

The Reluctant Ferryman

By Colleen Cavanaugh

I hated this corridor. It was dark and cold. Tracy, a recovery room nurse, led the way, guiding the stretcher forward. Another nurse, Rebecca leaned her body into the stretcher, pushing it from behind. I walked alongside my patient Jesse who lay there quietly. Sometimes I'd help Rebecca, especially if there was an incline.

She quietly whispered, "Thank you."

Her whisper, the soft, steady beeping of the cardiac monitor at Jesse's feet, the clunking sound of the stretcher wheels turning, and Jesse's soft, steady breathing accompanied us. I wore an old orange sweater an ex had given me long ago. It hung down to just above my knees and the sleeves were frayed. As I walked along this cold, monotonous hallway, I occasionally grasped the corner of the hem and scrunched it in my hand. Sometimes I'd fold my arms around myself because it was cold and because I needed someone to hold me. I often wore this sweater when I was on call. Although my professional demeanor was definitely marred by the tattered, waif-like wardrobe, it kept me company on those long nights. It was a hint of color when everything else was very gray. It was a reminder of who I was and who I had been.

The tunnel was a passageway between two hospitals. When there were obstetric emergencies that required admittance to an ICU, and the patients were stable enough, we transported them to the other hospital. Pushing sick mothers through the tunnel was almost a rite of passage. Obstetrics could be joyful and fulfilling. There was nothing like helping to bring an infant into this world and sharing these moments with loving parents. There was also the stress and potential tragedies that could accompany this joy. The tunnel echoed this part of obstetrics. As I pushed a stretcher with a sick patient to the other hospital, I sometimes felt like Charon, the Greek ferryman of Hades. The tunnel was the river Acheron.

I can vividly recall each patient I pushed through the tunnel. Twenty-five-year-old Mary had seized in labor from eclampsia of pregnancy. Once the infant was delivered and she was stable on magnesium, we pushed her through the tunnel for further evaluation and care. Sarah's low hematocrit stabilized after we slowed down the bleeding and transfused her with multiple units of blood during her cesarean section. We pushed her towards interventional radiology to ablate the vessel responsible for the blood loss. Now I pushed Jesse. Thirty minutes after a normal delivery, her blood pressure shot up and suddenly she was unable to speak and move the right side of her body. Once we stabilized her blood pressure, and evaluated the emergent MRI, we admitted her to the ICU for further evaluation and treatment of the stroke she had experienced.

My head was pounding. I hadn't slept all night. Fortunately there was no one else in labor and so I could accompany my patient. There was enough light to follow the long corridor with its sickly green painted walls, but it was still dark and gloomy and sometimes it seemed that only my orange sweater lit my way. Again, I stretched the edges of my sweater with my fingers, curling the fabric tightly around my fist, hugging myself. We went slowly. The monitors made small beeps. Our footsteps were evenly paced and amplified. Jesse was stable and sleeping peacefully. Occasionally she made a small sound, like a whimper or a sigh. In unison, our eyes would sharply focus on her. The monitors were reassuring, and her breathing was steady. We kept walking.

Jesse and her husband were wonderful during the labor and delivery. They played soothing music in the labor room. He was attentive and comforting. I loved taking care of couples during these magical moments. At Jesse's delivery, my imagination was already painting them as a perfect mother and father who would bring home a perfect baby boy. Now I was accompanying her stretcher down the cold corridor while she lay there silently. My imagination was churning out cruel stories about a disabled mother, a dead mother, a grieving family and a motherless child. Would Jesse be able to hold her baby boy? Could she sing lullabies?

Finally, we arrived at the other hospital. We pushed the stretcher across the threshold as the overhead lights momentarily blinded us. Hallways were bustling with scrub adorned nurses and doctors who made room for us as we passed. We rode the large elevator and were greeted by staff that ushered us to the ICU. Although Jesse's journey wasn't over, I breathed a little easier as I handed off her care to the specialized staff.

Jesse was in the ICU for three weeks. I visited her daily before heading to the office. Overcome by a lingering fear and guilt, I was too afraid not to visit. I didn't want my absence to jinx her recovery. My brain was hurting with self-doubt. Could I have done more? Did I miss something? I often sat by Jesse's bedside with her husband. The nurses brought the baby through the corridor to visit. Jesse slowly became more aware of her surroundings. She held the baby with the guidance of others. After her discharge, she spent a month at a rehabilitation hospital before returning home.

As she walks into my office each year for her annual exam, I am reminded of that 2 am crossing fifteen years ago, of my tattered, orange sweater which has since been lost, and of the precarious nature of obstetrics. Jesse teaches first grade and she and her husband adopted a second son. Her continued trust in me as her doctor has dispelled my self-doubt, for now.

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