

Room 3788

I hate that room. Probably the same way someone hates the intersection where someone they loved died in a car accident. Or maybe it's more the way you hate the tombstone that lies over someone you dearly miss. These inanimate objects and locations hold no moral value in and of themselves rather the association they've been imbued with, but only in your tear-stained eyes. Everyone else walks by, oblivious to the trauma you feel in your bones.

On a pleasant Iowa summer day, I enjoyed a nice swim. I was just at the limits of needing a new bathing suit for my second-trimester gravid belly. As I went to sleep that night, I told my husband something didn't feel right. A few hours later I was in room 3788, bleeding, septic, in pain, and devastated. Two ultrasounds in the hospital showed a lively, kicking fetus and I thought we might still pull through the infection together; but alas, the third ultrasound offered me no such hope. Instead, it led to a febrile non-viable delivery, a D&C, and 3 days of IV antibiotics in a small hospital room. Room 3788. As a medical student who had rounded all over that hospital, I was disappointed with my view, a dreary gray parking garage. I knew there were better views out of other windows, even on the same floor, views of parks, statues, or even just a distracting overlook of the surrounding roads. At night I could hear the alarm from the stairwell whenever the door at the end of the hall was left open too long. It was just another reason I couldn't sleep well those days. I hated that room.

Several months later I was back on the same floor, but this time as a sub-intern medical student on an advanced elective in Gyn-Onc. I knew the room was lurking around there somewhere, but I wasn't eager to find it.

A woman about my mother's age was admitted to our service. We thought she was suffering from an adverse effect of her chemotherapy and the plan was to patch her up quickly with steroids, as had been done on prior admissions, and send her back home to resume her treatments. However, after a few days of diagnostic tests, the evidence came flooding in: this was no adverse drug reaction. Her ovarian cancer had spread with a vengeance to an unresectable location. Her prognosis went from potentially years of life to just days and we couldn't get her to Hospice care quick enough.

Normally on those short winter days, I hardly saw the sun. We rounded at 05-dark-30 in the morning and 05-dark-30 in the evenings. Yet I happened to be in the patient's room for a Palliative care discussion in the middle of the day. Her windows were open. I gasped quietly behind my surgical mask. It was my old room. The same damned room. Of course it was. Located at the end of the hall by the beeping stairwell, the ugly parking garage in view. Immediately, I felt connected to this woman and her family. I knew what it was like to suffer in this room.

From then on, I lingered near the back of the door for rounds and looked at the ground so others wouldn't notice my wet eyes. Why did I feel ashamed for being sad for this woman? Was it because no one else showed any emotion? I must be weak. Maybe I'm not meant for this field. Maybe I'm too emotionally connected. All these lies circulated in my brain for a week.

Still wearing the necklace that was given to me as a memento for the child I lost, I overheard the conversation I had been anticipating. "Did you hear that *Ms. Smith died?" quipped one resident to another. "Oh yeah, that's sad. What time was it?" "About 1:30 in the morning." "Like a little bird in the

winter...," said my attending physician as we walked past room 3788. It was the same day as the due date from the pregnancy I had lost.

After her body was removed and the family gone, I stole away for a few minutes to lurk in the room with the ugly view at the end of the hall, thinking of the disappointment that resonated within its cloistered walls. I replayed the scene in my mind, the Palliative Care discussion with the patient now no longer on this earth. During that conversation, I knew words like, "I'm so sorry," and "I can't imagine what you're going through" end up sounding worn after you've heard them a dozen times. So I did the only thing I could, the thing I wished someone had done when I was hurting in that room. Violating the tacit Don't-Touch-Because-of-Covid rule, I rubbed her hand and thanked her for letting me be a part of this difficult conversation. She responded with a warm smile and I exited the room.

If I am to survive as a physician with an intact human conscience, then I need not fear a sense of connection with the tragedies of my patients. That sense of being whole and integrated, even in grief, can transform my loss into a gift of common experience with my patients. The only person I choose to be when I show up for work is my true self, a person who understands love and loss, a person who can boldly connect with her patients.

*This story is true but the patient's name has been changed for the sake of privacy.