Where Night Is Day

The World of the ICU

James Kelly

ILR Press
an imprint of
Cornell University Press
Ithaca & London

First published 2013 by Cornell University Press
Printed in the United States of America

Library of Congress Cataloging-in-Publication Data

Kelly, James, 1948–
Where night is day : the world of the ICU / James Kelly.
p. cm.
Includes bibliographical references (p.).
ISBN 978-0-8014-5168-3 (cloth : alk. paper)
1. Intensive care nursing—New Mexico. 2. Intensive care units—New Mexico. I. Title.
RT120.I5K45 2013
616.02'8—dc23 2012038924

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Cloth printing 10 9 8 7 6 5 4 3 2 1

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INTRODUCTION

You may never get to Big Sur or drive the Going-to-the-Sun Road in Glacier National Park or see where Hemingway lived in Key West, but the odds are that, one day, you will lie in a bed in an ICU.

I've been an ICU nurse for twelve years. I came to nursing late in life, after getting a BA in English just as the ten-year time limit was running out at UMass, having a little arts-and-crafts business, helping with the U-Pick at Hicks Orchard in Granville, New York, getting married, honeymooning at Sugarloaf campground in the White Mountains, studying theology at a Benedictine college, being a waiter in Vermont at the Wilburton Inn and then at the Dorset Field Club. I graduated from Castleton State College in Vermont in 1998 with an associate's degree in nursing two years after my wife graduated, passed my Boards in June, and we packed everything we owned on the tops of a red '94 Jetta and a yellow '84 Saab and drove across the country on I-80, then down to Albuquerque and our first jobs at what was then St. Joseph's Hospital.

On my very first day I walked into the ICU on the eighth floor of St. Joe's and saw a row of patients in small windowless rooms, flat on beds; some unconscious, some with their arms flailing, some with their hands tied down; some half naked; surrounded by machines and tubing; the smell of urine, sweat, feces, fear. Almost my very first thought was: What had these people done in life that they should be made to suffer this way?

The ICU seemed a world apart.

Walter Benjamin wrote that "philosophy is a struggle for the representation of a limited number of words which always remain the same." *Illness* is one of those words. Disease is the known world, mapped on the organs, rendered visible by autopsy, conquered by medicine. Illness is the new frontier.

Illness is said to have changed, to be postmodern, biocultural, a spiritual journey of self-discovery. In *Close to the Bone*, Jean Bolen writes that

illness is a soul experience that brings us close to the essence of who we are: "Illness is a source of personal meaning and wisdom that can transform life and heal us."

Both nursing and medicine talk about the world of illness and the experience of people who are ill. Nursing less so. Medicine is more like a chorus, a symphony of voices; nursing, occasional solos. Nevertheless, they both talk about their role in understanding the world of illness, ameliorating suffering, healing, the very nature of their practice.

Medicine is what Jean Lyotard calls a "grand narrative." Medicine dominates the subject of illness like a colossus. Illness is the lost birthright that medicine says it has rediscovered. The history of medicine was not only a rise but also a growing away from the world of illness. Arthur Kleinman writes, "One unintended outcome of the modern transformation of the medical care system was that it drove the practitioner's attention away from the experience of illness." Physicians themselves write of how the world of doctor and patient grew distant, silent; how, with the turn to science, medicine forfeited the spiritual, humanistic qualities it possessed earlier and focused only on disease—a biological entity. Books like *The Wounded Storyteller*, *The Illness Narratives*, and *Narrative Medicine: Honoring the Stories of Illness* declare that the biomedical model has changed, that it is now the task of medicine to give voice to the silent world of suffering, to uncover the meaning of illness, to heal as well as cure.

Caring is considered by many to be the essence of nursing. Jean Watson, the architect of the philosophy of caring, writes that not only does caring distinguish nursing from medicine but the future of both medicine and nursing belongs to caring more than curing. Caring is moral and spiritual, in contrast to the technical skills and functional tasks of nursing. Caring is said to create a shared world for the nurse and the patient.

Medicine's theory of illness reflects its own social history: its elimination of competition, the embrace of disease theory, its accumulation of power, the increasing distance from the patient. Medicine sees illness the same way it sees disease: as something to be diagnosed, interpreted, as requiring medical intervention.

Nursing still lives in the shadow of medicine. Nursing theory is often distorted in the attempt to emerge from that shadow. Nursing, though, does have something that medicine does not, the thing medicine believes it lost and maybe covets: closeness to illness. A privileged proximity to the world of illness.

This book examines the concepts on which these perspectives are based—empathic knowledge, transpersonal caring, the meaning of illness, the silence of suffering. The world of illness may be different from that seen by either nursing or medicine. It may not be visible, but it is not hidden; it may not be articulated, but it is not unknown to the ill. It's not a mystery; it doesn't require interpretation. But it does not readily offer itself to our understanding. I use the works of James Agee and Michel de Certeau as metaphor and example.

In 1938, James Agee was commissioned by *Fortune* magazine to go to Alabama to write about the people who were the poorest of the poor in America: the southern sharecropper. Agee struggled to write the book. He found the world of the sharecroppers more complex than he had anticipated, more dignified. He felt that words would obscure what was already difficult enough to give appropriate clarity and intensity to and said that, if he could have, he would have shown the world of the sharecroppers by doing no writing at all, but just through photographs, fragments of cloth, bits of cotton, lumps of earth. The book's title, from Ecclesiastes, is *Let Us Now Praise Famous Men.*

Writing about everyday life, the French philosopher Michel de Certeau described ordinary people as "unrecognized producers, poets of their own affairs, trailblazers in the jungles of functionalist rationality."

