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Humanities: Art, Language, and Spirituality in Health Care

Still Mrs. B.—An Ode to Personhood During the Pandemic

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No one expected what was to come when COVID-19 was declared a global pandemic. To those of us working as health providers, it became quickly apparent that there is a clear difference between knowing a story and being an actor within the story.

At first I saw the pandemic as a distant public health problem, in order to ease my fear of having to confront it. Knowing about the virus was just a matter of scientific curiosity as I continued my work in palliative care and geriatrics.

It was mid-March 2020 when the first wave arrived—gigantic, cold, and colossal, crashing down on us without any warning. Never in all my life as a physician had I come face-to-face with such an overwhelming, heartless malady.

But when in one hour I lost my first two elderly nursing home patients with acute respiratory failure, I realized I was already an actor in this story, playing my role. Many other vulnerable people followed, asking not to be isolated or forgotten.

I lost the exact moment I became an "automaton", teetering between humanity and efficiency, fear and numbness. Tiredness rapidly overtook me, as I realized this contagion offered neither mercy nor reprieve.

Many vulnerable elderly were dying as the pandemic progressed. In just one week, the old amphitheater of the nursing home I worked in was transformed into a COVID ward with 80 elderly people. I witnessed their lethargy, delirium, coughing, pain, hopelessness, and sadness. That was the emotional color palette of this tragic canvas, wherein health and safety could not be bargained for in exchange for money or prayers.

Along with its toll on bodies, COVID-19 inflicted wounds on the psyche and the spirit, manifesting as helplessness, human abandonment, and lonely deaths. Chochinov and colleagues poignantly wrote that in the time of the pandemic, "[t]hose who are isolated or avoided are especially vulnerable, inclined to feel that they may not only have a contagion but that they are a contagion."[1]

Trying to navigate a peaceful death for the multitudes became a new and haunting preoccupation, overwhelming even to me as a palliative care physician used to facing death daily. As one elderly woman whispered to me, we were facing an "invisible and unknown enemy."

Week after week, tangled in multiple plastic layers, eye shields, and masks, I kept repeating to myself as I entered the ward: "mask on, eyes bright" trying to recover that possible "human presence through layers of anxiety, caution, and fear."[1]

Then I came across Mrs. B. in the ward. She was a 101-year-old lady, living with advanced dementia, blind from cataracts, lying in her bed with her body curled like a snail from head to toe. She gave no words to anyone and vaguely followed ours.

Woman, wife, friend; so many who had loved her were now gone.

"She survived the Second World War, you know?", a nurse told me. Yes, this was true, but this current battle was one that would likely claim her life.

My first two meetings with Mrs. B were largely technical, running the protocols for respiratory failure in my head at her bedside. I had become a doctor of the body only, and not of the person.

I had heard so many fears and complaints during the hours in the ward—from patients, nurses, relatives—that I had fallen into the trap of shifting my focus of care from personhood to patienthood, as a means of protection and self-preservation. My colleagues frequently spoke of the "inevitability of emotional numbness" during rounds and, although I

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didn't agree with them, I was too tired to put up an argument.

I also heard many comments about Mrs. B and the perception of her suffering during my rounds:

"Is this a life worth living?"

"She doesn't communicate with us."

"She is suffering, Im sure."

"No one deserves to be like her, without any way to communicate with the world."

"She is 101 years old."

"She is blind."

"She has no relationships whatsoever."

I tried to ignore these sentiments hovering about the ward, because I knew, deep inside, they were the result of my colleagues' discomfort and inability to alleviate rampant suffering and isolation, for their patients as well as themselves.

When I rounded again on Tuesday afternoon, I stood momentarily by Mrs. B.'s bedside. The moment I averted my eyes from the floor, having prepared my stethoscope, I saw that her eyes were open and looking at mine. She was curling the edge of her bedsheet, mumbling an old lullaby I couldn't decode.

"Can she see me?"

"Is she singing for me?"

"How can I help you, Mrs. B.?"

The moment our eyes met rekindled the possibility and hope for real human connection, even in the midst of this cruel virus; a possibility that held true for the entire ward, reinforcing that forgotten "link to the chain of trust."[2]

I remembered the nurse telling me a few days before that Mrs. B's birthday was coming up the next week. Rescuing Mrs. B, the person who was Mrs. B, somehow seemed to hold the key to unlocking the dignity, humanity and caring that so many of us had lost: the elderly, myself, and my colleagues. Mrs. B. somehow embodied that opportunity for all of us.

"Was she old enough to master the world around her?"

"Was she so isolated not to reach so many around her?"

"Was she so blind not to teach us to see what we were losing and becoming?"

"Was she so imprisoned not to become our rescuer?"

All the comments about her perceived suffering and the futility of her life vanished from my head like fog vanishes when facing the early morning ray lights. I listened to her lungs, but I also spoke to her and touched her hand during my time at her bedside.

That day I told a nurse we would celebrate her birthday the next week. We would celebrate her being with us, her name, her story, her legacy. She no doubt had witnessed a great deal and absorbed lessons and wisdom that only a century of living can confer; and for that, we would honor her.

We bought a small pastry and a white candle. Around her bed, the day she turned 102, we lit the candle and sang her happy birthday.

To the amazement of everyone around her, many who believed she was alive in body only, Mrs. B. followed the candlelight until it burned out, crying while saying repeatedly "Thank you."

"Were you the blind, Mrs. B.?"

"Were you the silent Mrs. B.?"

"Were you the sick, Mrs. B.?"

Mrs. B. survived her COVID infection and returned to her bedroom. Every time I saw her, I saw who she was, ever mindful that "personhood is soluble in patienthood."[3] She never did sing that lullaby again. But the indelible memory of her following the flame of her candle was enough to erase all the misconceptions about Mrs. B., for me and for all who gathered round for that glorious final birthday celebration. She died soon afterwards, quietly in her bed.

I still don't know why she sang to me that afternoon, nor why our eyes locked so firmly. But she reminded me, no matter what the circumstances, we must always recognize that patients are people; and that in recognizing their humanity, we rescue them from the indignity of being stripped of who they really are.

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