

Medical students get four years of training before they're thrown into the deep end. Nursing assistants? A scant two weeks. Many NAs come to the UIHC with previous experience, to whom this training must seem laughable – but imagine. Have you ever fed another adult? Bathed them? Shaved a man's face when they can't use their hands? Dare I mention – peri care? No two weeks will make you feel ready to help a stranger with the aftermath of a bedpan for the first time.

My first day on the unit, the person who orientated me shepherded me into the room of patient that was baby-bird-bald and had a broken hip. She swung in and out of confusion, in and out of being able to talk. She also had C. Diff. The poor lady was lying in a pool of her own stool - like chocolate pudding before it sets, except revolting.

Nurses and their assistants have truly ingenious series of roll-and-tuck tricks to change linens of bedbound patients. Even as gentle as we could be, she was in a lot of pain and cried out as we rolled her, begging us to please stop, crying. Please, just leave it. The nurse explained to her like she was a dim child that we couldn't leave her like that, that it would infect her bedsores, while I stood there holding her leg in place with a sense of distant horror. My very first day – what an introduction.

I gave myself shingles from the stress of my first few weeks on the job, and was barred from entering the rooms of any immunocompromised patients so as not to spread the fun around. One of these patients was a man I'll call Darren. Darren was a favorite on the ward – aside from being a genuinely charming person, he also bought cupcakes for the whole nursing staff and carried around a bag of candy with him that he would offer out to his care team. On one of his daily walks around the unit, he spied me at the nursing station and offered me some salted caramel. I agonizingly explained that I was sick and couldn't go near him, and what did he do? He set the candy down in the tray of his IV pole, and holding onto his tubing sent it rolling out across the floor to me. He reeled it back in and told me to feel better, as if he hadn't just both given me candy and made me a witness to the cutest thing I've ever seen a grown man do. How could I not feel better after that?

We once had a post-transplant patient, a sweet old man I'll call Abel, whose wife would bring in ziplock bags full of cookies for us whenever she visited. Take a cookie, he would urge every time we entered his room. I suspect he had a lot of not-strictly-necessary staff visits, but admit to nothing.

I was accompanying him on one of his thrice-daily walks, pushing the cart that held his oxygen tanks and his suction canisters, when a small ruckus stirred up at one end of the unit. It was a former patient, come back to visit us. He had stayed with us for months, I explained excitedly. His brain injury had made him like an adult-sized infant for nearly the entirety of that time – unable to speak, walk, or move with any sort of purpose. And here he was, standing on his own two feet and telling the nurses that he remembered them, looking so much better. I couldn't stop grinning that whole day. Isn't our ability to recover amazing? I said to Abel. Yes, he agreed, smiling. Amazing. Abel died violently two nights later, his incisions split wide open by the nurses trying to bring him back to life. I was the one to scrub dried flecks of his blood from the monitor the next morning. So it goes.

A man said once, while I was wiping up his embarrassed, incontinent mother, thank god for nurses. Thank god for helping us. Setting aside that this was my actual job description, how could I not? Of course I'll help this sweet little lady be clean and comfortable; of course I'll help her preserve the scraps of her dignity. Hospitals can be a shocking place for the modestly inclined – I saw no less than four

separate penises flopping about in the open during my first day on the unit. Of course I'll do what I can for this woman and her sons, and not resent it, and feel proud of my little part.

A trouble-patient came to back to our unit in my first weeks there. One of my coworkers announced his return and the entire staff room groaned. Not *him*, they said. Ugh, he's *horrible*, they said. It shocked me that professionals were talking about a patient in this manner. I didn't understand, then.

And if I caught myself briefly thinking, this job doesn't require a special person at all, just an ounce of *humanity* – fear not, pettiness and irritation swiftly rescued me. We'll call this patient Ronald.

Ronald was a train wreck of comorbidities and complications. He was medically non-compliant – his post-surgical nurse found a half-eaten whopper lost in his bedsheets during a strict diet order. And he *whined*. He stayed on our unit for months, steadily whittling down the nurses that would agree to take him on.

I can't reach it over my belly, sweetheart, said Ronald. You'll have to pick up my penis and hold it into the urinal. Really? *Really?* You didn't seem to have any trouble when Nurse Chickenhawk was on shift earlier. Of course, she's older than even you, creep.