Nursing has a unique relationship to medicine: intimate yet subordinate, aligned yet dependent. In the ICU, they come as close as possible without touching. The teaching hospital makes doctors. They go from medical students to interns to residents to attendings. They begin as acolytes and leave as priests of health. This is described as an epic journey. Nurses witness it every day. How doctors are shepherded, nurtured. How they learn skills: "See one, do one, teach one." Becoming a nurse isn't like that. It isn't a journey. This book examines the relationship between doctors and nurses: how doctors sees nurses, how nurses sees doctors, how they are alike, how they are different.

A theory is often less the truth of an object than the reflection of a self-image, how a profession wishes to be seen. I look at the history of medicine, of medical education, and the growth of nursing to see that image. I try to see it through the words of medical historians like Paul Starr and Charles Rosenberg, doctor-writers like Ellen Rothman and Bernard Lown, nursing scholars like Jean Watson. And through my own experience.

This book is grounded in the day-by-day, hour-by-hour rhythm of the world of an ICU in a teaching hospital in the heart of New Mexico. It

takes place over a thirteen-week period, the time of the average rotation of residents through the ICU. It begins in September and ends at Christmas. The patients are mostly poor. Hispanic, Native American, Anglo. The days are twelve-hours long. Unless the patient is so sick that one-to-one care is needed, an ICU nurse has two patients. The rooms have their own valence. They draw you to them, back and forth, all the day long. They call to you like the Sirens called to Ulysses.

At work I carry a clipboard. I write down the patient's past history, why he or she came in, the diagnosis, what happened during the course of the stay. I use it to keep track of what we did, what needs to be done. I organize it by systems, one page for each patient. As I was writing the book, during the day I wrote down conversations, events. The next day, or my first day off, I would rewrite the notes. And I would try to remember other things that happened that I couldn't write down. Some things—a death, unimaginable grief—write themselves in your soul and are always there. I've changed everyone's name, most of their ages, left out some things, so that they would be unrecognizable to themselves and to others.

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THE VOYAGE INTO THE SEA OF CRITICAL ILLNESS

There is no night in the ICU. There is day, lesser day, then day again. There are rhythms. Every twelve hours: shift change. Report: first all together in the big room, then at the bedside, nurse to nurse. Morning rounds. A group of doctors moves slowly through the unit like a harrow through a field. At each room, like a game, a different one rotates into the center. They leave behind a trail of new orders. Wean, extubate, titrate, start this, stop that, scan, film, scope. The steep hill the patient is asked to climb. Can you breathe on your own? Can you wake up? Can you live?

Day is procedures: bronchoscopies, lines, taps, chest tubes. Day is traveling: MRI, CT, to dye the blood, radiate the organs, look inside the body. Then the plateau of the afternoon. Post-ops. A heart comes out. In the evening, the families. Then night to knit the raveled sleeve of care. Nights are quieter. But there are admissions, codes. The lights are always on. In the day you make progress; at night you keep them alive. Until day.

The ICU could be said to have begun in 1854 on the Fields of Scutari during the Crimean War. Of the 1,650,000 soldiers who fought, 900,000 died. Most died not from wounds but from cholera, typhus, dysentery. Florence Nightingale traveled with thirty-eight nurses from England, separated out the critically ill patients into a Monitoring Unit, and reduced the deaths of hospitalized patients from 40 percent to 2 percent. It may have begun in 1928 at Johns Hopkins Hospital, where Walter Dandy created two two-bed rooms for craniotomies and critically ill patients for the first twenty-four hours after surgery. Or in 1952, when Peter Safar, who invented mouth-to-mouth breathing, CPR, and the mannequin Resusci Anne, opened a six-bed Urgency & Emergency room at Baltimore City Hospital.

The ICU is pure medicine. The patient is a network of systems. Nine: neurologic, cardiovascular, pulmonary, gastrointestinal, genitourinary, integumentary, renal, hematologic, endocrine. Systems are the language, the code of the ICU. The progress notes in the chart are organized by systems. When they round, the residents present by systems. Nurses give

report to each other by systems. For a patient to be in the ICU, a system has to fail. The principle of the ICU is actually simple: single-organ-directed interventions to support failing organ systems. A ventilator for the lungs, dialysis for the kidneys, a balloon pump for the heart. Death is indexed to organ failure. For every organ that fails, your chance of dying increases 20 percent. If more than two fail, you have MODS, multiple organ distress syndrome. MODS is unique to the ICU, like saguaros to the Sonoran Desert. MODS was discovered in 1973 and is sometimes called the disease of medical progress.

The ICU is pure medicine but like the hospital in general, it is a nursing world. The intensive care is intensive nursing care. Florence Nightingale's Monitoring Unit meant moving the most severely injured soldiers to beds nearest the nurses' station. Walter Dandy's neurosurgical unit had a trained nurse in constant attendance. Medicine comes and goes. Doctors come, write orders, leave. You find an order in the chart: Avelox 400 mg q day. In the afternoon, they are gone from the unit and, like a tide that goes out and leaves behind exposed coral reefs, what is left behind is the eternal terrain of the ICU: nurses with patients.

It is seven o'clock. The room where we get report is long and narrow, the size of a small trailer home. The two kitty-corner doors at each end are closed. The blinds are drawn. Outside, the western wall of the Sandia Mountains is in shadow. The streets of the city, with their Spanish names—Candelaria, Osuna, Lomas—are filling with cars. The room quiets when the night charge comes. It feels as if beyond the drawn blinds, the closed doors, is a storm and this room is a refuge.

"Bed One," Kate begins, "Bed One is . . .

. . . Cory Granger. Fifty-one-year-old patient of Critical Care and Neuro. Chest pain while up in the mountains, hiked out. One hundred percent occlusion of the right coronary artery. Stented in cath lab. Was on a heparin drip after and had an intracerebral bleed. He's got a left hemiparesis. He's been hot: 39.7 temp. He's gone from 40 percent to 90 percent oxygen on a nonrebreather mask. He's going for a CT this morning. He'll get sick before he gets better.

