University of Texas Health Science Center at San Antonio, San Antonio, Texas; e-mail: rachelsterling126@gmail.com.

Acad Med. 2018;93:1656-1657.

own suggestion that she leave, I told her I didn't know, either. She walked away completely distressed. Meanwhile, Kenny was glaring at me. I shook my head to say, "There's no way I'm telling her that!" He rolled his eyes and pretended to fall asleep. When she came back, he was "fast asleep," and I told her he was tired from dialysis and needed rest. Once she left, he opened his eyes, winked, and went back to sleep.

He wasn't able to speak or write, and his mental status frequently changed, but we encouraged as much "normal" life as we could in the eight months he was with us. One day when he was too weak to walk, physical therapy pushed him in his recliner around the unit. His flat affect never changed, but he rode around, waving his best pageant wave as we all yelled, "Show us your shoes!" (a San Antonio Fiesta tradition). He picked up his hospital gown to flash his bright red,

no skid, hospital socks as we all cheered. We celebrated his birthday with hats and streamers and decorated his room with pictures of antique cars, his hobby before he got sick. And on the day he died, we had his brother bring his favorite beer so he could taste it one more time.

That morning before work, I woke up to a text from one of the night shift nurses that Kenny wasn't doing well. He had a new infection, wasn't tolerating dialysis, and needed multiple medications to maintain his blood pressure. His ex-wife and sister were in agreement for the first time that this might be it, time to let him go. I walked into the unit already in tears. I had been dreading this day for months, and I couldn't imagine our unit without him. Despite the tiny smile he gave when I walked into his room, I had never seen him in so much agony. This was it. He needed us. The rest of his family arrived, the DNR was signed, and I started the

2018 Hope Babette Tang Humanism in Healthcare Essay Contest

The Arnold P. Gold Foundation holds an annual essay contest to encourage medical and nursing students to reflect on their experiences and engage in narrative writing. The contest began in 1999 focused on medical students and expanded to include nursing students in 2018. Students are asked to respond to a specific prompt in a 1,000-word essay.

For the 2018 contest, students were asked to reflect on the following quote and share a health care experience with a patient or fellow clinician that led to a new, unexpected understanding or perspective:

"It's not what you look at that matters, but what you see." —Henry David Thoreau

More than 200 essays were submitted. A distinguished panel of judges, ranging from esteemed medical professionals to notable authors, reviewed the submissions. Three winning essays from medical students and three winning essays from nursing students were selected, along with 10 honorable mentions. The winning essays were published on the Arnold P. Gold Foundation website (www.gold-foundation.org) and will be published in consecutive issues of *Academic Medicine* and the *Journal of Professional Nursing* in the fall/winter of 2018.

The contest is named for Hope Babette Tang-Goodwin, MD, who was an assistant professor of pediatrics. Her approach to medicine combined a boundless enthusiasm for her work, intellectual rigor, and deep compassion for her patients. She was an exemplar of humanism in medicine.

The Arnold P. Gold Foundation, which is celebrating its 30th anniversary this year, champions the human connection in health care. The nonprofit organization engages medical and nursing schools and their students, health systems, companies, and individual clinicians in the joy and meaning of humanistic health care, so that patients and their families can be partners in collaborative, compassionate, and scientifically excellent care.

morphine. News traveled fast and within an hour, physical, occupational, and respiratory therapists, social workers, chaplains, and nurses came to say goodbye to their friend. Elizabeth, a nurse practitioner, held Kenny's face, looked him in the eyes, and said: "I promise you, I will not let you die in pain. We will all miss you terribly, but it's okay to go now." He nodded slightly and shut his eyes.

People quickly lose their identity when they're admitted into an ICU—same socks, same gown, same rules. Patients become unrecognizable beneath the tangles of plastic tubing and electrical wires, but Kenny's identity flourished during his stay. We learned to see past his tired looks, but he also learned to see past ours. He saw our tears of joy after he walked 100 feet for the first time, our serious demeanor after the code alarm sounded, and our faces of despair when we couldn't read his lips, and he was too tired to write. He watched me transition from a flustered, new nurse who shot Tylenol on the ceiling to the one he knew he could count on to be his advocate until his last breath.

I had 15 minutes before change of shift. The last of his family had left so I stood in his room, with his cooling body a few feet away from me, and gathered my thoughts by the window. It had stopped raining for the first time all day and breaking between the clouds was a rainbow. I ran out of the room to tell the other nurses, and when we all ran back in the room, there were two. A double rainbow. We stood at the window, crying and hugging, thanking him for what we all took as a sign that he was okay. He may have looked like an indifferent, unmotivated patient to those on the outside, but to us, he was our Kenny.