A Window of Hope

Annelise Pereira
James Cook University
Townsville, QLD

I walked down the hospital corridor, shifting from wall to wall in an effort to dodge the oncoming parades of kitchen trolleys and ward rounds. It was my first day of placement and as I moved through the hallways, I felt the excitement slow and the mood shift when I arrived at my station: palliative care**.** I thought about the other students and how they would be assisting in surgeries, vaccinating, suturing and cannulating. They were at the centre of it all and here I was, standing in the walkway.

The RMO sipped his coffee and sighed, “Bed 19: A 74 year old Aboriginal male with end-stage lung disease. There’s not much to get out of him. Just listen to his lungs”. We entered the room to find his arched figure sitting in darkness, staring out the window. Any view of the sky was eclipsed by a white concrete pillar which occupied most of the frame. Yet he stared blindly ahead as if he could see his hometown floating in the distance. He was weary but his focus was pointed. It was as though his gaze could bridge the infinite space between where he was and where he longed to be.

I walked to the window which shed just enough light to reveal his gaunt image. He was no longer Bed 19. He was Ben. He was not a pair of lungs to auscultate. He was a dying old man; feeling more dying and old, and less man with every passing day. Infinitely thin, the margins of his ribs were visible through his gown. His dry cracked skin hung loosely from his bones and his grey eyes sunk deeply into his face. His gaze was distant and his mind rested beyond that.

The RMO rattled off a checklist of problems and Ben quietly shook his head in response. “Any pain?” asked the doctor. Ben’s eyes turned to the window. The RMO ticked off ‘no pain’ and asked if there was anything else Ben needed. Ben exhaled a single word, “Country”. He said it so softly, so gently, I was certain that I was the only one who heard it. But the word stuck with me all day. It rattled in my mind.

I pulled his notes from the shelf and sifted through the pages. He was shuttled along to bigger and bigger hospitals, and his hopes of ever returning faded with the distance. The notes reported on Ben’s sleepless nights and restless days. “Ben is agitated and complained of difficulty sleeping…. Ben pulled out his cannula again … Ben refuses to speak today”.

“Ah Ben," spoke the voice over my shoulder. It was the palliative care specialist. “His pain is spiritual. All we’re giving him is medication when what he really needs is to return to country.”

“Can we arrange for him to return?”, I asked, much to my own surprise. Did I just say ‘we’? I was barely a medical student and yet I had promoted myself to part of the team. But I was invested in his journey and I so desperately wished to know the answer. “We can try,” she replied.

The next morning, sure enough, there he was. Sitting, staring at the sky. The RMO rattled off his checklist and asked “Are you comfortable?” He was met with a slight nod from Ben. The RMO ticked his page and exited into the hallway.

I past by his room throughout the day, peering in with a childlike curiosity and genuine disbelief that a person could spend several hours on end staring out a window. At the end of the day, I decided to visit Ben and joined him by the window. I peered through the glass and asked him how much nicer the sunsets are in his hometown. He gave a knowing smile. He spoke affectionately about the sky and the stars, the heat and the town’s landscapes. He described, with a fondness, how the ground stains your feet red.

Then he turned his gaze to the room. Here, he sat, at what he described as a "very white hospital". He said it matter-of-factly, without malice or self-pity. He looked around at the white walls which contained him, wondering at what point he was relegated to an observer of his own life. I thought about how far he was from home. How nobody knew his town or spoke his language. How isolated and alone he must feel.

I turned to his face. A single tear stained his dry cheek with colour. I instinctively reached out my hand and gently placed it over his. Instantly my skin burned with panic. Had I overstepped? Had I offended him? I questioned whether it was appropriate both professionally and culturally.

I should not have troubled him in he first place. A good medical student would take a focused history. They would be in and out. My panicked thoughts subsided as he placed his hand over mine and offered a warm smile. As I exited his room, I thanked him for answering my questions. He paused, looked up and said, “thank you for asking them”.