And he would call the nurses for everything. If his fan was off by an inch. If he needed the blinds closed, but no, not that much! To FLUFF his PILLOWS. He was annoying and disgusting and contemptible, and some days it was all I could do to remain pleasant with him. His condition was serious, but also to an extent self-inflicted, and my compassion did not stretch far for him. Especially when a girl (let's call her Emma) who had been our patient for months, uncomplaining and pleasant and dying, was moved to the room next to his to withdraw life support. And still he would call, call, call for the most trivial things.

My favorite author wrote that the greater suffering of others does not diminish smaller sadnesses, which struck me as such a beautiful, validating thought when I first read it. But it was hard not to burn with indignation at the stark contrast between Ronald and Emma, when he insisted upon so much time and attention that everyone would have been much happier to freely give to her and her stalwart husband. He would yell out demands to staff entering her room in her last days of life, like a spoilt siphon. His pain was certainly diminished in my eyes in comparison to hers, and her husband's, and I wonder now if I would even want to change that view. Would it make me a better, fairer clinician, or would it just make me feel like I was trying to deceive myself? I suspect the latter.

On one of my best days, I gave a shower to a patient I'll call Mike. I didn't find this out until afterwards, but Mike had shower-related PTSD – years before, in the very same shower room, his oxygen canister had run empty and he couldn't reach the call cord. No staff were near. He'd thought he was going to die.

Showering patients was a pretty normal event in my days, and I hadn't thought much of it at the time. I'd briskly helped him wash up while he told me a funny story about a time he'd hit his head in Colombia and wandered to the road, hitching a ride with a chicken farmer before coming back to himself. We laughed and joked and got him dried off, got him dressed, and wheeled him back to his room. Like normal. Until later in the day, when nurses left and right were coming up to me and congratulating me for doing such a good job showering the guy. He's raving about you, one told me. He says you kept him so distracted from the fact that he was showering in there that he didn't even feel nervous. He says you said all the right things, always kept moving, and kept an eye on his oxygen the whole time.

Two things from this struck me, aside from the buoying satisfaction of a job done even better than intended. First, that such a small, routine part of my day could mean so much to someone else – what else do patients cling to that I think nothing of? And second, how direct thanks can be much harder to deliver than spreading the word can be. I'm guilty of this myself – sometimes it's just too awkward, too confronting, to express gratitude even when you feel it to your bones. He did give me the brownie from his tray that night, though – one of my favorite ever thank-yous.

There was a kid on our unit, younger than even me, with yo-yoing health. On death's door one week, laughing and playing videogames in his room the next. We were able to send him home gladly, exclaiming to each other how lucky it was that his liver was young, that he could bounce back like that.

He returned to us a week later, swelled up like a balloon. He was retaining so much fluid that his skin was stretched shiny, that it looked like he'd doubled his weight. While I was giving him a bed bath one day, a very young doctor came into the room - without knocking - and said, oh good, I needed to examine him anyway. He then slicked up his finger and did a rectal exam without a single word of warning. The poor kid jerked in surprised violation as I stood there, shocked. He didn't even apologize before he left.

The number of times that nurses, annoyed with their patient's physicians, warned me not to become a doctor like *them* would probably have seemed more excessive had I not witnessed this. How do you forget this? Are you so busy, so sleep-deprived, so distracted that you don't understand that a teenage boy would be alarmed and humiliated to suddenly have you finger-deep? Did this job make you into this? Will I need to guard against this lack of care too?

Near the end of my shift that night, his nurse called me into his room to help turn him. Moving was painful for him because of his edema, but she told him, look! This girl's stayed late just to help me reposition you, because you're her favorite. She really likes you.

He was so ill and uncomfortable at this point, but he *grinned* at me and looked so warmly pleased, and didn't complain at all when we shifted his limbs.

She'd lied to him – I wasn't even late, much less had I communicated anything of the sort to her – but I am so, so grateful that she did. He died a few days later, and at least that tiny moment of his final days could be happy.

To get to the morgue, you have to go through a series of dim tunnels in the basement of the hospital and get into a big, old fashioned wooden freight elevator that is painted black on the inside. It is illuminated by a single bare bulb. Somebody has written DON'T LOOK BEHIND YOU in marker on the back of the door – you can only read it once the elevator closes upon you and the body. It is almost delightfully creepy. I wouldn't believe this if I hadn't seen it myself – if I were you, I'd think me a liar.

So what have we learned? That I'm cheap for free food. Cheap for generosity, for gratitude. And especially, cheap for joy. That the little things matter. Remember: patients are at the mercy of the lowest common denominator. And bribes work, especially muffins.