

Shift Report Prize, Runner-up for Nonfiction

The Quiet Loss of Self

by Siobhan McKenna

It was November when I saw the women in red wetsuits surrounding the humpback whale in the shallows of the Stage Harbor channel. The male humpback had somehow made its way out of the deep channels and became stuck in low tide. I stared intensely at the all-female rescue team as they swiftly moved from the whale and their supplies; drawing blood and cutting rope to wrap around the whale when high tide arrived. A few of the women swam out to the whale and covered the massive living mound with a wet blanket to help him thermoregulate. The blanket was a small gesture in the grand scheme of survival, but necessary to keep him comfortable in the interim. After a flurry of action, the team slowed down with all its immediate preparations finished. I wondered how the rescue team felt. They had done everything right and now had to wait for a sea change in order to even attempt to save the whale.

As a cardiac surgery intensive care nurse, I often feel like I'm standing in the shallows while my patients are stuck on the shoals. There, all I can offer is a blanket to keep them comfortable while we wait for a tidal wave sized miracle to save them. I watched the stranded whale and thought of my own patients; all of them fierce animals out of their element and completely at the mercy of others.

From where I stood a couple hundred feet away, I could hear the 30-foot mammal breathing out his blowhole. I whispered, *just breathe*, the words tattooed on the arm of a patient who asked me to never forget her a few days before she died and willed the whale to live.

I wanted to linger on the beach. To wait in the hopes that my longing would somehow benefit the young humpback, but the tide wasn't going to be in for several hours, and this time the job of waiting and wishing was someone else's duty. The next day, I desperately stalked the local news to see if I could find any mention of the rescue efforts and eventually found my answer. I read that the whale was young and perfectly healthy according to the tests they had run—there was no clear reason as to why he would've beached himself except perhaps a wrong turn down a shallower stretch of water. Continuing the article, I discovered that as the Cape Cod tide rose, the rescue team tried to tow the whale with a boat, but the ropes kept slipping off the whale's body. After numerous attempts, the tide was no longer deep enough, and the rescuers decided to try again the next day, but by morning the whale had died.

I became a nurse to be close to death. I was terrified of dying—or rather what happens after we die—so I decided that taking care of people on the brink of crossing the threshold would help ease my anxieties about the next life (or lack thereof). By the time I began working on the ICU, my fear of dying had substantially faded and has been replaced with learning how to grieve the patients who have passed. Many ICU deaths I try to justify afterward: she was in her eighties, he was able to decide how he wanted to die, the entire family was at the bedside. But when the dying process lingers, they're too young, or the death arrives unexpectedly, I find myself replaying the days leading up to their deaths.

Matt fell into all the latter categories. He was in his twenties, he lived in the hospital for months, he started to get better, we were relieved, and then he passed. And when he died, I was furious. I, along with so many other nurses on the unit, had staked our hopes in him. We were burned-out after being dispersed to COVID ICUs, and our cardiac medicine and surgery patients all strangely seemed to be having poorer outcomes compared to before the pandemic had begun. But Matt had seemed to be an ICU success story. There was a sense of normalcy in working with him. He was not a COVID patient, and his long and complicated hospital stay had appeared to be finally on the upswing until his course took a sharp turn and he was gone. And yet, that's the way things work in the ICU.

On the last day I saw Matt in the hospital, I stuck my head through the sliding door, locked eyes, and firmly said, "Have a good weekend." It was a Friday and his mother and brother-in-law sat on either side of his bed watching the Philadelphia Flyers whizz up and down the rink on the television. The trio all responded with gratitude, I washed my hands, and I left.

Four days later, I made the mistake of opening my email outside a rural mountain coffee shop. I was delighting in a fresh brew with my roommate after a successful backpacking trip in the White Mountains of New Hampshire. My retreat into the White Mountains was an attempt to regain sanity after months of caring for COVID patients on ECMO*. Sipping my coffee, my dopamine receptors waited, giddy in anticipation, for a flood of email and text message notifications after regaining service off the mountain. I scrolled lazily through my emails. One

*For COVID patients, ECMO or venovenous extracorporeal membrane oxygenation is used to perform oxygen and carbon dioxide exchange outside a patient's body. A patient's blood is circulated from his or her body through large cannulas to the machine where gas exchange occurs and then the oxygenated blood returns to the body. In my hospital, only cardiac surgery ICU nurses are trained in ECMO therefore, we were the only nurses who could take care of these patients.

subject line read: *Viewing/Funeral MT*—Matt’s initials. I frantically read the message thinking I had misunderstood.

Only a few days had passed since I last saw him. He looked completely fine. He was fine. We were fine.