I walked down the corridor and thought about how, as medical students, we can often perceive a hospital as a rotating door of disease presentations. We fall into a trap of reducing patients to numbers and lists. They are another history taken, wound sutured, cannula inserted. We calculate how neatly they would measure up as an assignment. They become de-identified data and nameless cases. Yet often they remember our faces. They remember what we asked and how we asked it. They see our strengths and our flaws. In a hospital where we are often invisible, they see us.

“Medical student!” the RMO called out to me. I felt painfully visible. I turned to see his laughing face, “What are you still doing here? You should learn not to stay past five. Get out while you can”. I smiled and laughed, mostly out of pure relief that the

doctor did not know the contents of our conversation. I felt a pang of embarrassment but I was comforted by the knowledge that Ben appreciated our talk. Likewise, I enjoyed his answers. His words and actions showed his connection to country in a way that no papers or lectures could ever express as vividly. It was clear how deeply he wished to return to country but the question still remained whether he would.

The week unfolded into endless teleconferences and meetings with hospitals, and liaison officers, with his family and hometown nurses, until an understanding was reached. Ben's town hospital had sparse beds and even fewer staff. He needed fulltime care to be delivered by family but his children were unreachable due to drug and alcohol addiction. Ben's nephew was his ticket home. His nephew had agreed to provide 24 hour care of him and provided that they passed a trial run at our hospital on Thursday, Ben would be in his hometown by Friday.

As the days passed, Ben continued to sit in his spot, as always, staring out the window. However, there was more purpose to his gaze. The hospital once felt like a fishbowl but now was like a ship sailing home. Hope had re-entered his sights and he could see its promises of Friday. The doctors repeatedly cautioned him to suspend his hopes until Thursday's trial was complete. Nevertheless, as the doctors filed out of his room, he would whisper to me with a cheeky grin and absolute certainty, that he was going home on Friday. I smiled politely but felt a strange feeling etch itself a place in my chest. Though I could not name the feeling at the time, I now know it was doubt.

The trial failed by Thursday afternoon as the nephew had to leave early to take care of his sick daughter. Ben's homecoming was no longer feasible and it was time to break that news to him. The feeling in my chest had softened into a quiet sadness. The palliative doctor peered at her watch and saw it was past five. She dismissed me for the day and set off to speak to Ben. I was conflicted with feelings of guilt and relief that I would be absent for that conversation.

Though I escaped the uncomfortable discussion with Ben, it did not escape my thoughts. That night, as the other students relayed their stories of surgeries and bizarre cases, all I could think about was Ben's deflated hopes. I imagined how he must have sat motionless as the doctor broke the news. How he must have continued to stare blankly ahead out the window, realising that this was the closest he would ever be to his land again.

I reflected on how pleased he looked on Thursday morning when his nephew wheeled him outside and he felt the sun's rays press upon his skin. On Friday morning, I made the determination that I would ask to wheel him outside into the sunlight. This was certainly not a doctor's role but perhaps it could be the role of a medical student. I more than possessed the will and the time. I cast aside my fears of being judged by the RMO and redoubled my resolve as I turned the corridor to his room.

The sight of his room brought me to a standstill at his door. Ben was nowhere to be seen. Beams of sunlight burst into the room like a spotlight on Ben's old seat. The mattress was stripped bare, with a pile of neatly pressed sheets and a pillow placed at the end of the bed. The RMO followed me into the room and looked equally dumbfounded. He asked whether Ben had been transferred but the nurse confirmed what I knew deep down – Ben had passed away that night.

I spent a moment peering out the window. I noticed that there was a still a lot of light entering the room despite the concrete obstacle. In that moment, I realised how Ben had always been able to appreciate the light beyond the obstacle, both literally and metaphorically. There was a lot to learn from him. Ben taught me that my value as a medical student is to listen, and allow people to feel heard.

Clinical placements are not merely training grounds for our procedural skills. They are a time to use our existing skills to make a small difference. We as medical students, can write the patient notes, collect laboratory results and fetch the patient the extra pillow they requested. We tend to view placements as a window into the hospital, an unfiltered glimpse into the healthcare system. But as we gaze through the window, we also catch a reflection of ourselves. It is our interactions with patients that truly reveal who we are as medical students and who we wish to be as doctors.