Bed Two. Dakota Yazzie. She's Hopi. Forty-two. New admit. Occipital bleed. Probably nonoperative. She's awake, alert. Moves everything. Left visual deficit. Room air. She had her CT this morning. Neurosurg hasn't come by yet. She might go out.

Bed Three is Valentín Sanchez. Sixty. He's from Guadalajara. Came up to visit his family. Presented in the ER with weakness, weight loss. Was on Med-Surg. Went into respiratory distress. Came to the ICU. Emergently intubated. They're ruling out TB. He's on propofol for sedation. Big family. They want a conference today.

Bed Four. Leroy Guzmán. Fifty-two. Found down, unconscious. Hit his head. Status post craniotomy for a subdural hematoma. No deficits. He's a drinker. Extubated yesterday. Nasal cannula. He's still withdrawing but not getting much Ativan. Restrained. His wife calls in the afternoon, totally drunk.

Bed Five is Nancy Vigil. Forty-nine. She came from Española for a higher level of care. Sepsis, renal failure, afib. Heart rate was in the two hundreds. They put her on a Cardizem drip. She converted to sinus rhythm at twelve thirty. She spiked a temp last night, 39.2. Pancultured: blood, sputum, urine. She's vented. Propofol's at thirty. Stage-two decub on her coccyx. Chest X-ray shows a pneumonia behind the cardiac silhouette. She's sick.

Bed Six is open.

Bed Seven. Lena Begay. She's from the Jicarilla Apache Reservation. Twenty-eight-year-old patient of Internal Medicine. Idiopathic pulmonary hypertension. End-stage. Awake, alert. Flolan drip at four. She made herself a DNR/DNI. She's very sweet. She's a mom. Two kids. Her family's all here.

Bed Eight is James Cushman. Fifty-six. Came in with upper-GI bleed. Scoped and banded. Went septic. Unresponsive. Hypoxic. ARDS. Lots of comorbidities. No family. He needs to die.

Bed Nine is Ricky Lucero. Ricky Boy. Twenty-one-year-old patient of Neurosurgery. Fell, was hit, or was thrown from a vehicle—take your pick—big, deep laceration on the back of his head. Restless, agitated. Extubated himself in CT to everybody's horror. He follows a couple of commands. He's on mannitol q six hours. Nasal cannula two liters. He took off his cervical collar. His C-spine's not cleared yet. If he doesn't paralyze himself, he can go out. He's a little *lloron*. His mother never leaves the room.

Bed Ten is Carolyn Britt. Meningitis. She was exposed to it in her dormitory. Was started on Cipro but stopped taking it. Go figure. She came in with a classic presentation: confused, fever, stiff neck. Trached two days ago. CPAP since four o'clock this morning. Doing okay. They're going to try her on a collar today. Awake. Alert. They had to take off both legs below the knee. It was going after her kidneys. She's seventeen.

Bed Eleven. Code name Tucson. Found down in the desert. Dehydrated. Acute renal failure. Rhabdo. CKs coming down. He's still intubated. He's on Levophed to keep his systolic pressure above ninety. They've got it down to two micrograms a minute. Normal saline's at two hundred to get his kidneys going. He gets fentanyl and Versed as needed for sedation. He's a little guy but he's wild when he wakes up.

Bed Twelve. David García. Alcohol, IV-drug history. Status post hiatal hernia repair. His stomach was in his chest. They nicked his esophagus. Got repaired. But he had a GE junction tear, so his esophagus is not connected to his stomach. I'm not making this stuff up. He's got three chest tubes, a jejeunostomy tube, a Jackson-Pratt drain, and a nasogastric tube to drain that we are not to touch. They're going to connect everything later. He's on a vent. Fentanyl drip.

Bed Thirteen. Maria Leyba. Sixty-four. GI bleed. Cryptogenic cirrhosis. Came in through the ER. Third of four units of blood going in now. She's a frequent flyer. She'll be scoped today.

Bed Fourteen. Peter Richardson. Sixty-eight. Motor vehicle accident. Fender bender. Came in with right hemiparesis, facial droop, drift. CT showed a large basal ganglia tumor. He's going for a biopsy today. He's still a full code. There's an abdomen in the OR. Four may be able to go. The ER is empty."

When she leaves, Kate leaves the door open.

Sue is the day charge. "How many nurses do we have?" She bobs her head as she counts around the table. "Eight nurses, thirteen patients. I'll be free. Who's back?"

Assignments go quickly, as though at an auction. A hand lifted off the table, a nod. Lori pushes her chair back. "I had Seven and Eight."

It's between Kay and me. She looks at me. "I don't care."

"You decide," I tell her. She takes Five and the admit. I get Two and Three.

Lacy is the night nurse. She has Sanchez. "This guy came to the ICU on the fourth. Yesterday. He was admitted on the second for shortness of breath. Went to the floor. Crumped. Sorry. Let me start over." She looks at handwritten notes on a yellow piece of paper folded in half. "He was admitted to the floor, went bad, came to us, and got intubated. I've got him on propofol and fentanyl. He doesn't do anything. We need one more sputum to rule out TB. I don't know what they plan on doing. He

desatted last night so we bumped his oxygen to seventy from fifty. He's not making much urine. His creatinine's climbing. He might need to be dialyzed. He's got a femoral line. He's got a big family and they're all here in the waiting room. I think there's a thousand of them. Good luck with that. Questions? I'm back."

