

Night River

By Daniel Shalev

The first thing I notice when I walk into Ms. Pont's room is how sick she looks. She's so gaunt that her bones seem to be sinking in on themselves. And so dry that cracks run through the skin of her bald scalp. Her lips are caked with dried blood. A tube runs directly into her belly for sustenance. She can't speak because she has a tracheostomy without a speaking valve. Her eyes are the only things about her that look completely well; they are very clear and look huge in her bone-thin face.

Despite the many stigmata of terrible illness, she has poise about her that I find lovely. I think she affects it through a preternatural alertness of expression and through hands that, though weak, are strikingly lithe. She looks at me directly when I am at the doorway. There is a great distance between the intense substance of her gaze and the insubstantiality of her body, as though her spirit is asserting itself even as her flesh falters. Maybe it's my memory doubling back on itself, but I remember I am struck by how much her gaze evokes both her determination and her fear.

From her chart, I know she is dying from a cancer, which has destroyed her bone marrow's capacity to make new blood cells. She has been in the hospital for months, in and out of ICUs, wrought by every infection imaginable, and now unable to breathe without help. The prognosis is dire. Still, she insists on every chemotherapy that her clever oncologist can devise. There was a reprieve before this hospitalization when the therapies worked, but now she is out of options. The chemotherapy's role is to keep the mutated strands of bone marrow aglow within her from producing more cancerous cells, but the treatments make a deep dent in her healthy tissues. And she has none to spare. More chemotherapy would kill her, likely sooner than the cancer.

She's at a point in her illness where every option is a bad one. I am here as a senior medical student on the hospital's palliative care team. Ostensibly, our job is to help ease her suffering by formulating medications against nausea, pain, and secretions. But there's a deeper suffering that needs easing, too. The other physicians tell us that she wants more chemotherapy despite being told it would be "unlikely to provide any further benefit." These doctors agree on her prognosis but can't find the language to tell her that she is dying. The unspoken hope among them is that my team and I can help her choose a path through her illness that reflects her values and wishes, not just her fear. We need to help her let go of possibilities no longer possible; that is, hopes which have outgrown their use and become delusions. We are here to help her die, well.

As I enter the room Ms. Pont's gaze warms and she smiles at me with querying eyes. I approach the bed and explain my position. I tell her that I am here to help with her symptoms. I focus on the physical suffering, because we haven't established the intimacy to talk beyond that. With her daughter dutifully aiding in translation, I perch tenuously on the edge of her imposing, mechanized bed and we take each other in. The first day, I spend time just sitting

with her. She is in a large, well-lit isolation room on account of her infections. Late summer light from the southern windows streams in and moves languidly over the room. Outside, the east river is shimmering.

Her daughter explains to me that she was once an accomplished figure skater and coached several elite athletes until this hospitalization. Even on my first day meeting her, she has several emissaries from the uppermost echelons of her sport visiting with her. They play her videos of the most recent performances and bring her pictures to put up. The walls of the room are peppered with images of her coaching and competing. Someone has brought her the New York Times, which lies dissected around her.

At first, communication is very draining. We don't know each other and it seems as though we speak a different language. But her eyes are very expressive and her fingers can still move pointedly and her daughter understands her. She is terribly nauseous all the time and I immediately set to work with my team figuring out a concoction of medications to control this symptom. But when I ask her what she wants, the answer is not for her nausea to go away, it's to go home. She mouths that she's afraid, but won't elaborate. When I push her to say more, she breaks eye contact and gives a small shrug. Or she looks at me expectantly, as though I might answer my own question. Even on the first day, there's a strange tension she conveys between her desperate desire to go home with more chemotherapy and the sense she seems to have of how sick she really is. She is kept abreast of the news: infection after infection, worsening weakness, and rising cancer markers. And she hears it. And, I guess, she doesn't.

I suspect she knows she's dying. She is currently on powerful antibiotics that are making her constantly feel terrible and her infections are still getting worse. Does she want to continue with evermore toxic and powerful drugs as a hospitalized inpatient? Would she rather adopt a less aggressive stance while continuing to treat the infections with unpleasant but perhaps not unbearable weaker drugs? Would she rather move to a hospice and focus on ensuring her comfort? In the course of a life rich with experience, shaped by the paths she's chosen up to now, this may be the last great choice she will make about who she is and what her life will be. My team's job is to help her make this choice. Not necessarily a "good" choice (is there even such a thing?) but a true one based on realistic hopes and possibilities. Our work begins that very first day, but already I feel the twin pressures contracting on us like a heartbeat: fear and time, fear and time, fear and time.

