

An Autumn Leaf

In the Intensive Care Unit

I was in my first year of residency in the internal medicine and psychiatry program at the University of Virginia. While my theoretical knowledge was good, I was becoming aware that my charting and rounding skills were not up to par. I was constantly behind in my work, and at age 45, I was feeling a lack of endurance for the all-night call and early morning presentations.

On the morning of the last day of my cardiology rotation, the attending had been grilling me about electrocardiograms. In my state of anxiety and exhaustion, I failed to notice that there were no P waves in the electrocardiogram he held in front of me. I felt foolish and incompetent. Later that morning, a 55-year-old man was admitted to the intensive care unit with a severe idiopathic cardiomyopathy. The onset of his illness had been sudden and swift. His vital signs were deteriorating. He was short of breath, and his ejection fraction was dropping by the hour. There was little doubt that he was dying. I had nothing to offer the patient or his wife, and it only added to my feeling of uselessness.

Although it was difficult for the patient to speak, he and his wife talked with me about the bewildering situation in which they suddenly had found themselves. He particularly lamented over not being able to go with his wife on their yearly return to his boyhood home in West Virginia to walk through the hills and view the colors of the autumn leaves. His wife was devastated, shifting between disbelief and the numbness that comes of helplessness in the face of overwhelming loss. It was his tearful expressions of regret about re-

turning to West Virginia that finally brought tears to her eyes and gave her an outlet for her anguish.

The patient was exhausted and needed to rest. I led his wife out of the room and suggested that she walk out into the courtyard where some trees were growing. Many of them had already taken on brilliant hues of yellow, purple, and gold. Instead of a walk together, I suggested she search for one beautiful leaf to share with her husband. It would be a miniature portrait of the forested hills around the boyhood home he would likely never see again.

Hours later, I left the hospital for the day. As I passed some windows facing out into the courtyard, I saw the patient's wife kneeling on the ground sifting through piles of colorful autumn leaves. Early the next day, I heard a code being called on the hospital intercom system; the room number in the announcement was that of the patient in the intensive care unit. I later learned he had died during that code.

I will never know, but I would like to think that the woman was able to share the autumn leaf with her husband during their last hours together. In any case, I know I gave her a brief respite from her sense of helplessness, and by helping the couple I restored my own sense of worth. Before that time, I had begun to question my decision to leave my career in research to practice medicine. But I had made a difference in their lives, and, for the first time, I felt that I truly deserved and needed to be in medicine.

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