Nights are long. Some of the nurses sleep, in turns, on the one couch in the lounge, so in the morning the room has a trapped, tangy human scent, or they rest their heads on the white patient blankets on the roller tables where we chart outside the rooms. You can see a trace of their profile like a petroglyph. It must be a jolt at seven o'clock, the day shift coming at you like a car with its high beams on.

We call the bedside report a handoff. It can be good or bad. Things get left out, forgotten. It's like you're standing on one side of a crevasse and you have sand cupped in the palm of your hand and you're going to pass that sand to a person on the other side. Every twelve hours this is done and what happens is that the sand slips through your fingers and there is less and less each time, like when they came in, how many days on the vent, you need to check all stools for blood.

I find the history and physical in the chart. It's typed on blue paper. The progress notes are yellow. Everything else is white. *Past medical history: diabetes, hypertension. Was vomiting blood—coffee-ground hematemesis—for two weeks, abdominal pain, 40 pound weight loss, positive cough and fever. Admitted to the floor with a differential diagnosis of aspiration vs mass vs community-acquired pneumonia vs TB.*

And then the trapdoor in the floor of the hospital opened—respiratory distress, unresponsive, transferred to the ICU, gets intubated, they do a pulmonary angiogram to look at his lungs and the dye wrecks his kidneys.

He's like a pebble crack in your windshield that spreads and spiders until the whole glass is shattered but still there and all you have to do is touch it and it will crumble into pieces. Because we're ruling out TB, I have to put on a special face mask—it looks like a duckbill—before I go in. He looks much older than sixty. His flesh is loose on his body and thin like the skin of rotten grapes. Like it would rip if you touched it. The bones of his face are sharp under his skin and his cheeks are sunken. There is a creamy haze over his pupils. Cataracts. His pupils are pinpoint

from the sedation. He doesn't do anything when I pinch his trapezius or press my pen into the nail bed of his finger. He's riding the vent. He's on sixty-five of propofol. Propofol's a sedative-hypnotic. We use it in the ICU because it has a rapid onset and a short half-life; you stop it and ten minutes later they're awake. It's white. It comes in a glass bottle. Some nurses call it the milk of amnesia. He's completely snowed. I cut the drips in half.

Mateo, the respiratory therapist, is at the door. He makes a face at having to mask up. Mateo's heavy, with bad knees that make him wobble when he walks. He lives out by Airport Road in a big double-wide. He's divorced but still lives with his ex-wife. They live at opposite ends of the house. They say he was wild, a gangbanger, when he was young. We need a sputum, I tell him. Mateo puts a bullet of saline into the tube before he slides the suction tube down Sanchez's throat. It makes the guy cough violently but Mateo gets thick tan stuff in the trap. He lifts it into the air and looks at it like a wine taster examining a cork. "That'll work."

Dakota Yazzie in Two had come in yesterday evening. The post-call resident is with the day resident looking at her chart. The post-call's name is Lucas. He's a big guy, maybe twenty-eight. Beefy. He looks like a high school football player. The day resident is a woman. She's flipping through the chart.

"Why is she on bicarb? You usually don't need to treat low bicarb in DKA." He says they checked it twice, with an arterial blood gas and then a venous.

"It doesn't matter. It corrects with rehydration." She asks him if he ordered an EKG and a chest X-ray. "I'll write for them," he says.

After they leave, I look in the chart. There's no history and physical yet, just the first day's progress notes: *Had presented at the Indian Hospital in Crown Point with nausea/vomiting for two days, right upper-palate pain that progressed to a right retro-orbital headache; was hyperglycemic in the 500s with probable diabetic ketoacidosis so was transferred to Gallup; CT there showed right occipital intracranial hemorrhage, 28 x 34 centimeters with no midline shift.*

Then she came to us. If you're sick, they move you along to a higher level of care. We're the highest level of care. We're the ICU for the state of New Mexico.

She's alone in the room, awake. When I introduce myself, she looks past me as if at someone standing behind me. She doesn't say anything. She has a wide face, high cheekbones. She doesn't have a headache. She can hold her arms out straight without drifting. I ask her to smile and then stick out her tongue and she does and then smiles after that as well. She looks like Annette Funicello. I ask her if she knows who she is. She laughs. "I know my Mouseketeers." She says she can't see the diamonds on her wedding ring. It looks like it melted. Her pupils are equal, dark like all her features, dark like starless nights, but tracking to the left she can't see. Her voice is calm, though, when with my finger off to the side she says, "I don't see it." I know it starts with an *h*, but I can't remember what it is.

Two residents are outside the room hunched over the chart.

"Who are you guys?"

"Neurology," one says.

"What's the word for a deficit in half the visual field of both eyes?"

One of them pulls a piece of paper from the chest pocket of his white coat. "Homonymous hemianopsia. I'm just doing a rotation. I'm in general surgery." There are other groups of doctors in the unit. They hover outside the rooms looking at charts the way hummingbirds feed in mid-air, always in flight. "We'll be by to see her later," the other one says.

Rounds is starting. The Medical team is outside One. In the middle, older by far than any of the residents, is Fowler. Fowler and Morgan are the two attendings. Murphy is the chief resident. The Good, the Bad, and the Goofy, Michelle calls them, although Murphy isn't really goofy; it's just that he wears nursing scrubs with funny designs because his mother is a nurse and he wants to show that he's on our side. I have about ten minutes before they reach my patient.

"Can you check blood with me?" Dana has Bed Ten, the meningitis girl. She looks small, smaller where the blankets below her knees drop off and lie flat against the bed. At first you see she has a cute round face with her hair in pigtails with paintbrush tips below elastic bands like Pippi Longstocking and buck teeth with a space between. But that's where the look-alike ends. Her skin is moist and colorless and sprinkled with acne from the steroids. Her central line is an internal jugular and juts from her neck as if someone is tugging at it, raising the skin into a little tent. So she won't pull things her hands are wrapped in gauze and look like boxing

gloves. The drain sponge under her trach collar is mangled and wet with thick yellow mucus like Jell-O.