All summer I am in turmoil. Not because of the intense experiences I have on palliative care. Not because of Ms. Pont, who I meet late in the September and think about all the time. It is because of my own closing doors and the encroaching rhythm of my own limited time. It has been building all of the past year as I rotate through each medical school requirement: medicine, surgery, pediatrics, neurology, and psychiatry. I finish my final third year clinical requirement, a grueling three months of surgery, on a balmy day in late June after a long subject exam. I leave the building where I sat my examination and I walk out to early summer on First Avenue. I can't stop squinting because it's so very bright, but also because I've looked at so many drab hospital operating rooms and sick bodies for the past months and the world seems overwhelmingly well. The day is just about a thousand degrees warm but not even a little hot, and the sun is streaming everywhere, and I walk toward Central Park drunk off how lush everything's become since I last enjoyed the outdoors. All the missing I felt for the city

while stuck in surgery those long months is released and I feel completely like I belong again, and like I am a person and, even more so, like I am my own person. I feel like the future is spilling out before me obscene with abundance. It's a moment of tremendous joy.

Sometime later in the day, I check my phone and waiting in my email inbox is the dean's missive to every rising fourth year student: "If you have not decided what specialty you will be applying into, please make an appointment to see me IMMEDIATELY." But this must be a mistake. How can I already have to decide? I've spent the entire past three years honing a thousand precious selves through hard, hard work. I love almost all of my rotations, and with each one, the invitation to create an identity within that specialty is compelling. For one summer, I am a pediatrician. Another month, an emergency room specialist. For a few weeks, a neurologist. Some of my many selves require strength and confidence, others sensitivity and insight. Over the year, I am a nurturer, a warrior, and a hundred other things. Each of these selves has a distinct life affixed to it: where I would live, what I would do, what would matter to me. Until now, these identities have existed happily in the pluripotency of medical school, but suddenly I have to kill all but a select few of these precious iterations of myself. I want nothing more than to hold each of them greedily against me and to never let them go.

I've always struggled closing doors; my indecisiveness could fill volumes. Lately, I've started to think that in an abstract way, this indecision is my own struggle to deny the undeniable fact of my own death. Every possible future I give up is lost to the imposition of mortality: there can only be so many identities, accomplishments, and dreams packed into the brevity of a single life. Already, even if I am safe in my assumption that my mortal hour is far, I feel the loss of parts of my cherished self to the unyielding demands of transience.

My way of coping with the affront of mortality is to refuse to entertain its ever-increasing limitation of the self. It may be maladaptive, but I think it helps me to understand my patients. I don't want to suggest that my relatively minor choices mirror the anguish of my patients' decisions. But I see my own conundrums magnified in patients who, understanding that chemotherapy will no longer help them, still cannot give up the idea of more. In the space built through this recognition, I can relate to my patients. I can rage with them. I can cower with them. The interactions we share are suffused with our mutual vulnerability. At our best, we meet not as doctor and patient. Instead, we share in confoundment at an existence that manages to be both so very vast and so cruelly small. My great hope is that in recognizing and accepting my patients, I can help them to move forward through fate's slights with bravery and peace.

Soon after the dean's alarming email, I elect to apply to psychiatry residencies with the hope of subspecializing in palliative care. Over the summer, I am immersed in the world of psychiatric consultation in the hospital and I love it. The work to fix patients' fractured inner lives is powerful. The vast knowledge of the brain and behavior is stimulating. I feel as though I've found my path. But there's always something missing. I often find myself thinking about the thrill of confronting physical illness. I miss laying my tentative hands on the body and manipulating it through procedures to help it heal. Because I love what I am doing, I wonder whether these thoughts are just the plaintive echoes of the hundred selves I have abandoned. If so, I reason, they will eventually disappear. But I worry they will linger as ghost selves who remind me constantly of the skills I gave up to hone myself as a palliative care and psychiatric physician. The question lingers despite every measure of satisfaction: What if I am choosing the wrong self? All summer, my stethoscope sits untouched at the edge of my desk at home,

coiled as if in sleep. I think about the weight of it, the sensation of pressing the diaphragm into a patient's chest and hearing the very depths of them: how can I give that up?

"How can I give that up?" Ms. Pont asks me as we sit looking out at September, passing. Thinking back now, I don't remember what day it is or what else is going on, but I have a very clear sense of my intention: I'm trying to talk to her about hospice. The things I remember about the month we spent working together are piecemeal. Perhaps the strongest general impression I have left is just of sitting with her. Sometimes we look at each other. Sometimes we look out the southern windows at the waning days of September and the subtle fading of summer's brightest light. I never know exactly what I'm doing; this is, after all, new work to me. Intuitively, though, I feel like I understand her hesitancy to let go of the desire she has for more interventions. Even useless, harmful, worn out options can bring more comfort than I seem able to.

