
Non-Fiction | SPRING 2015

Christmas Day

By Richard Sidlow

Christmas Day, 1996 - Pediatric Intensive Care Unit. The drab, aqua Formica floor and antiseptic smell have not changed. Nor has the attitude of the staff—they don't want to be there, especially today. No drips or vents, only three patients.

This is going to be a good call; no one is going to die.

Sign out is perfunctory: "Bed one is stable, check this and that, potential transfer to the floor tomorrow (not today, it's Christmas day!). Bed two is stable, check this and that, draw this at noon and follow, nothing else to do. Bed five is a twenty-two month old African American boy, originally admitted in respiratory distress, ARDS, HIE, status post intubation six weeks ago with BAL and brush biopsy revealing adenovirus 3 infection, subsequently determined to be HIV positive, extubated three weeks ago with no neuro status, comfort care with blow by O₂ and NG feeds only, pulse ox occasionally dipping which responds to stim, Mom involved, DNR and DNI in chart. Merry Christmas."

OK. Short task list, write my notes, and if Bed five causes no problems, the rest of the day should be cake. Need to read up on these patients and get started. Bed five's chart is particularly thick.

Mom originally brought him into the Emergency Room for what she thought was a bad cold ("He hasn't been able to shake this cough for the longest"); things then spiraled inexorably downward. From never being sick a day in his life, he immediately required a machine to aid in his respiration, and his chest radiograph showed complete white out—airspaces filled with fluid. His brain was deprived of adequate oxygen due to this inability to get air into his lungs despite maximum settings on the breathing machine. Investigation into what was affecting his lungs revealed a rare viral infection known to be uniformly lethal due to florid and unremitting damage it causes to lung tissue and associated oxygen deprivation. Further investigation as to why this seemingly healthy child was infected by such an odd bug unearthed the fact that he was HIV positive, and this infection was his AIDS defining diagnosis. It turns out, unbeknownst to Mom, that she had transmitted HIV to her child in utero as she did not know that she too was HIV positive. She initiated treatment for herself only after this came to light, weeks after her son was deemed essentially brain dead though still breathing on his own. Mom then found out that she acquired HIV from the boy's father, her only sexual partner.

Bedside rounds, examine my patients. Bed five's Mom has been at the bedside since my arrival, attentive to her child's needs and heedful of his comfort, despite the fact that he is floppy and unresponsive. She cradles him and softly intones children's ditties into his ear,

maneuvering around the tubes that are a tangle around him. She does not look like the typical HIV infected mother--no overt signs of drug abuse, chronic illness, or poverty--she is in her mid-twenties, working class, dressed in very decent, non-flashy casual wear.

Upon approach to Bed five's crib my eyes meet with Mom's. Despite being puffy from fatigue and crying, there is no detectable anger in her. Rather inexplicably, in those first milliseconds of gazes meeting, Mom conveys to me a resolute peace with the fate of her child. Continuing to go through the routine of my craft, after introducing myself, Mom places the limp body of her son slowly and gently onto the just replaced, clean, crisp hospital linens that line his crib.

I examine him: unresponsive to any stimulation including pain, pupils unreactive to light, fixed and dilated, diminished breath sounds bilaterally without wheezes or rhonchi, regular rate and rhythm without murmurs, gallops or rubs, bowel sounds present in all four quadrants, non-distended, non-tender, no hepatic or splenic enlargement...he is cherubic, not quite a toddler in size and cutely plump, with open hands, kissable cheeks, and medium-sized dark curls that no doubt tickle when brushed up against. His visage is a mahogany version of the polished wood figures that populate mangers on Christmas, or even marble statues of the same. His skin is so smooth, flawless. No surface clue that he is terminally ill.

Finishing my exam, I reassure Mom that I will be available all day and night, will do my best to keep her son comfortable, and that she can stay as long as she likes.

"Do you understand what is going on with your child?" I query.

"Yes", she replies.

"Do you want anything aggressive to be done if his condition deteriorates?" I continue.

"No", she says, her voice firm, not threatened, with an overtone of resignation.

Several hours pass. Tasks are completed, notes written. Occasionally in the background, the alarm on Bed five's pulse oximeter, the indicator of the adequacy of his oxygenation, goes off transiently for a few seconds. Each time this happens, the nurses dutifully come to his bedside and stimulate him, and he responds immediately. This has been happening for three weeks. I make a mental note to locate the ambu bag at his station just in case.

Around 1PM, sitting at the nursing station with a view of all the beds in the unit, Bed five's pulse oximeter alarm goes off again. This time, though, the pitch of the alarm descends down, down, several octaves below normal, and the frequency of his heart rate slows down to a syrupy plod. The nurses all reflexively shoot glances at me, trepidation in their eyes, incredulous--he is going to die on Christmas Day!? Blowing air into his lungs via the ambu bag, the alarms cease and we all go back to our routines of denial, Brownian motion, and vacuum behavior. The only change I make is placing an oxygen mask on his face and raising the concentration of oxygen he inhales.

Fifteen minutes later, the same episode repeats itself. Then ten minutes later. Then five minutes later. The nurses are increasingly anxious, unhappy--why don't we do something more? Instructing them that this is exactly what needs to be done, and no more, is helpful coming from the doctor, somehow. "Mommy, I think we are approaching the end. Do you want to hold him?" "Yes, please" through quiet tears.

Removing the oxygen mask, the nasogastric tube and pulse oximeter lead, I hand him to Mommy as she sinks into her seat next to the crib. She holds him, caressing his face, kissing him and stroking his hair, whispering words while crying and singing to him. I manage to hear her reassuring her boy that he will surely go to heaven. Two of the nurses have to hide in the storage room, another busies herself and one stays with me, close but not hovering. A few minutes later Mommy looks up and nods her head, her cheeks wet and swollen, no voice left.

I tell Mommy she can be with him as long as she wants.

"Is there anyone you would like me to call?" I ask.

"His father" she replies.

After calling my superior as per protocol and filling out the requisite paperwork, I call his father.

"Who is this?" he answers through a drunken stupor, I state my name and convey the nature of my call.

"I'll be there right away" followed by a click.

Two hours later a disheveled man reeking of alcohol barges into the unit. The nurses perk up like antelope on guard, aware of the hungry feline in their proximity. They are looking to me to diffuse what may become an ugly scene requiring a call to security. I walk over to him, introduce myself, and before the words offering to see his son leave my mouth he utters "I want the names of everyone working in this fucking unit 'cuz I'm gonna get me a lawyer and sue all your asses". The nurses glance at him furtively, as if not looking at him would miraculously make him go away. Clenching my teeth, restraining myself with every ounce of will I can summon, I hand him an index card with my name and patient representation's phone number. This disarms him long enough for me to ask almost accusingly, "Do you want to see your son?" Indignantly, he answers "Yeah...shit!"

He goes to the crib, exchanges a weak greeting with Mommy and gazes at his dead son. Almost no words are uttered for forty minutes. Then some tense but civil dialogue ensues between Mommy and Daddy. He breaks away, clearly on his way out. As he approaches the nursing station where I am sitting he attempts to compose himself. "Hey doc, can I ask you a question?" "Yes" I reply, bracing myself for any absurdity at this point.

"Hey doc, do you think you can write me a note for work?"

"No, I can't. I really can't."

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