

The Pre-Op Interview

By Kieran Shamash

I see her through the wired glass on the door: she sits in front of her window on the wall—sharp scapulae tenting paper skin, spine curved and coiled tight as a spring. She doesn't yet know I'm there. One Friday at the large hospital where I work as a nurse anesthetist is late in the day, and I'm ready to go home. Friday nights in my house are a messy, sacred celebration of Shabbat, a welcoming of the Jewish day of rest, and I want to rest. I willed my legs to climb the stairs after many hours in the operating room: assessing patients, putting them to sleep, and waking them up. I'm here to interview this stranger before her surgery that evening and get out of there.

For a moment, though, I stop and notice how the late afternoon sun hits her hair—disheveled dry and glowing fiery red. I glance down at my notes on her complex and devastating health history, and I feel a dense, familiar pang in my abdomen when I see she is only a few years older than me. It's a pang of recognition that the wall I try to build between my patients' stories and my own is not really a wall at all but a figment of my coping imagination. As usual, with many of my body's signals during a long day at work, I ignore it. I give a resigned, deep sigh and, after asking her permission to enter, open the door.

Her smile welcomes me at first: full and bright, warm with love, teeth barely holding the gum line.

"I'm Miriam," she says, "Please come in." She gingerly takes her seat in the bed. Before she can even finish sitting down, I quickly introduce myself and my role, and I launch into my well-rehearsed rat-a-tat rapid-fire questioning. Her posture shifts, the smile fades, and her responses are prickly and short.

"Have you ever had complications from anesthesia?" I ask.

"I love anesthesia. I wish I had some right now."

"History of gastrointestinal problems?" She says nothing and points to her belly marred by surgeries and sporting a colostomy bag.

"Do you smoke, drink, or do any drugs?"

"Wouldn't you?"

Her blunt responses suddenly woke me up in the middle of this conversation. For the briefest moment, a flare of shame lights up my cheeks. I was not paying attention. I was not listening. I stop talking and put down my pen. I feel an unavoidable urge to pause, refocus on what is happening in front of me, and find a way to connect.

Dr. Rana Awdish describes how being sick can open "channels for communication we are hardwired not to tune into during the monotonous routines and spaces of normal life" (3). The challenge to the clinician is "recognizing those open channels and fostering connection" (Awdish, 4). To connect across the murky divide between sickness and wellness is terrifying and brutally humbling. As clinicians, we are busy and overwhelmed with our myriad tasks and responsibilities, often pressed to move through interviews like these as quickly as possible. Avoiding the pangs in our abdomens. Muscling through the same channel designed for efficiency, not genuine human connection. However, there are often moments where even a fleeting break, a tiny rest, can open up space for our patients' stories. I pause, give my head a little shake as if to restart the program, and try a different channel.

In my rush to finish early, I had forgotten one integral piece of my communication ethic. Whenever possible, I like to sit when I speak with a patient.

I take a seat. Being at a patient's eye level or slightly below reminds me we are, ultimately, two humans having a conversation. According to Jewish law, during the practice of visiting the sick, known as *bikur cholim* in Hebrew, the visitor is encouraged to focus on and engage with the patient to raise their spirits. Connection is associated with healing and disconnection with harm. Commentary on this law states it is permissible to sit near the patient, just not too near the patient's head. As an anesthesia provider, I closely identify with my role at the head of the bed – my responsibility to care for the patient's airway, protect the eyes and mouth, and maintain adequate cerebral perfusion. Once they are asleep, their head is my solemn responsibility. But we are not in the operating room. And she is wide awake. I sit at her feet and look for a way to connect.

I notice a slight accent and ask where she is from. Israel. Born and raised. I ask questions about her life, her experience of her terminal illness. She talks of growing up in a devoutly religious home, about her love for her parents, who both died when she was young, about the constant struggle against the undertow of the occurrences and recurrences of her cancer. Her story surrounds us. I listen intently as she tells me about her beloved friends and the connections to people that make her life bearable. Her warm smile returns and eventually lights up her whole face.

We finish the interview. "What questions do you have for me?" I ask.

She looks at me and says, "Your eyes are beautiful. The way the late afternoon sun hits them."

I stumble a little, uneasy under her gaze. Sometimes I forget that patients can see me.

She continues: "What are your thoughts on G-d?"

My apparently beautiful eyes are now big and wide with awkward discomfort. I roll them up into my head, searching the library for something. Anything. It has to be a good answer. What the hell is this? I think to myself, instinctively wanting to get away from this particular conversation topic. I rarely speak about G-d with anyone, let alone a complete stranger.

I say, "Uhhh..."

She laughs from her belly. So hard that gas burbles from the colostomy. This makes her laugh harder—in a way that seems to ground and empower her. I don't know what to say or do. But then I just laugh. I can see the humor in this moment and the generosity of her spirit. I let go of my professional commitments and desire for it to be any moment but this one right now. I return her warm smile. We regard each other.