I wish it were a clear narrative in which my team met her and brought her smoothly to a place of acceptance and peace. Instead, it is fractured. Instead, I remember fragments of time: vignettes of our interactions and conversations that I struggle to place into temporal context. She accepts and she doesn't. We succeed and we fail. We create a common language. Each day, my team comes in to see her, or I come alone. I explain the adjustments we will make to her nausea and anxiety medications. I ask her how she is. On days when she doesn't want to talk, to really talk, she tells me she doesn't feel well. That's my cue to keep it light. On other days, she invites me to worry with her; I remember that once she has a speaking valve she often tells me "I'm afraid I may be dying." But only when we are alone.

We sit in the small palliative care conference room with her three adult children every few days. The room is narrow and small and has just a few seats arranged in a circle around a coffee table. We gather around the table gravely, like family in crisis. "What's the point of forcing her to confront something that she finds so unbearable?" one of the children asks me. I remember that. And I remember feeling that she is already confronting it in a hundred ways, but she doesn't have the language to talk about it. I remember, haltingly, over time, they are convinced. "Today, she told me she was worried about what was going to happen to me," one of her children says in a meeting. Another day, "She told me she didn't think she would ever see her grandson again." Finally, "Today, she told me she was afraid of dying."

Over the month, I do think we improve her care and help her begin the process of moving forward. We convince her that it would not make sense for her to receive CPR were her heart to stop. In advanced cancer patients, this intervention is as grisly as it is ineffective. We begin to speak about hospice; there is one near to her home where their expertise in symptom management would be coupled with a space that is much warmer and more accessible than the sterile isolation room of the medical ward. When we speak, I try to ask her what she thinks is going on. I try to guide her out of indecision toward some conclusion. Sometimes she asks me what I think. At first, I am tentative and withholding; I say, "What I think doesn't matter." But I can tell that this hurts her and I feel sheepish for not being brave enough to be open with her. Eventually, I get more comfortable telling her that I think she is suffering because of antibiotics and tube feeds. I can't remember exactly, but at some point, I think I may tell her outright that I believe she is dying. If it is right, I hope I do.

There is one day when we come to meet with her and her children in the company of her oncologist. He tells her directly that she will not be able to receive any more chemotherapy. She is expressionless. I think she should be more upset; she had been asking for more chemo intermittently. But it's a question she knows the answer to. Maybe asking the question is just her own rhetorical slight against the loss. There, just like that, another door closes.

Each day I see her, she looks worse. Her cell counts are down. The amount of sustenance they can pump into her stomach diminishes and her weight drops. Her breathing is increasingly labored with infectious secretions. I am bracing for disaster. I hope she will go to hospice. We talk about it. We plan for it, but only kind of. The social worker is looking for a spot at the hospice by her home, hoping that when the opportunity arises, she will agree. Some days we discuss it as though she is ready to go. Other days, she is adamant about staying in the hospital and continuing her antibiotic infusions. Sometimes, even after meeting the oncologist, she still says she wants more chemotherapy and to go home. I can't tell if this is because of delirium or just denial. I cajole. I listen. I hope. And then, just like that, I'm done.

As a trainee, my rotations are tightly segmented. One month. Not a day more or less. As September ends, I am shuttled to the obstetrics service where I begin working night shifts. Naturally, I say goodbye to her and her family. I try to impose a sense of closure. But there is none. Our work is not complete. I feel like I failed, but have no time to dwell on it. My new environment feels like looking into the sun after spending a month underground. I am in a daze my first week. Everything is noise and chaos. Everything is life. Some hours, it seems like every baby in the world is being born here. The fecundity of it is in stark contrast to my time on the palliative care service with Ms. Pont.

When it's slow, I go down to visit her on the medicine ward. I catch up on her chart and go into her room. These visits are different than before. I have no agenda. I'm just another ambassador from the past, come to pay my respects. Her eyes are much milkier now and she seems less awake. At some point, without my involvement, she decides to go to hospice but she still awaits a bed. When I come to her room in the evening, she smiles and beckons me, but I'm not sure she remembers who I am. Because it is the evening, her children aren't there and it's just her and me. I sit with her, but there is no September light streaming in, just streetlight reflections bouncing off the night river. The room is dark and quieter than I remember. She doesn't speak much, but I think she appreciates having someone with her. Each of the three or so times I see her once I've gone off service, she dozes off soon after my arrival. I can't be gone very long from the labor floor; the babies cannot wait. Quietly, I get up and tiptoe out of the room, looking back to make sure she's still sleeping. I don't think I ever say goodbye.

A little over a week after leaving the palliative care service, I learn she's gone to the hospice in Brooklyn. All the forks in the road are past now. The September day draws out into dusk and then into dark. Ahead the river at night shimmers like oil, its waters moving at some unknowable speed towards somewhere else. I imagine she is on a boat on that black river, placidly sitting. I imagine I watch her from shore, a piece of substance on the ether of the night water. She is smaller. She is smaller. She is gone.