"We're just going to give you some blood, sweetie," Dana says to her. The girl raises her eyebrows and her eyes widen. "It's all right." She can read her face. Dana takes her a lot. Some nurses do that, take the same patient again and again. We check the numbers quickly. The medical record number, blood type, expiration—wristband to paper, paper to bag. "Your mother called. She said she loves you," Dana tells her. The girl makes a guttural sound that makes the mucus on the sponge shiver.

A man and a woman are in Dakota Yazzie's room. They didn't call to come in but people slip in all the time. The man is standing under the TV, which is on struts high on the wall, and stops punching the station buttons to shake my hand and introduce himself, in a soft voice, as Terrell. He is wearing a gray T-shirt with lettering about a basketball tournament. His hair is combed straight back in a rakish way. The woman is seated. She's wearing a maroon sweatshirt with a dream catcher logo over a flouncy skirt that goes all the way to a pair of black single-strap ballet shoes. She is obese. Everything about her is huge except her hair, which is thin and permed into tight ringlets. Resting on her chest on separate chains of different lengths are two silver crosses. She looks up at the door suddenly. The team is here.

Fowler leans toward a western style even though he's from Chicago and went to medical school at Northwestern. He wears a thick leather belt with Texas Gold Star conchos, bolo ties, and sometimes real cowboy boots. He's patient with the residents and generous. The residents are different from Fowler and not just because they're younger. It's like those waterfalls you can buy where the water flows down into a container and that container fills up and the water flows down into the next container. Somehow the water in Fowler doesn't seem to be flowing down. There are seven residents. They all wear white coats. They stand in a tight circle.

The hospital is like a two-way mirror. On one side you see yourself reflected and you think it's all for you. What you don't see but what sees you is the world on the other side. The world on the other side is teaching. The teaching hospital is a kind of workshop that makes doctors,

where they are put together, assembled, polished, made sure they are in working order, put through tests to make sure they're up to it. They're their own solar system, orbiting each other, balanced by their own gravity, whirling through the hospital.

Medicine is collegial in a way that nursing is not. Doctors call themselves a "team:" the ICU team, the Medical team. They never criticize each other in rounds. The progress notes say things like "Appreciate Dr. So and So's comments"; "Thank you, Dr. So and So, for the consult." They rotate through the hospital—ER, ICU, Med-Surg—climbing the ladder rung by rung. Nurses are alone most of the time—in a room spiking a bag, titrating a drip, charting at the desk. Alone like a person ice fishing on a frozen lake. You almost never see a doctor alone.

Lucas has already begun: "Denies weakness, no sensory deficits, no family history, no meds, never seen a doctor." He's reading from notes on loose four-by-six-inch pieces of paper that are also stuffed into both pockets of his white coat and is standing not in the middle but maybe a foot into the center. "Has a three over six systolic murmur, one son, married, one weekday drinks heavily and takes several days to recover." They all laugh at this with smirks and titters. They look alike, the residents, like a cluster of ripe cherries, plump, full, smooth skin glistening with dew. Even Fowler says, "Why am I not surprised?" I look into the room; the curtain is half drawn but the door is open. "That sounds familiar," he says. "Any visual changes? HH?"

"I didn't notice," Lucas says. He looks down at his notes.

"She has visual changes," I say.

"What about drugs?" Fowler asks.

"Cocaine."

"Keep going."

"She denied problems, no history of falls, she was in minor DKA. Her glucose was three ninety." He stops. Fowler is bent over the computer bringing up the labs.

"I gave her bicarb," Lucas says.

"Her gap was closed," Fowler says. "You wouldn't give her bicarb. Her sugar's not that high. What's her A1C?"

"It's not back yet."

"There's no urgency," says Fowler. "Okay," he says, getting them back on track. "What do we need to do from a medical point of view?"

"I gave her hydralazine for hypertension."

"Wrong. Neuro likes to use beta blockers. Hydralazine can vasodilate, increase intracranial pressure. Neurosurgs like a short-acting drug. Something you can take away. Did you put her on half normal or start NPH?"

"No."

A female resident has the CT up on the computer and has turned the screen to show the other residents. Her hair is cut boyishly with one side jagged like a serrated knife. It makes her look like that kid doctor, Doogie Howser. She's small; she's sitting on my chair that's like a swivel bar stool with one leg tucked under her the way small people can do. The lettering on her jacket is a blue cursive that says "Internal Medicine."

"This location is not consistent with a hypertensive bleed," she says. On the scan, which looks like an old black-and-white movie and is a view from top down, even though they lie flat in the scanner, in the lower left corner, what should be gray is a white spot as big and soft around the edges as the butter pat you get in a restaurant.

In the room, Fowler asks her if her head hurts.

"Some."

"How long?"

She shrugs her shoulders.

Terrell is standing by her next to the bed. Maybe because she's so quiet he starts to talk as if to be helpful and says how she had tried to unlock the back not the front door of the car and then had been driving and turned left way too soon. They're all standing behind Fowler, who has gone only as far as the foot of the bed.

"Do you have any medical problems?"

"No."

"You've never seen a doctor?"

"Never."

It's like she is from another planet, a planet of the poor, the outcast, the invisible. Come here, live in a catacomb of your own language, your own way of life, until illness drills a hole into it and the light of the world is on you.

"I do have a murmur. My grandmother wouldn't let me run around."

"Let's get an echo," Fowler tells Lucas. He looks at Dakota Yazzie. "We're going to do what's called an MRI. It will give us a better picture of your brain. How's your vision?"

"I can't see to the outside."

