



Shadowing

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1.

The bus to our hotel in San Salvador took us back inland through the same small mountains and valleys over which the plane, an hour earlier, had banked in its descent to the coastal Comalapa Airport, built thirty years ago on more stable ground almost an hour from the frequently earthquake-shaken city. Beyond the coconut shops at the entrance to the highway, the road was lined with low trees and intermittent billboards, some new and others too worn to read. Also along the road, small groups of people had gathered, either selling something at the intersections or standing in the patchy grass of the median looking for a ride one direction or the other.

The nurse, cardiologist and echocardiography technician with me in the otherwise empty bus had been here before. They came down on these trips about once a year to spend a couple of days screening local children with congenital heart disease and deciding who should be operated on during the week of surgery and catheterizations that would follow when the rest of the team arrived on Sunday. This was their fourth time in El Salvador. Before that, it had been the Dominican Republic for a few years, and before that, Guatemala. Ideally, the cardiologist told me during the flight, the influence of this kind of work extends beyond the last stitch on the last day of surgery. Ideally, the local doctors and nurses pick up new techniques and ways of thinking about pediatric heart surgery. Ideally, the seed of something more permanent is sown and the organization can eventually move elsewhere.

I was essentially just along for the ride; helping where I could, but mostly watching, learning a thing or two, perhaps, and thinking of what to say in the medical school interviews I had when I returned. Not having decided to study medicine until after college, I had spent the last couple of years taking pre-med classes in New York; doing little more than playing catch-up, it felt, when I compared myself to old classmates already in medical school or others embarking on various careers. But that was mostly over. The MCATs were long finished, I had taken my last pre-med exam in May and filled out all my applications over the summer.

Now summer was over too, and, the week before, my friends and I had moved out of the apartment we shared for two years. Many things were ending, yet medical school was still another year down the road and it was unsettling to think of the time that was going to pass while I waited for the next door to open. Therefore, I welcomed, among other things, the brief escape this trip offered, and, after our initial conversations with the bus driver and each other had died down, as I looked out the window I felt the transient, though long-awaited sense of immediate possibility that a new landscape can give. The city itself didn't seem to start anywhere in particular. In a way, it had been starting ever since we left the airport. On the shoulder of the road, distinct from the vendors at the intersections and those waiting for a ride, often alone in the shade beneath a tree or in the corrugated metal doorways of the shacks that became gradually more frequent, middle-aged men stood still and expressionless, watching the cars crossing before them in the road.

2.

The light blue gates of Bloom Hospital, one of the only public children's hospitals in Central America, opened for us at eight the next morning, and, once the bus was inside, were closed again by silent security guards with revolvers in leather holsters at their waists. Earlier, from the courtyard of the hotel where we ate breakfast, we had seen the morning fog lifting from the foothills of the mountain that rose above the city from a distance that was hard to gauge. Soon only the top was still enveloped in mist, trails of which formed in the small ravines streaking the mountainside and poured down into the lower air where they disappeared while more collected higher up, so that it almost looked like nothing was happening at all.

During the ride to the hospital, the nurse, technician and cardiologist began to discuss for the first time specifics of the cases they expected to see. I sat in the row behind them and my attention drifted among the pieces of their conversation I could understand, the scenes of early morning in a struggling city passing by the window, and my own thoughts and expectations for both this week and much farther ahead. Inside the hospital's main door, parallel colored lines painted on the floor gradually diverged, each theoretically leading to a different destination, though I never saw any kind of map and

most were worn off in the hallways, reappearing only occasionally around a corner or at the entrance to an unmarked stairwell.

We set up in the two connected rooms of the cardiology department; an EKG machine in one, and an old echocardiography machine in the other. When we arrived, twenty kids were already waiting on the benches at the end of the hall. Some were only a few months old, held throughout the various exams by their mothers, and others were already teenagers. Most, however, were somewhere in between. Traces of blue had usually begun to shade their faces, though many had not yet acquired the conspicuous fatigue and shallow breathing of those older. Over the next three days, we saw about eighty children with various disorders, some more common and others less. Each morning we looked through the newly printed list, and, as we went, put checks next to those we had examined. By evening, there were marks next to almost all the names, including some extra ones written in below.