“We,” because this is how nurses talk. We fully immerse ourselves in our patients while in the ICU and share in every one of their victories and every one of their defeats. In handoffs to the oncoming nurse, a report on a patient usually sounds like, “Oh, we had a great day. We walked 100 feet today with physical therapy and we advanced to a regular diet.” Just a few days ago, Matt and I had stood up and done 30 squats on the tilt table (a device that allows patients to work their leg muscles with only a limited amount of their body weight based on the degree of the angle). We were talking with the speaking valve positioned over his tracheostomy. His voice slow and raspy and beautiful, he croaked, “I feel great.” I sat on the sink in his room, my feet swinging as he, the speech therapist, and I shared a conversation; three young adults chatting nonchalantly. Earlier that day, he had watched an episode of *The Office* on his iPad with his girlfriend, Heather, at his side and a slim smile on his gaunt face as Steve Carrell made politically incorrect jokes. We had struggled successfully to stand and pivot to the armchair in the room where he and Heather played UNO and listened to Third Eye Blind’s *Semi-Charmed Life* while I refilled the bottles of nutrition sliding into his stomach through a tube in his nose. I did my best to remain available but invisible—this was his life, and I was doing my best to put him back in control of as much as possible.

At the café, I left my coffee on the table outside, donned my mask, and hurried into the bathroom. My sobs came out in short, stifled bursts for everyone who loved him: his mother,

brother, girlfriend, and all the others I had not met. My knuckles clenched, my shoulders tensed, and I breathed out indignant. I deliberated who I could call to verify the news; I wanted to find a loophole in the truth while fully knowing that nothing I did now could alter the unchangeable. A more plausible action would be to call someone with whom I could share my grief. I soaked a wad of paper towels with cold sink water and pressed them to the skin under my eyes, waiting for the red and puffy blotches to fade. With whom could I mourn?

Several species of whales have been recorded as performing grief-like rituals after a member of their pod has died. Some species have been seen pushing their dead to the surface presumably in an attempt to help the calf survive, humpback whales have been observed moaning for their beached counterparts, and orca mothers have been known to carry a deceased calf around for one or two days. Furthermore in 2018, one orca mother off the coast of Washington State was seen carrying her dead calf around for seventeen days— the longest time ever recorded. I wonder, if deep in the Atlantic Ocean there was a mother humpback grieving for her lost calf with whom she would never be reunited.

Grieving for my patients as a nurse can be a very lonely experience. After any particularly emotional passing, I frequently seek out the nurses who cared for the patient in the days up to his or her death. I ask: how did it happen? Was family present? Was so and so conscious? I've often wondered why I perform this ritual—most likely to assuage my disbelief. Certainly, with Matt, this was the case. (On Friday, we planned to walk the halls, and on Sunday, his body was taken to the morgue.) But within these questions there's something else I'm

seeking. I am rummaging through my coworker's responses in a quest for intangible evidence that will make me feel less alone in the loss. Answers that will tell me that they, too, remember that this patient was human.

In the weeks after Matt's death, I conducted mini-interviews with several of the nurses on my unit. Tenia told me someone "up there" needed him more. AG relayed that the weekend he died, she had brought in her new coffee mug to show him because they both had an extensive collection. Jen, the nurse who had him as his situation spiraled out of control, said she had never been assigned to him before. She was glad; she could concentrate on his vital signs and block out her emotions. I used these testimonies to sort out my place in Matt's life and death, as I did every time. Because, when you're in the business of lost souls, it's easy to give all of yourself to the one preparing for the next life. It's easy to minimize the intensity of working with people actively dying and to brush the experience off as another job, but to do otherwise—to deeply bear the intensity of every loss—would be paralyzing. And although many nurses care for the same patient, not every nurse will connect to the patient in the same way, and no one will have the same compilation of life-death follow them forever. Listening to my coworker's experiences normally helped alleviate some of my own pain and reminded me that loss is an essential part of the career I chose.

Nevertheless, the deep loss I felt lingered after Matt. The existentialist Søren Kierkegaard said:

The greatest hazard of all, losing one's self, can occur very quietly in the world, as if it were nothing at all. No other loss can occur so quietly; any other loss—an arm, a leg, five dollars, a wife, etc.—is sure to be noticed.

A quiet loss of self occurs when a nurse loses a patient. Shift after shift, we dedicate ourselves wholly to our 12-hour relationships. When death arrives, we wash their bodies, pull out old IVs, and zip up their bodies into a bag, along with a part of us, to be taken to the place where their families will mourn. We wash our hands and humbly plunge our desire to grieve deep into our core; after all, in a few hours we will be released back into the realm of the living.