Fowler leaves the room first and the residents follow. They move down the hall together, as if they were all in a revolving door, toward Sanchez's room.

Two surgical nurses walk by, slowly, looking in each room, strolling, as if they were shopping in a mall. "Where's our patient going?" one of them asks. They're wearing thin blue surgical gowns, open in the front, and soft blue surgical caps like spun candy.

"Six," Sue says. She helps them pull the bed out of the room. "What are we getting?"

"From the Indian Hospital. Open abdomen."

"How long?"

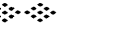
"Twenty minutes. Thirty. They're still closing."

It's clear Fowler doesn't know Sanchez because he winces when he hears the renal failure was from the contrast for the angiogram. A thin olive-skinned guy is presenting. He's sharper, more confident than Lucas. Wherever he is from, he's not from the United States, and most of the residents are not. The quickness has passed to the world, to Asia, India.

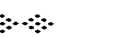
"So, one," Fowler says, "we have respiratory failure. Two, we have acute renal failure. Is ID involved? Let's get them involved." One of the residents picks up the wall phone right away. "What did Renal say?" he asks.

"That he's improving," a resident says.

"Let's get a cortisol level." He pokes a finger in the direction of olive-skin guy. "See if Pulmonary wants to bronch him. This guy's sick. This is what you want. This is good pathology."



The unit is quiet. Rounds over. Now they go look at X-rays, CAT scans, have a teaching session somewhere. In the hospital you're not just in your bed, in one room; your body is in your bed, your blood in the lab, your lungs in X-ray, your brain in CT, your history in Medical Records. They'll come if we call, if we need them. They'll round again in the evening. For us, day begins again.



Nursing is like that six-degrees-of-Kevin-Bacon thing where every actor in the past thirty years can be connected to him. Everybody knows a nurse: your mother was a nurse, your cousin became a nurse, your brother married a nurse. My best friend in high school—Timmy Walsh—his mother was a nurse at Tobey Hospital in Wareham, Massachusetts. I was an orderly at Cooley Dickinson Hospital in Northampton, Massachusetts, for the six years when I left UMass without getting my degree until I returned and got it. It was the same hospital where in 1964 Ted Kennedy went after his airplane crashed and his pilot was killed. Cooley Dick is a few miles north of Smith College. Five years ago, after my mother died, my sister began sending me things randomly like items from a shipwreck washed up on shore at different times of the year. She sent me all the editorials from when I was editor of the Gateway Gazette. *Then she sent me a hundred copies of a black-and-white photograph of Ted Williams and Babe Ruth standing on the steps of a dugout at Fenway Park shaking hands that my father was going to sell and get rich. Then she sent a bronze cast of my baby shoes. She sent me my senior yearbook. There were 126 kids in my class. There were pictures of me. There was a picture of me on the basketball team. A picture of my game-winning shot from the baseline against Rockland High that knocked them out of the Tech Tourney. They threw rocks at our bus as we drove home through their downtown. A picture of me with the editorial staff of the paper. As president of the Key Club. Under my senior photograph is the caption "Tallest" and "Done Most for the Class." On one page is a picture of a group of girls. Half are seated in chairs and half are standing behind them. They are the Future Nurses of America. I didn't recognize any of them.*

The bed is still gone from Six. Kay has the room ready. On the roller table are two packages of red-dot electrodes, a pulse ox, a blood pressure cuff, an IV start kit, some saline flushes, a thermometer, a flashlight. A two-channel pump on the IV pole. Neat, ready, like a room at a bed-and-breakfast where they have a chocolate and maybe a flower on the bed and a little guide to the area. The rooms look scarier empty because you don't know what you're going to get and then the chaos of admission, getting them all hooked up, someone telling you how much blood they lost, what the vent settings are.

There's family in Sanchez's room. Three women and two men. One of the women, about his age, could be a wife. A man her age. The others children probably. They look scared.

"Habla inglés?"

They shake their heads or look down except one, who could be a daughter, who says, "Yes."

"I'm his nurse. Enfermero."

"How is he?" she asks.

"He's the same. Stable. Not better, not worse."

She turns to the others. "Estable, no mejor no peor." They surround the bed and stare down at him. The muscles of his face are starting to move like a kitten under a blanket. Thawing out from the sedation.

"The nurse yesterday said we could talk to a doctor this morning."

"Okay. I can arrange that."

"Podemos hablar con el médico esta tarde. Gracias. Do you know what time?"

"I don't." Suddenly he wakes up. His arms rise and they fly away from the bed like birds driven off from roadkill. Everything is up, heart rate, pressure. The vent is honking. His eyes are wide and fill his shrunken face. Now he feels the tube in his throat and twists his head from side to side. It must be a shock that you're not dead but alive and where were you?

"Mr. Sanchez, you're okay." I grab his arms by the wrists to keep him from the tube and put my face above his so he can see me, but his eyes are flying around the room. Looking for a way out. "Does he speak English?"

"Yes!" "No!"

"Está bien. Tranquilo. Está bien. Está bien," I say to him. One of the younger men is against the wall crying. I give Sanchez thirty milligrams of propofol off the pump and watch the drug smooth the features of his face, like a hand smoothing a blanket to flatness. Before he sinks back I say to him, "Mueve los dedos," to get a picture of his brain before he disappears behind the clouds.

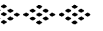
They come back to the bed slowly, as though it was a fire that had been put out but could reignite, and hold his hands and stare down at him almost with reverence. Strange. Such a beat-up old guy. Wasting away for years probably. They talk to him and stroke his arm and wet his lips with a washcloth and I have to tell them to stop that and explain about oxygenation, rest, how he needs his strength to recover and that

there will be time for that but for now they can be here but they should sit quietly. That they can love him quietly and there will be a time later when they can touch him and talk to him. Families resent this usually, but they go and sit in chairs, some of them putting a pillow under themselves before they sit. Except for the woman who speaks English. She looks early twenties. They watch her when she talks. A reed through which they can breathe the English air above them. She looks at the old woman in a chair. "That's his wife. It's because he loves her so much that he's trying to stay. Do you know when the priest is going to come?" I tell her I'll call.