In a fetal heart, blood is shunted right to left, bypassing the unused lungs through two holes that close after birth. Most of what we saw was either one of these failing to close, or some other problem with the wall between the atria or ventricles. Those the screening team deemed good candidates were put on a list and told to return the coming week. Since, in the past, available beds in the makeshift ICU tended to become the rate-limiting factor a few days into surgery, how readily a child would recover from a given operation and be able to leave intensive care was a significant consideration. In a sense, they had to decide not who stood to gain the most (for what each stood to gain was essentially the same), but who happened to be in a position to gain it most quickly and most easily. It often seemed that an operation offered to one child was one denied another, but, of course, it was not that simple.

I spent these first three days with the nurse who ran the EKG. A warm, but serious woman from New Jersey, she worked in a pediatric heart clinic back home and had children of her own who by now were in college or older. My poor Spanish being the best we had, I was happy to be useful in some way and would bring the children and their families in from where they waited in the hall. While she set up the machine and began a brief physical exam, I gathered what I could from the mother (sometimes the father, but rarely both) about the child's history and any current medications. The nurse had brought

stuffed animals and coloring books for the little kids and basketball shorts and bracelets for the older ones. Before I called each family, we decided what kind of toy to have ready for the child. She made the judgment with the same mixture of gravity and expedition with which she read the EKG printouts, and I felt there was something movingly appropriate about this seriousness, which said as much about the nurse herself as it did the circumstances. Often the decision was obvious, but sometimes it was not, and more than a few ten-year-old girls went home with both plastic jewelry and an imitation beanie baby.

Some of the young ones laughed when the nurse put cool electrode stickers on their chest and stomach, and for those who cried she blew bubbles which almost invariably fascinated them long enough to get a decent reading from the slow machine. We tried to see the youngest first, but, on the second day, we misplaced a folder and a young woman sat with her three-month-old on a bench for nine hours until we finally came across her file underneath some papers on the desk. I had noticed her throughout the day, the baby sleeping on her lap or cradled against her shoulder, her own eyes heavy but never closed. She seemed even younger than most of the other young mothers, and I guess as the hours passed I began to imagine she was just a sister of one of the older children, or an aunt, or friend, or anything other than what I knew was still most likely the case: that either we had somehow passed her over or she wasn't on the list at all, both increasingly unpleasant thoughts as time went by. Yet when we found the file in the late afternoon and called her in half-apologetically, she was deferentially grateful to an extent that, even in our most self-involved moments, we could not have felt we deserved. She hardly spoke except to say thank you, and, when she did, it was in a soft voice almost more to herself than anyone else. Meanwhile, the baby girl slept quietly through all the tests. When the cardiologist finally looked at her heart on the echo and said that they would operate, as softly as she spoke the mother began to cry with something probably a little more complicated than happiness. She cried again in a similarly quiet way a couple of days later when the pre-op blood cultures indicated the possibility of infection and surgery was pushed back indefinitely.

On the last day of screening, had I not known better I would have thought that the forty pound, eleven-year-old boy who walked into the room behind his father in the early afternoon was hardly older than six. His face was pale and vacant, without even the usual blue coloring. One of the local doctors said it was mostly malnutrition. *His major heart defects aren't*

even that major he said. Apparently the boy had been in and out of a shelter in the city, but now he was back with his father in the mountains. The father was small too, but not in the same way. There was dirt in the creases of his rough hands, which he partly concealed with an old baseball hat he held onto while we asked him questions that he answered timidly, though he seemed forthcoming enough. The boy didn't speak the entire time and his apprehensive expression never changed. He appeared as wary of the chair he sat in as of the wires clipped to the electrodes on his chest.

The thirteen-year-old girl we saw at the end of the first day was something a little different. They called what she had a transposition, since the two major arteries from her heart were switched. The aorta pumped oxygen-depleted blood out to the body and the pulmonary artery sent oxygenated blood back to the lungs. She had only lived because, as a baby, they widened the hole between her atria so the blood would mix (as it does before birth) and at least some could get where it had to go. But this only helped things temporarily, as her blue lips and rapid, shallow breathing indicated while she lay on the examination table, smiling and looking shyly at the walls or ceiling almost like any other early-teenage girl. Apparently the surgery she needed should have been done while she was still an infant. *It's too late to do anything now* one of the doctors said *it's amazing she has lasted as long as this*. I remember most of the parents very well, often almost better than their kids, but I can't remember what her mother or father looked like. In fact, though I know someone must have been there with her, I don't remember anyone at all.

