# Repositioning

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"Mr. White tried to pull his urinary catheter out. Now he's bleeding into his urine bag."

*What? Who?*

I roll over on crumpled blankets in the pitch-black call room, finding the glaring red numbers on the bedside alarm clock: 1:02 AM. How long was I asleep? I clear my throat, voice thick as I clutch the phone with the numb hand I slept on "How much blood?"

The nurse pauses, looking. "About 100 cc's, bright red."

I scrub a hand over my face, frustrated. Staring unmoving at the ceiling, I mentally run through my list of patients, remembering Mr. White as the delirious 90-year-old with lung cancer and severe dementia. I sigh, tossing the too-thin blankets aside, and stumble to find my shoes in the dark, annoyed that one was somehow stuck under the bed.

Half an hour later, as I finish replacing Mr. White's catheter, the emergency room doctor calls me to examine an elderly man with a skin infection who needs to be admitted to the hospital. After introducing myself, I roll up the patient's pant leg to find a small area of redness. Frustrated, I consider pushing back against the emergency room doctor's decision to admit the patient and decide it isn't worth the time. As I tell the patient's two grandchildren that he will go upstairs for overnight observation, they ask panicked questions in tandem as they compete to find the worst worst-case scenario regarding the minor rash. I reassure them as best as I can, my feet backing impatiently towards the doorway of the patient's room.

In my ear I hear the gentle scolding of Dr. Parkas, the young redheaded professor from the Art and Science of Medicine class in medical school. She whispers to me in her Rhode Island accent: the hospital is our workplace, but it's a confusing horror show for family members who associate the white walls with death and other bad news. *Give them the time they deserve*.

But I'm tired, and the emergency room doctor was playing defensive medicine, and I was asleep an hour ago, and the blood test results are taking forever to come back, and why didn't the family bring a medication list if they were really that concerned?

I'm paged for another patient in the emergency room, a middle-aged smoker with shortness of breath. He looks ill, his wheezes loud and laborious even with the oxygen mask fit tightly over his face. At his bedside is an 18-year-old kid just old enough to make decisions on his father's behalf. The teenager adjusts his baseball cap and tells me matter-of-factly that he wants absolutely no steroids for his father.

"Steroids are the best treatment we can give him," I explain, just as matter-of-factly, then tell myself to back off. "What's your concern, exactly?"

"I promised him none of that stuff. Last time it made him so crazy."

"He could die without it," I say, reminding myself to take a second step back. "I want to work with you on this."

Dr. Parkas repeats her refrain in my ear, but the words blur under the son's argumentative tone.

I play good cop/bad cop/neutrally-present-the-objective-information cop. I return to the teenager whose baseball cap is now pointing to the left as he repeats his reasoning. Nodding at appropriate intervals, I try to listen even as my mind wanders to Mr. White's bloody urine bag and a news article I was reading on my phone before I fell asleep. I tune back in as he's insisting on other, "more appropriate" medications, maybe asthma drugs.

I make myself take a third metaphorical step backwards just as Dr. Parkas' voice in my ear turns into a roar, and the memory swells. *You're going to start up here,* she said at the front of the classroom, raising her hand high above her red hair, one eyebrow arched to either pose a challenge or rain preemptive judgment. *We're teaching you compassion in this medical school classroom because it's going to drop, no matter what. I want you to start as high as possible*.

We're interrupted by an overhead call for the rapid response team.

I make the traditional sprint upstairs, tucking my stethoscope deep into my pocket so it doesn't fall out. I'm the first resident to arrive, finding a newly unconscious old woman barely breathing. The nurse reads out the medication list as I listen for one that may have caused her current condition. *Stay calm*. I ask for an arterial blood draw kit to assess blood oxygen, a tougher stick than one to her vein. *Stay calm*. I break skin. Is she still unresponsive? *Stay calm stay calm*. I stick her a third time, a flash of blood in the syringe before it stills, and I realize I've gone through the artery, another miss. *Staycalmstaycalmstaycalm*. The senior who has arrived by now takes the needle from me, gets a flash on the first try, just as the anesthesia resident prepares to intubate the patient. The room quiets as he intubates her, and I sigh with relief—a

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breathing tube means she'll need to be transferred to the ICU, and it won't be my responsibility to fill out the paperwork for the rapid response.

Dazed, I walk past the stairs, taking the elevator down one floor. I reassure the first patient's family again and start steroids on the second, by now too tired to argue. The teenager watches me silently as I listen to his father's lungs, and I can't tell if he's upset or indifferent. When I realize I don't care either way, I go back to the call room and lay my head on the too-flat pillow, as it comes to me all at once—my frustration at a demented patient, my disdain for a family that cares too much, my indifference to an old woman being intubated, that damn baseball cap, Dr. Parkas' hand high above her head—impossibly high.

I can't become apathetic this early on—can't. But I'm already there. But I can go back. But Dr. Parkas herself said it's a one-way road. But I know people who've been doing this a long time, still compassionate. But I know more who aren't. It's because I'm working at night. Yes, it's because I'm working at night, right. Right?

There's a soft glow coming in through the half-drawn shades, and I roll over to find red numbers glaring at me again: 5:30 AM. I turn back to stare up at the ceiling, motionless. There's enough time before morning rounds to tell the siblings their grandfather is lucky to be so loved, to ask if they have remaining concerns. There's enough time to apologize to the teenager for being short, to find out precisely what scared him so much the last time his father was given steroids. There's enough time to do both, so maybe I will. Maybe.

As the sun rises, the rays on the wall almost jagged and harsh, I get up and splash water on my face. I decide that the arched eyebrow was meant to signal both: judgment and a challenge to be different, to be better. In any case, I reposition Dr. Parkas's hand in my mind.

It's time to try again.

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