

Doors, Walls, Barriers and How We Break Them Down

By Jake Drobner

I'm standing in the middle of Adult Emergency Services. The doctors call it AES for short. It's a humid Friday night in July, and it's starting to get crowded. I can feel the air-conditioned emergency room warming up as the spaces between people, hospital beds, blood pressure machines, and crash carts start to tighten. Each opening of the doors to the ambulance bay brings not only an oppressive wave of hot air but also a new patient: maybe it's a girl who's fallen onto the subway tracks and severed her arm, maybe it's an old Chinese man with sudden heart failure, or maybe it's the man from 28th and Second Avenue who drinks until he's belligerent enough to stumble one block over and fall asleep on a stretcher.

Things like these are regular at Bellevue, almost automatic, like the ambulance bay doors themselves. I have yet to see anyone—not the doctors, not the nurses, not even the social workers— express shock at a patient situation. On only my second time in the emergency room, I watched two doctors pull an empty bottle of champagne out of a man's rectum after he was triaged for “abdominal pain, needs x-ray.” An hour and a small dose of ketamine later, the bottle was in the trash, the doctors had typed up their paperwork, and everyone had moved onto the next. No injury, illness, or intoxication is too outrageous— the staff works like clockwork, each surge of humid summer air setting into motion their next unpredictable challenge.

I'm wearing khaki pants and a bright red polo made from thick cotton, which is an excellent fabric if you like being damp with sweat at all times. It says “volunteer” in white letters over the left pocket. I'm suddenly jealous of the airy, blue scrubs that the nurses, doctors, and patient technicians are wearing— aren't they so hospital chic (and such nice shades of blue!)? Chromatically, I stick out like a sore thumb. I'm self-conscious about the adhesiveness of my sweating back, and I feel like even a colorblind fish could spot me in this swarming, cerulean sea. I realize I've been standing on linoleum for so long that my feet hurt, but then I look at the man coated with shingles in an isolation room ten feet to my left, or the man whose lip was bitten off after he was smashed in the face with a glass bottle, and suddenly my feet don't hurt anymore. And, on second thought, maybe I don't stand out that much.

Suddenly, the ambulance bay doors whoosh open again, and a young woman is rushed into the bustling room, her boyfriend not far behind. She's hysterically crying because she fell over while they were out dancing, and she's broken her nose. “Possible concussion” is written on her triage note. The nurse wheels her over to the Team 1 hallway because there are already three patients behind the thin veils of each white curtain that designates a room. Over hysterical tears and the beeping of vitals machines (“He's becoming septic!” yells one doctor to the next), I hear the loudspeaker blare “TRAUMA IN THE SLOT, LEVEL 1, TEAM 2.” I grab a belongings bag and head over to the trauma slot, where the Team 2 doctors are already cutting off the man's clothes. Gunshot wound between his left ribs, but he's going to be ok because it just missed his heart. I pass by Pediatric Emergency Services on my way back, and I witness a toddler vomit on his mom. Suddenly a fourteen-year-old girl shimmies a taser out of

her bra. She fires it (tzzz!), just narrowly missing the doctor who is inspecting her wounds. Hospital police is called. I head back to Adult Emergency Services, and Team 3 is dealing with a tall woman's manic episode: She needs to finish her dialysis, but refuses to cooperate, so now she's standing in the middle of the hallway demanding to leave. I've seen her here before, many times, always screaming at the top of her lungs about wanting to leave before her dialysis is complete. Hospital police is called again. I turn back to Team 1, and a homeless man with no legs is lying on his back and peeing onto the floor of the emergency room from his stretcher. The perfect golden parabola and its matching puddle simultaneously amuse and disgust me—the other two men in his crowded pseudo-room appear to express only the latter. I help clean up the mess, thinking to myself just how absurd this place can be. I retire to the nurses' station, one big oculus placed in the center of a whirlwind of emergencies. I am back where I started, back in the eye of the storm. There's something unexpected happening every direction I turn. I feel totally engulfed in the organized chaos of IV poles and stethoscopes and Spanish and Chinese and sick prisoners handcuffed to stretchers, asking me for extra cheese sandwiches.