Yet, the outside world is very different within the pandemic. There are less ways to distract myself from the amount of death and my emotions tend to seep out without my control. When walking in the park with a non-medical friend recently, I found myself saying, “I’ve seen more death in a month than most people do in their lifetime,” not exaggerating, simply releasing into the open grounds a frequent thought that had been badgering me.

He stayed quiet before replying. “I don’t know what to say.” He didn’t need to say anything; simply voicing my thoughts allowed me to begin to resurrect the fragments of my being that had become buried.

Because they pile up. The bodies pile up. Patients die abruptly and agonizingly slow and you’re left questioning if you could have done something more. Matt, Jordan, a young wife and mom, Frank’s wife. I can’t remember her name, but I remember Frank’s eyes. Thinking about the pain he must be in now makes the spaces between my ribs ache. I see him at the entrance to the unit, eager to see his wife and longing to take her home where she belonged. He thanked me profusely even though I only cared for her for a few short hours. I recall her skin: thin, yellow, and papery; despite the surgery having gone “well” she still looked very ill. I had an ominous feeling about her. The next week my coworker Garrett told me, “You know that lady you

admitted late last Friday, well she took a turn for the worse. She was readmitted to the ICU and died the next day.”

The writer Naomi Shihab Nye has an essay in which she lists “unbelievable things” she has heard or witnessed. She overheard a businessman say that he woke up today missing an avocado plant that he had as a child. She had lunch with Finland’s president in a 50-cent dress. A postcard arrived, finally, after five years. But mostly, she notes that “we are here, we are so deeply here, and then we won’t be. And it is the most unbelievable thing of all.”

I have watched this unbelievable cycle transpire over and over again. That day on the Cape Cod coastline I knew the rescuers were watching the unbelievable too as the whale weakly puffed air and water out his blowhole. I felt a kinship to the women as they worked tirelessly to keep the whale comfortable as they poured bucket after bucket of cold water over the whale while fully knowing that all the time and care that they were investing was mainly for comfort. Making patients comfortable is often our main goal in the ICU.

In the ICU, the nurses have learned willingly or not that medicine can keep someone’s organs alive, but often the sacrifice is a person’s quality of life. Consequently, in the nurses’ station as we catch one another up on our lives and our patient’s, the question that often arises about a critical patient is not whether they will survive, but how long will the family keep them alive. The distinction must be made because we have come to the point in some areas of medicine (cardiac surgery being one of the areas) where we have devices that will continue to keep someone’s heart beating and lungs oxygenating for as long as the circuit works with little chance of the person being able to recover without the support. While this technology is amazing, it is also detrimental as we forge a society that rebuffs death as an inevitability.

Recently, I cared for an 80-year-old woman on a ventilator who had been doing very poorly for several weeks. Every time the nursing staff turned her, she would wince in pain despite being on several pain medications. Her daughter was her main decision maker and was having the medical team do everything in their power to keep her alive. One evening before shift change, the frail elder lady, pulled the tube helping her breathe out of her mouth and through bloody teeth said, "Please, let me die."

In some ways, I think the rescuers were lucky in having discovered the whale having passed on by the time they arrived. They didn't have to put him through any more pain. Because after all, dying is a part of life. Sometimes the transition is wondrous, like the passing of a man in the ICU whose family had scrawled "you are loved" in black ink in a notebook and leaned it against the wall for him to see. As he died, I could feel him being held by all his loved ones within the room. Watching them, I thought, that to be held and to have your love live on through others is what it means to never lose yourself even in death. Gently, I pushed pain medication into his veins. His breathing became quiet and the time in-between the gasps grew longer. On the monitor, the green line converting the electricity of his heart into quick eruptions on the screen grew more infrequent until the entire line was flat and at peace. Before I stepped into the room to help him pass comfortably to the next life, I had never met this patient and still, he took with him a part of me. When all was over, his family didn't want the notebook. I ripped out the page with the inky message and salvaged the words to read on days I want to reminisce on a quiet piece of me. When I read the words, I remember him, I remember Matt and the countless others; in the remembrance I unearth again all the parts of myself.

About the author: **Siobhan McKenna** was born and raised in the suburbs of Philadelphia. She attended Johns Hopkins University for nursing school and worked as a cardiac surgery ICU nurse at Johns Hopkins Hospital for several years before beginning to work as a travel nurse. Currently, Siobhan is working as a travel nurse in Seattle and is loving biking and hiking throughout the Pacific Northwest. She loves blending her love for both writing and nursing and hopes that her stories shed light on the beauty and intensity of work as an ICU nurse.