Two or three weeks later, I run into another doctor who took care of her. This doctor tells me that Ms. Pont died in the hospice. By then, riddled with disease as she was, I take solace in thinking that the antibiotics and chemotherapies whose nauseating effects I spent a month battling were washed from her body. For her, maybe for me, I hope she was comfortable. I hope she had some peace. I hope she didn't think back and rue the therapies

she should have continued, the cures she should have pursued. I knew her. I don't think she did.

Sometimes in September and October, I walk home through Central Park. I do this in the evenings after work and so the sun sits behind the trees, facing me as I walk westward. Early in September, the trees through which the light is filtered are so deeply green that it's impossible that they could ever be anything but. Later in the month and into October, there's a change in the color, a yellowing that is only perceptible when the light streams directly through the leaves. It's not even fully a color, more an intimation than anything else. But it's very clear--the way a day in autumn can be warm but still clearly autumn by the sharpness of the air and the distant, distant perfume of smoke and ice. Everything is the same, but suddenly much more finite.

When there's wind, the leaves sway like elegant dancers up overhead. Their movement makes me think of Ms. Pont, both while I'm caring for her and after I'm gone. Their change in color makes me think of my own life and how rushed it suddenly seems. After college I felt a sense of open possibility. It never would have occurred to me that every choice I made meant giving up something else that I might do, that I might love. At the time, each wish conceived could be fulfilled in the eternity of a lifetime. And now suddenly, as I finish medical school and refocus from my immediate task to the broader arc of my life, it seems so much less. The green suddenly has a subtext of yellow.

I'm not sure what changed. It could be the contrast between the breadth of experience one has as a medical student and the necessary narrowing one assumes as a physician. Maybe it just comes with age; I'm still young, not even 30, but I have a career and a spouse now and the wild impetuosity that comes with being unobligated is gone. Perhaps it's even a consequence of time spent with the sick and dying, which forces me to remember my mortality so very frequently. Whatever it is, I yield.

But no, this is not only a story about loss. When I think about Ms. Pont, I think about knowing her. I spent only a month taking care of her. Over that month, I spent just hours actually with her. But even in such a short time, I got to know her very deeply. Nothing shared between us was superfluous. I can't imagine anything she said in her final months was; it was so very hard to communicate through the tracheostomy and so exhausting for her to try to sign. I was lucky enough to have the objects surrounding her explained to me and the people surrounding her introduced to me. Each and every object in her room was an integral part of who she was; they were her very most treasured things. Each person who visited her was equally vital: all of them loved her as the dying middle-aged woman and many of them remembered her as the virtuosic young athlete.

I think that during the time when the fear and the uncertainty about further treatment ebbed, she was as true a version of herself as she could be. She had a sort of purity of self and purpose about her that was likely why she was so easy to connect to and also why she was so haunting. Knowing her briefly as I did, I had the sense that she had become almost the quintessence of herself. As though every choice she ever made, every path she ever took, every part of her identity had led her to this point. As though the work of becoming herself was complete.

A few weeks later, I begin to go on interviews for psychiatry residency programs. At first, I'm very anxious, still uncertain about what path I want to take. I feel acutely the sense that by stepping in to my first psychiatry interview, I lose countless other opportunities. But as soon as I begin, I find something else, too. Deep within me, nestled with the anxiety, there's a sense of excitement. All the selves I couldn't shed were obscuring my future self; suddenly there's my own sense of becoming that wasn't there before. This is different than the more youthful excitement I used to feel gazing out at my life's horizon; rather, it's a sense of understanding about who I am and what my life will be within a framework of many choices. When you are everything, you are nothing. I am on the precipice of becoming something.

At every interview, I listen to the myriad ways I will be trained, the many chances I will have to appropriate my new knowledge and skills to build an identity. I meet with faculty and am asked, "What will you do with your training here?" And each time I answer, this chosen self becomes more real. It doesn't take the sense of lost possibilities away. I think I would have been a wonderful internist. I wish I had infinite time to do that, too. But I feel empowered, even if there's a lingering sadness. I wonder if Ms. Pont, in some way, shared this sense of empowerment when she finally made the decision to go to hospice.

I guess there's something saccharine, almost disingenuous, about imposing this sense of meaning onto Ms. Pont's decision. But meaning is always imposed. I like to think that we worked together, she and I, to impose meaning onto something that had the potential to be a terrible void. For myself, the meanings I create are gradually becoming truths. I've come to think that maybe the losses of all the potential selves within me are creating a space for my truest self. I'm sad for Ms. Pont and her pain. I'm sad that in my life, I will never again have many of the experiences I loved so very much in my medical training. But I insist that when I am on the shore one last time, stepping on to the boat, it won't be the selves that didn't come to pass that make that last journey. The only self upon the shimmering dark water will be the self I have become, the self I am creating.

***Some details of Ms. Pont's case have been changed to protect her anonymity.

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