And then my replacement arrives, and my five-hour shift is over, just like that. As seamlessly as I was thrown into Bellevue's beautiful storm, I walked right out of AES, back through the hospital lobby, and into the darkness of the July night. Even at midnight, First Avenue was full of yellow cabs and busses and bikers and people. But outside the vibrant walls of Bellevue's emergency room, everything felt silent. On my walk home, I thought to myself, *there really is no place quite like Bellevue.*

It's 12:45pm the next day and I'm walking back up First Avenue to the hospital entrance on 27th Street. I pass back through the atrium and grab a croissant from Au Bon Pain. It crosses my mind that I should sit down to eat, but then I see the same residents from last night (have they even left the hospital?). I decide I'll fit in better if I scarf the warm pastry down while I'm walking. I arrive back in Adult Emergency Services, where nothing has changed. This place is busy as ever, and the nurses send me over to help feed a man who's become paralyzed from the neck down after a car accident. I sit with him for a while, and I'm impressed by his positive outlook on what certainly seems like a tragic situation in my eyes. I can tell he really wants someone to talk to, and I'm touched by his willingness to be honest with me. A few hours pass before he begins to doze off, and then his nurse walks in and asks me to transport him up to the sixteenth floor. He'll be staying at Bellevue as an inpatient while he undergoes rehab to try and regain motor function in his body. "Sure, no problem," I say to the nurse. I didn't expect this transfer to be anything special.

I arrived on the sixteenth floor and turned towards the west wing, where I followed protocol and handed the sleeping man's chart off to the nurse behind the counter. She said thank you, and I turned around to head back towards the elevator doors.

"Hi excuse me Mr. Red Shirt?" I swung back around. Another nurse was trying to get my attention. "What's up?" I asked.

"We're really understaffed tonight, and I can't leave one of the patients alone, but I need to spend some time writing notes on the computer at the other end of the hall. You're a volunteer here, can you stay with him for a while? He's one to one."

"Uh I'm not really supposed to spend my shift on this floor, and they're expecting me back downst—"

She cut me off, "Please! Just for one hour! It would be so helpful if you could stay with him. He's on one-to-one so he needs a patient sitter!"

I could see that she wasn't taking no for an answer, so I finally acquiesced. I guess I wasn't really doing much downstairs anyway—it's just way more interesting down there than up here. *Don't be selfish*, I thought to myself. I walked into the room and found a boy sitting and eating cross-legged on the hospital bed. He was roughly my age, and his long, shaggy hair reminded me of the twelve inches I just chopped off my head a month ago. We made brief eye contact, and I noticed that his crystal blue eyes were exactly the same shade as his soft linen hospital gown. I said hi—he stared blankly at me, and then turned his head back down to the unappetizing meal in front of him. I sat down in the chair next to his bed and tried to pass the time with small talk.

“Where are you from?”

He replied without looking up, “I don't really want to talk right now.”

I imagine that he saw me as another person who only wanted to talk to him because I had to, because I was responsible for him. He saw that I worked at the hospital, and immediately lumped me into the group of people who were just “doing their job.” I was a little thrown off by how reclusive he was being, especially since I had just spent almost three hours shooting the breeze with a paralyzed stranger downstairs. What had I done to receive such an opposite reaction this time? *Oh well*, I thought to myself, *I'm stuck here for at least another half hour if not longer. I can just sit here silently and watch him eat.* So I did, waiting patiently for him to break down the walls he had put between us.

As a volunteer, there's not too much you can do for patients except talk to them. I couldn't (and still can't) diagnose or treat illness like the doctors, and I didn't even have the clearance to do things like take vitals or draw blood. Being a volunteer is about being a patient advocate—about listening to those who walk into the chaos of the emergency room, scared, alone, and overwhelmed. I had learned a lot about the power of just *being* with someone over the past few weeks at Bellevue, so I felt comfortable sitting in this sterile, fluorescently lit hospital room, staring at the whitewashed walls, nothing but silence between me and another human. Whether he wanted to admit it or not, I knew that having another person here was comforting for him.

And apparently it was: from inside his shirt, he pulled out three stashed bags of Chips Ahoy cookies he'd stolen behind the nurse's back. He opened the milk carton from all four ends, and poured the cookies into the bowl of milk, like cereal. Smart, I thought.

As he finished eating, I walked over to the window, where I could see all the way to the Hudson. The hospital towered over the small, gray buildings of Kips Bay, Greenwich Village, and Chelsea. Looking northwest, there was a perfect view of Midtown's stunning skyscrapers; the hospital looked straight at the Empire State Building. The view captured the beauty of New York's skyline as if we were in a helicopter; it was almost too good to be true. On impulse, I blurted out, “Oh my god, have you seen the view from this window?!”

“No.

His voice was reluctant but soft. I wasn't sure if I had made the right choice to talk to him again.

“You should come check it out!”

He stood up and walked over.

“Wow, you're right, this is pretty amazing,” he meekly admitted.

I could feel the walls cracking.

“Hey, what you did with the milk and cookies back there was pretty clever, you know? I've never seen someone do that before. Genius!”