By Sunday evening, most of the surgical team had arrived at the hotel. At eight there was an orientation meeting for the thirty or so nurses, doctors, physician assistants, perfusionists and technicians, most of whom already knew each other from previous trips, or worked together back in the states, or both. During the brief meeting, it began to rain, as it would almost every evening for the rest of the week. Back in my room, later on, after hanging my shirt on the towel rack to dry overnight, I looked around for what seemed like the first time since I arrived three days before. The television and the small refrigerator beneath the sink looked old, but seemed, for the most part, unused. Actually, the only object in the strangely austere room that seemed to belong to the past ten years was the two-dollar bottle of water on the counter sealed with a strip of transparent plastic. Even the fake porcelain of the toilet was chipped, revealing whatever gray material lay just beneath the paint. But the chips were as clean as everything else and had been rubbed smooth over time.

3.

The usual bus brought us to the hospital on Monday, but now it was full. We took the same morning route past the same closed restaurants, gas stations and half-finished apartment buildings, and cast the same glances down certain narrow side streets opening momentarily onto the life of broken shelters and dirty clothing from which most our patients came and about which it seemed all too easy to forget or never really know. I rarely saw anyone go in or out of the large wooden doors that faced the street, though, now and then, unmoved by the rising sun, a sleeping dog lay against one of the still-cool plaster walls.

Halfway through the first day of surgery, a certain rhythm had already been established. Small holes were tied shut, Gortex patches were sewn over larger ones, and sometimes a piece of the pericardium itself was cut off to make a wall between chambers, or to channel misplaced vessels to a different destination. Parents I recognized from days before waited for hours in the hallway outside the operating room and smiled weakly if I looked at them in passing. The quiet young woman from the end of the second day of screening was there every day of surgery; at first waiting for the operation, then waiting for the results of a blood test to improve, and, finally, when they did improve, waiting to see if her daughter could be fit back into the tightening schedule of the last few days. It was hard to look in her direction as the week progressed, and I was glad when a man arrived around mid-week who I assumed was the father, though, like her, he could not have been older than twenty.

When an operation was over, parents were allowed, at intervals, into the ICU where they stroked the hair and held the hands of their semi-conscious children while plastic chest tubes drained blood and clear lymphatic fluid into a marked container. Because I wore scrubs and a white jacket and came and went freely from the operating room and ICU, mothers often came up to me in the hall and asked how their sons and daughters were doing. The first time it caught me by surprise

and I said her child was fine, though afterwards I realized I wasn't even sure which one was hers. From then on, if it was the case, I made myself say I didn't know. Once or twice, however, I pretended I didn't understand.

The operating room and ICU were on the second floor, and there was an outdoor terrace in back, above the emergency entrance to the hospital, to which I found myself temporarily retreating throughout the week. Even when the sun was well west in the afternoon, already approaching the hills beyond the small houses at the outskirts of the city, the sudden natural light hurt my eyes as I stepped through the door, and I would sit for a moment or two in the shade against the side of the building before going back inside. The busy road in front of the hospital intersected with another smaller, emptier one that extended straight out, rising for a moment and then dropping out of sight down a hill, while the mountain, free of clouds in the mid afternoon, rose a few miles in the distance. It wasn't that I was losing interest in what was going on, in fact, as time passed, I inevitably became more attached to the people I had met and the work I saw. But life, as it does in almost any situation, was finding a way feel to normal. *People are people*, a cardiologist said to me towards the end of the trip, and that went for doctors and patients alike.

Two weeks earlier, before any of us had arrived, an eight-year-old boy almost completely severed his own hand with a machete as he worked in a field. It had been sewn back on, but when the boy returned because it was turning black, they asked one of our doctors to take a look. He said he knew before seeing it there would be little they could do. People are people, of course, though some are put to work with a machete when they are eight, and others need to have their hearts, or their children's hearts, cut open and stitched back together by someone who doesn't even speak their language. But maybe, I sometimes thought, some distance is good. For me, having met the kids in screening only days before, seeing a name I knew on the chart while I watched an operation was, from time to time, disquieting. But, on the other hand, those moments of uneasiness came only when nothing, however trivial, was being asked of me, when it felt like I was watching only for the sake of watching.