"El sacerdote se acerca." They all nod. Everything she says in Spanish goes around the room like an electric current.

"We only allow two visitors at a time."

"Sólo dos visitantes se les permite en un momento," the woman says to her flock. They go blank like they don't understand.



Dakota Yazzie's eyes are closed but she's not sleeping. I have to do neuro checks on the hour. I think I would close my eyes too if I was in the ICU. She has a beautiful face. Black hair. The part in the middle as clean and straight as the narrow dirt roads that disappear off the highway to distant pueblos. Skin the glow of the desert at dusk. She is so quiet, so still, that when I talk to her I whisper. I take her through a quick assessment—tracking, grips, drift—to see if there are any changes. I move my finger to the left of her face.

"I don't see it," she says and closes her eyes again.

The woman in the chair is holding a small leather book with worn covers in her two hands in her lap. The crosses on her chest are clean and bright.

"Are you her mother?"

"I adopted her," she says. Then, "Not really. We're just close. My own mother died when I was young."

"I'm sorry. Of what?"

"Of liver." She points down toward her stomach. "Drinking. My father died of the same."

Terrell then asks me if I'm from Boston and then nods his head at Patricia when I say I am. "I like the Celtics," he says. "Bird. McHale."

"Parish," I say, and from the bed Dakota says, "He's the one they call Chief," and we all laugh at that. Parish. A black, seven-foot-tall NBA chief.

Terrel is trying to put a disc into the DVD player and asks me if I can help him with the DVD and I say that stuff is beyond me.

"Jim likes that Lawrence Welk music."

"Who do you like?" I ask him.

"The old stuff. Van Morrison. Bob Seger." His voice is strained from the angle his head is forced into.

"Help me, Jimmy." The screen is snow, the sound like letting air out of a tire.

"You're on your own," I tell him.

Lori is walking the Flolan woman around the unit, something you almost never see in the ICU. She's a walky-talky but can't go to the floor on a Flolan drip. Lori has her arm hooked in hers and is watching the woman's face while the woman is watching her own stockinged feet as if wondering what they're going to do. She's twenty-eight with two kids. She has idiopathic pulmonary disease, which she will die of. Her mother died of asthma at forty. I pretend to look at my chart when they go by. She wasn't feeling well and went to a clinic. By the time she got there she was blue and they flew her here. Had made herself a DNI, had seen what happened to her mother and knew she would never get off a ventilator. Her boyfriend had come to town and found a job. You have to have taken some course in Flolan to be able to give it, so I'll never take her. She's wearing two gowns, one on the front and one on the back, and the little gray hospital booties that have skid strips on the soles.

The first time we drove out west was a vacation in June 1996. We took I-25 south from Albuquerque, then down through Silver City, where Billy the Kid spent his childhood, and then to the Gila Cliff Dwellings. We were driving to Tucson. Loren had her shoes off and her heels on the dashboard. She was reading the *Rough Guide to the Southwest.* The distant mountains were purple and the farther mountains paler and paler, fading away like sound would look if you could see it. A thunderstorm far away like in another world. Something interesting she would read aloud. We had crossed the border into Arizona when she told me to look over to the left. She said those were the Sierra Madres. She said Geronimo had lived there. We were both silent for a while. When we were past them she read from the guide. His real name was Goyahkla. His final battle with the U.S. Army was thirty-seven Chiricahua Apache against five thousand soldiers. Only eighteen of the thirty-seven were warriors, the rest women

and children. It ended when he surrendered for the fourth and final time. He was never a chief. He had special powers. He could walk without leaving a trace. Before a battle he painted the faces of his warriors himself. He rode at the head of Teddy Roosevelt's inaugural procession in 1905. Lori and the woman walked around the unit twice; the second time the woman walked by herself holding on to her IV pole with the Flolan drip.

Fowler calls. He wants blood cultures on Yazzie. "I think we should do them. She has that murmur and might have some vegetation. And include fungal." I tell him the Sanchez family says they've never talked to a doctor.

"I don't believe that." He pauses. "I'll be there around five."

Kay's patient comes out just before noon. Mateo is leading with the vent. The same two OR nurses now with blue masks untied and hanging under their chins like wattles and the anesthesiologist who is bagging him. We help hook him up like a pit crew at a NASCAR race. A-line, EKG, suction. His eyes are still taped shut from the OR. He's big, Native American, looks young, has a little goatee.

The anesthesiologist tells Kay, "This is Edward Maestas. He's still paralyzed. I didn't reverse him. I gave him eighty of rocuronium, twelve of Versed. He got two liters of Lactated Ringers. They took out one and a half liters of pus. Estimated blood loss two-fifty." He waits for a blood pressure, an oxygen sat, a temperature. They leave, the OR nurse saying, "His mother is in the waiting room."

The Pulmonary fellow is here to bronch Sanchez. After medical school, and after residency, some of them go into fellowships in a specialty. His head is shaved, so it's hard to say how old he is. His face is reddish but his scalp is white. I can see the roots of his hair under his skin like you can see bugs that die in a fluorescent light or seaweed underwater. He has large eyes and looks with his glowing scalp like a jack-o'-lantern.

He puts in a bite block and threads the soft tube into Sanchez's lungs. On the monitor it's like spelunking, looking through caves, around passageways. "Look at that," he says. "That's bad. It's narrow. This guy's been sick for a long time."

