

Charon

By Katherine Fair

The page interrupted an otherwise quiet team room, dull patter of notes spilling into the afternoon. *Medical Examiner* – and the callback number. I've been on a busy ICU service for a few weeks but we hadn't lost any patients--my retrospectoscope reels through cases wondering what business I've made for the ME.

Do you know a Jane Wilson? Phone to my shoulder, I pull up Epic and quickly search the name – I'm listed as her PCP. Skimming my last note, I remember we met once a few months ago – she had been paranoid, but forward-thinking and kind. Her diabetes had been on our list of priorities for a second visit.

She's been found dead in her apartment and we're deciding whether to take the case. My collateral is not much help. They opt against the autopsy – and tell me the death record will be released for my signature. I pull up the blank form and wonder what to put under 'cause of death.' Dozens of times in the hospital I've written brief summaries, primary and secondary causes – I've sat vigil with families and reviewed all of the data – expected or unexpected. But I feel the weight of this role in the life of a woman I barely knew – my PCP title little more than a supposition of the relationship we might have had.

Finally I look into her next of kin - I call her grieving son and gently probe. I'm trying to provide comfort but hoping maybe he'll give me a clue. I ask him to share about her life and what she would have wanted us to know. We talk about her love of libraries, but the short leash that had taken hold from her growing list of perceived persecutions. I ask him whether he's worried she took her own life. His brother had been the one to find her – he hesitates to describe what had been an unpleasant scene, but decides it is unlikely. *I guess the death certificate will tell us what happened.*

Well unfortunately, I'm the one writing it – with much less information than he already has. I'm going to estimate epidemiologically – she had diabetes and a long history of smoking, a cardiovascular event isn't unlikely. Guesswork cloaked in medical jargon – but he tells me he finds comfort in it. The son will have to share the details with dozens of relatives before he has time to grieve himself. Once we've agreed to give things a name, he has a document to point to –some closure in the irrationality of the event. I'm not feeling particularly settled about it myself, but I realize it doesn't matter.

Years later, I receive emails from the death registry of King County every time a new case is registered to our clinic. The steady paperwork a reminder of place in the dystopian interstitia.

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