"I feel – I think I feel G-d," I say, after a moment, "My son told me when he was three that G-d was in everything from the trees to the tractors to the moon—so I go with that.

But I have no clear idea of G-d. No picture or conjuring or image. Just feelings and questions."

"Yes," she says and leans back. Yes. She presses a button on the bed control, and a motor somewhere beneath her whirs and elevates the head of her bed. Then she drops the control, and an alarm triggers somewhere down the hall.

"Is everything okay in there?" A nervous voice seems to come from nowhere but is coming from the speaker on the wall.

"Yes!" we shout in unison, laughing. "We were just talking about the meaning of life and accidentally set off the alarm!"

"Okaaay," the voice answers, and someone disables the signal.

Her laughter now causes her acute, visible discomfort, and she gently holds her belly. She looks down at me. We both wait in silence for the pain to subside enough for her to speak.

"When I was a little girl in a religious home, it was all black and white. I don't feel that way anymore. How can I answer the questions about my parents' trauma? Why they died so young? Why I never had children? Why I'm here in this bed, enduring painful cancer treatment after treatment at the age of 50? I may never be able to answer these questions, and I am at peace with that.

If I thought of G-d in black and white, if I had to make it all make sense, I could not cope. But I feel G-d every day. I feel G-d in the phone call from my friend at the moment I need it, the perfectly-timed delivery of fresh flowers when my spirit falters. My dear, I have to laugh. I need JOY. And there is so much joy in these tiny moments of connection. I find my peace in that connection. THAT IS G-D.

"Meeting you," she says with a toothy smile.

Someone bursts in to pick her up for a scan, and the spell is broken. I rush to have her sign the consent. I had forgotten why I came. We say a quick goodbye and disappear from each other's lives.

As I walk away, I am consumed with her. After over a decade attending to patients, I have rarely felt disarmed in this way. It is both pleasant and terrifying - as though I waded into the undulating wide gray sea between illness and health, and I can feel the sand sliding under my feet. I am reminded at once of my inevitable demise and the overwhelming gift of being alive at this very moment.

In "Sabbath," an essay written shortly before his death, Oliver Sacks noted, "I find my thoughts, increasingly, not on the supernatural or spiritual, but on what is meant by living a good and worthwhile life — achieving a sense of peace within oneself."

For Miriam, this sense of peace was deeply spiritual in nature, but a sense of peace nonetheless. As she rejected simple "black and white" dichotomies and opened herself to the messy magic of human connection, she found a way to cope, to move forward into each day.

I do not know this peace. Perhaps that is the trade-off for my health and illusions of longevity. And perhaps the recognition of this knowledge deficit is an opportunity to pause and notice, however transiently, moments of peace in my own life. My life spins by, and I am in a constant

state of yearning – yearning to go home, yearning to get out of my house, yearning to be alone and to be surrounded by those I love. I am afraid to open myself up to momentary connections that present themselves, the conscious reality in front of me. I'm afraid of the potential to be untethered from that which I associate with being in a safe body, when in reality, no body is completely safe.

And yet– I cannot deny the joy I felt in our moment of connection. My heart beat a little faster and fuller, a sense of lightness in my chest. This meeting with Miriam is a small turning point, a reminder that the connection with my patients is greater than the fear of my own mortality. The constant yearning to be elsewhere is a protective covering that no longer serves me. When I showed up at her window, I wanted to rest as a means of escape. When I leave her room, I want to rest as a means of connecting with others and with myself.

Later in his essay "Sabbath," Sacks notes that his thoughts toward the end of his life are "drifting to the Sabbath, the day of rest, the seventh day of the week, and perhaps the seventh day of one's life as well, when one can feel that one's work is done, and one may, in good conscience, rest." As I fill out Miriam's paperwork, I silently thank her for her story. I thank her for seeing me in my awkward humanity and reflecting it back to me. I wish her rest and peace as I return my scrubs and put on my street clothes. I breathe a little deeper as I make my way to my car. The sunset blazes in the west beyond the freeway, lighting my way home to my Shabbat table. I smile privately as I see my family through the window: setting up candles and wine cups, the pieces of our tradition.

As I open the door, the sun dips below the horizon and the night sky slowly fills in.

*All names and identifying details have been changed.

Works Cited

Awdish R. In shock : my journey from death to recovery and the redemptive power of hope. First edition. ed. New York: St. Martin's Press; 2017.

Sacks, O. Sabbath. The New York Times. August 4, 2015. Obtained from <https://www.nytimes.com/2015/08/16/opinion/sunday/oliver-sacks-sabbath.html>

Kieran Shamash is a former PICU nurse who now works as a nurse anesthetist in the Los Angeles area. Outside of the operating room she can be found in deep conversation with a good friend, writing, dreaming, enjoying nature, traveling and spending time with her beloved husband and two children. IG @inwardtreasure

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