“Really? I do that all the time. It’s way easier than dipping the cookies into the milk... Actually, do you think you could find more milk for me? I still have two bags of cookies to eat.” I ran and grabbed him some milk from the fridge around the corner. When I came back, he was delighted, and made another bowl of cookie cereal.

“So, where are you from?” I asked again.

And just like that, there were no more walls. He told me everything: about where he grew up, his childhood, his transition to adolescence, and his decision to drop out of school. He told me he started having episodes, which cost him his job and pushed him into homelessness. He’s been in a shelter ever since.

“Episodes?” I suddenly remembered that 16W was the wing for psychiatric inpatients.

“Yeah, like how I ended up here.”

I hurt for him because I could tell that he felt alone, or even worse: trapped. I was humbled that he shared all of this with me, especially since all I had really done was make him look out the window. I wanted to help him in whatever way I could, so I offered to find a social worker who would talk to him. He told me about the time he visited Florida many years ago to see his uncle. He didn’t like it there very much because he prefers cold weather places. “Me too,” I said.

“Oh my god!” The nurse interjected as she walked in the door. “I’m just so happy. Thank you so much! He hasn’t talked this much in days. Thank you so much! I’m so happy. Thank you so much!” She was close to tears, and at first, her reaction surprised me. I didn’t realize he had been so silent prior to meeting him, so I wasn’t really sure what to say except an awkward “No problem (?).” The nurse’s cheerfulness was starting to make me emotional, so I turned to my friend in the hospital bed, “It was nice to meet you, I’ll go get the social worker for you now.”

I got back in the elevator at 5:58pm, still trying to process what had just happened. As I plummeted sixteen floors down in this rumbly metal box, I felt overwhelmingly happy. Had I made a real impact on someone’s life today? Does he feel less alone now because of me? Is this what it feels like to be a doctor and treat patients? Is this the best day ever? I couldn’t stop smiling. I felt so accomplished, so touched, so inspired. The elevator doors opened on the ground floor, and I must have looked silly to the doctors who walked in. I didn’t care though—I felt the best I had in weeks. Pure elation coursed through my veins as I headed over to the social worker’s office, a feeling that, to this day, I still remember vividly.

A few days later, I saw the social worker that I asked to speak with my friend on sixteen.

“Hey, how did it go with the guy on 16W? Were you able to help him out at all?” I said.

“Oh hey, I actually was super busy last night with a few other cases, and I wasn’t able to make it up to the sixteenth floor because I had to give priority to the AES patients. I’m really sorry about that! I wish I could’ve helped, but I got so caught up down here with a bunch of domestic violence cases.”

This was a little hard for me to hear. I felt I had forged an honest connection upstairs, only to promise him help that never arrived. It wasn’t the social worker’s fault, and I certainly didn’t blame her. She was doing her job, just as I was doing mine. I wondered if, sixteen flights up in the clouds, he was upset or angry with me. Does he think I tricked him? I didn’t want him to feel disrespected. Did he just add another mental tally to the list of disappointments in

his life? I didn't want him to be any sadder or sicker than he already was. If I went back up there to see him, would he have rebuilt the walls that I broke down?

Ultimately, I decided I couldn't beat myself up about this—the outcome was out of my control. Whether he received the help he needed or not, I felt I had at least given him some reprieve in the chance to unload his frustrations on me. I acted genuinely, and I left the metaphorical door open while he ate his cookie cereal and brooded. I showed him I was ready to listen to him as soon as he was ready to talk to me. He responded because, intrinsically, we don't want to put up barriers between our selves and others. Nobody wants to be alone, and busy hospitals can be particularly isolating places. At the end of the day, the relationship between a patient and a healthcare provider is a human-to-human connection; our shared corporeality is the basis for empathy. We all know how good it feels when others listen to us, and therefore we owe it to others to listen back. Reciprocal listening not only alleviates pain, but also functions to remind us how innately connected we are to others. This is perhaps what makes Bellevue's emergency room so special, and why I feel so privileged to have worked there: There are no real walls. Everything is seen and heard; privacy is limited. This forces a shared experience among everyone who enters Adult Emergency Services. Bellevue taught me that medicine is narrative— it is about being heard— and if leave your door open, if you carry yourself with honest ears, then the people you interact with may just tear down their walls too.

Jake Drobner is a recent graduate of Columbia University, where he received a B.A. in Neuroscience & Behavior. He is currently working at a fine dining restaurant in New York City while he applies to medical school. Outside of writing and reading about Narrative Medicine, he enjoys snowboarding, crossword puzzles, and anything Scandinavian.

© 2017 *Intima: A Journal of Narrative Medicine*