

2020 Hope Babette Tang Humanism in Healthcare Essay Contest

Second Place Nursing Student Essay: Good Enough

Lisa Cross

It is late evening. I am visiting a hospice patient whom I have seen several times before. All of her children live out of state and in different states from each other. She had been living in an assisted living facility fairly independently until a few weeks ago when her status changed remarkably, and she eventually transitioned to hospice. Her two sons are her proxies and have been trying to commute back and forth from their day-to-day lives, making a go of being invisible caregivers. So far, I have met the privately paid aide when I have visited, but none of the children or extended family. The primary case manager visited earlier in the day and reported that this patient would likely not live the week, and she had spoken with the physician and the children earlier that day. I am coming in to meet one of the children who called in very anxious about his mother's breathing and medication schedule.

He is waiting for me by the elevator sitting in a giant club chair. I don't know him, but he recognizes my badge, scrubs, and giant bag, and calls out to me, asking if I am going to his mother's apartment. I identify myself, and he leaps up from his chair to stand beside me. "I can't tell if she is just sleeping really loud, or if she is as bad as the aide thought. There are so many different colored medications in there, and I'm not sure what I should be doing. I mean, they say hearing is the last to go, so I wanted to talk out here first. She seems really bad, hasn't opened her eyes, but what if she is just sleeping, you know? I wanted to hear what you thought, but I don't want you to say it in front of her."

I assure him that I will assess her and will be quiet and as discreet as possible; his mother has met me many times before and will not be alarmed to see me. I

enter the apartment and let my patient know quietly that I am there. I set my bag down and begin to assess her, and her son paces back and forth in time. She is nonresponsive, tachypneic, tachycardic, and mottled. She appears to be actively transitioning, has "one foot here, and one foot beyond." I rapidly think about how to explain the progressing situation to her already nervous son. I approach the back of the room.

"I am sorry. Things have changed from before." I explain in a low voice what I am seeing and that she is in fact not sleeping loudly. I describe the symptoms I am observing and the need to reposition and medicate for comfort. "I am going to make her more comfortable. Let me show you which medications are used so you can help."

As I go through the teaching, and drawing up, and medicating, he becomes very distressed. At first, I am not sure if it is from witnessing his mother's

rapid decline, handling the medications, or having to deal with the upsetting information. As we talk, I realize it is more. "I'm not supposed to be here. I'm not the one she wants, I'm not good enough. My brother's flight was canceled tonight and he may not make it here in time. What if something happens, and he is not here?"

"You are here. Be with her. You are good enough. When he arrives, you can update him, show him, teach him. Help me reposition her." We reposition her, and I again tell the patient who is there and what is happening. "Let me show you how to moisten her mouth," I tell the son, and he helps me move her head.

We sit next to his mom. I turn to him, "Tell me about your mom."

And I listen while he tells stories about growing up with his mother and his siblings, how he ended up where he lives now. I watch as he takes her hand. I

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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 2020 contest, students were asked to use the following quote as inspiration to reflect on when they've experienced or observed, as an individual or as a team (doctors, nurses, therapists, etc.), the impact of human connection:

"Medicine cannot heal in a vacuum. It requires connection." —*In Shock*, by Dr. Rana Awdish

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 will be published in consecutive issues of *Academic Medicine* and the *Journal of Professional Nursing* in the fall/winter of 2020.

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 infuses the human connection into health care. The nonprofit organization engages schools, health systems, companies, and individual clinicians in the joy and meaning of humanistic health care, so that they have the strength and knowledge to ensure patients and families are partners in collaborative, compassionate, and scientifically excellent care.

Please see the end of this article for information about the author.

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watch and listen as her breathing settles. I quietly explain that this is a more regular breathing pattern.

“Have you had anything to eat since you arrived today and sent the aide home?” He tells me he does not know the area, is not local. I phone down to the desk and ask for a guest tray for the morning meal and the closest takeout location for dinner, which he has clearly missed. Once I am certain he has ordered something for himself, I remind him of what he told me when I came in. “She can hear you.” I encourage him to tell her whatever

he wants to when I am not there if that would make him more comfortable. I remind him that he does not have to wait for family members to be there to relay feelings, and that he can also update family when they arrive. “You are the one who is here right now and who is handling the situation. Don’t feel uncomfortable telling her you love her. You are good enough.”

I have him teach-back the medications again, and I answer his questions. His dinner arrives. I say goodbye to my now comfortable patient. As I turn to

leave, he gives me a bear hug and sobs, “Thank you.”

Two hours later, I am paged just as my shift is ending. A familiar voice is patched through to my cell phone by the answering service. “She just now stopped breathing. I held her hand after you left and told her I loved her, over and over. She was comfortable the whole time.”

“It was beautiful.”

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