As expected, by Thursday, the OR had to slow down while a few kids lingered for an extra day or two in the ICU, their hearts not quite able to hold a consistent rhythm, or fluid still draining steadily from their chests. Now, near the end, the task had

become deciding who, of the many now expecting or at least hoping for it, was not going to get surgery. Though I knew better, it sometimes felt like who got operated on came down to who could be found first, whose chart had not been misplaced or name misspelled, whose mother had not been in the bathroom when the local nurses in the fourth floor pre-op room made their rounds. The post-op room, where the kids were placed after the ICU if they couldn't go straight home, was also on the fourth floor. Actually, the pre- and post-operative kids were really just mixed together in two adjoining rooms. On Friday afternoon, a few of us went up there to give away the rest of the baseball hats and tee shirts people had brought from home. In one of the beds, more of a crib really, I saw the little eleven-year-old who had come into screening with his father. He had a long, blood-spotted bandage down his chest but otherwise, lying on his back, muscles tense but unmoving, the only difference from the first day we met him was that his father wasn't there. I put a Cubs hat on his head, but it was too big and the brim slid down over his face. He didn't seem to care one way or the other, so I took it off and placed it beside him and moved on to other beds.

4.

On my last evening, the usual lightning forked above the mountain in the fading light, illuminating gathering clouds on the wooded mountainside, and the pale, motionless water of the hotel pool. When it finally subsided, night had fallen and a steady rain began which lasted until the morning. Though surgery was finished, the children in the ICU still needed to be taken care of, and a new shift of nurses had just flown in the day before. On the bus to the airport, however, most people were already talking about whether or not they would be coming back for the next trip in May. It was a Saturday afternoon in mid-September. Back home summer had begun slipping into fall, and, though a part of me always wished the warm days would never end, it was not without a certain sense of excitement that I now anticipated the familiar change.

At the gate, I sat by a window and watched the planes idling as they waited for their turn to take off, the clear exhaust from the engines blurring the line of trees beyond the runway. To my right, a kid in an airline wheelchair a little too big for him rolled himself up and down the narrow aisle between two rows of empty seats, seemingly unaware of anything else. Then

he stopped, looked around for his parents and, seeing them a gate or two farther down, jumped out of the chair and ran to where they were. Now that it was over, I couldn't tell how much the trip had been what I expected. Whatever vague conceptions I had had before were replaced entirely by what actually happened, by the real people, doctors and patients, who could not have been anything other than what they were. And yet, as I waited alone at the airport, they were already starting to mix back into my imagination. The nurse who ran the EKG had flown back to New York after the three days of screening and never got to see which of the kids she examined made it into surgery. The baby whose file we temporarily lost exactly one week earlier had finally received what turned out to be a relatively simple operation, and, by now, she and her mother had probably left the hospital for good. The little eleven-year-old would have been released from the hospital that morning as well. His surgery and recovery had also been remarkably smooth, though he still had other kinds of problems ahead of him. Despite the fact that I never saw her again, or perhaps to some extent because of it, I thought of the girl with the transposition most frequently of all.

Everyone had been there in the echo room since she was the last case of the day. They already knew what the deal was, but the technician spread the light blue gel on her chest and we took a look anyway. Embarrassed to be the center of attention, while the cardiologist pointed to structures on the black and white screen, the girl glanced around the room, her eyes eventually stopping on the blank wall against which the padded table she lay on also rested. She was silent the whole time and the blue shadowing the edges of her eyes and lips in the already darkened room seemed to be part of a strange tranquility I myself did not experience. At the same time, though, her chest rose and fell every second and I couldn't help thinking that thirteen had to be a bad age for all of this to come together. I left the room when it seemed like things were about to wrap up and went next door to pack some of the equipment we would bring back to the hotel. One day down, eight more to go. I didn't rush returning to the echo room, and when I got back she had gone.