The door opens and Fowler leans into the room holding a mask to his face. 'How does it look?'

"He's got bronchiectasis."

Fowler grimaces and leaves.
"What causes that?" I ask.
"Chronic disease."

We need the cultures from Yazzie. Terrell and Patricia have gone to lunch. "I need to draw some blood from your arm," I tell her. Her eyes are closed but her skin is drawn to her eyes like a purse string. "Are you having pain? I can give you something for pain." She nods her head. I give her two of morphine into her line. The room is quiet without Patricia and Terrell. Putting on a front for all the time they were here. Must be frightening, your vision going like that. Opening the back door. Having to leave home, the reservation, come all the way to Albuquerque. Could be a hemorrhage. Could be a tumor. Could be nothing. Could be the end of your life as you know it.

After a bit, I put a tourniquet on her arm but no veins appear. I sit in a chair facing her and let her hand rest on mine. It's almost one o'clock. The day half over. Our hands are still. Her eyes still closed. I think this must be nice for her, to be alone, to feel my hand under hers, the touch. I watch the clock move past one, feel the day push itself over the crest and begin the slide toward evening. I stroke the inside of her arm with the tip of my index finger. Tap where a vein should be. Come out. Come out. Sometimes you can see the blue run of a vein deep in the skin like a skinny river that had carved itself deep into a canyon. The tourniquet finally tricks out a vein above her wrist.

"Little stick," I say, and then stop talking to her at all, she is so quiet. I think she wants it to be with her eyes closed and being so still that she is not here, is somewhere else, maybe in a car driving with Terrell, so I don't say anything so she can be not-here for a little while.

When she needs something, Kay sticks her head out from her room. Her cheeks are flushed against her short blond hair. "I need a four channel. More saline. I need some ten cc syringes." The room was filling with machinery: two poles of IV pumps, the vent lit up like a dashboard. Like she's building a ship plank by plank. I can see his heart rate on the monitor at the nurse's station. 148. 153. 158. Like a spring flicked into vibrating that doesn't slow down, keeps speeding up. She comes out of the room. "His temp is a hundred and two four."

"Was he cultured?"

"In the ER."

"Should I call?"

"Don't call. He's been cultured. You can give him Tylenol."

"He's got a bad liver," she says.

"Cool him with a blanket. Ice him and cool him."

Her voice is shaky like she's standing on a platform at a train station and a train is going by. I know how she feels. Before my wife and I were married, we were house-sitting for a writer at a big farmhouse in upstate New York. He was rich and was sailing around the world in legs. The first leg, he went to Panama and wrote a book called *Fever Coast Log*. This time he was on his way to the South Pacific, Borneo or somewhere, with his girlfriend. There was a typhoon. Either they turned the wrong way or the typhoon did. It overtook them. The boat broke up. They were in the water; she was in his arms. She was telling him to hold on to her. Wave after wave came. She slipped away. She died. It feels like that sometimes. Wave after wave coming at you as you try to hold on. We say the ICU is eleven hours of boredom and one hour of terror. When I first came to the ICU, an older nurse, Richard, who was tall and generally quiet and reminded me of Chief Bromden in *One Flew over the Cuckoo's Nest*, one day in the lounge looked at me and said, "Don't get the fear."

Patricia Benner says expertise in nursing is a function of experience: the ability to see the "likely future." I try to do what Bill Walton did. Bill Walton said that the night before every basketball game at UCLA he would play the game in his mind, the whole game, so that everything that happened, every shot, every rebound, he would have already seen it. I would get my assignment and I would think, Okay, this patient has this and this could happen and if it happens I'm going to do this and this. Because you're afraid that if that thing happens, you'll freeze. You'll get the fear.

The MRI scanner is a narrow tube. Putting a patient in is like watching your hand disappear into a glove or a knife into a sheath. Before we go I ask Dakota Yazzie if she wants something to help her relax during it. She shakes her head. We watch from a different room. We can't see her face. We can't hear the pounding noise. The image of the brain goes from nothing to everything like a sped-up view of a flower blossoming. "There it is," says the tech, pointing to a white spot on the screen. "We're done." On the way back I tell her she did good.

It's almost four and Terrell and Patricia are in the room. Terrell comes out to talk to me. He's grinning.

"That was a long lunch."

"We went to the casino." He seems happy. Now I see that he's older than I thought he was.

"Which one?"

"The new one. Cities of Gold." He's rocking a bit and smiling. He's teasing me.

"Did you gamble?"

"I won eight hundred dollars." His smile is wide. We could be two buddies who bumped into each other outside Ortega's on the Plaza. I put my hand out flat up. "Let me have some of that."

He shakes my hand instead. "I'm giving you some. I'm giving you some of my luck."

"Do you gamble much?"

"Usually the machine takes my money but today it just kept coming up."

"Where are you staying tonight?"

"We got a place at the Rodeway Inn off I-40."

I know it. It's off Lomas. Inexpensive but clean.

"Do you think she might go home tomorrow?"

"Not tomorrow. Maybe in a few days. Depending on what the MRI shows."

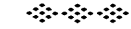
Father Martin is outside Sanchez's room. He's wearing priest garb with a short-sleeved shirt. He's old but with a full head of white hair.

"I need three minutes," he says.

When he enters the room they gather around the bed swiftly, like filings around a magnet. Father Martin makes the sign of the cross. Their hands fly in front of their chests and the women finish by touching their fingers to their lips. They know what to do. He opens the Bible. As one they bow their heads. No one has spoken. When Father Martin does speak, he speaks in Spanish and they all repeat what he says and every sentence has the word *Jesus*, which they say with an emphasis that raises it above the level of the other words. Father Martin says the patient's own name, Valentín, in a voice that seems to vibrate the air in the room as though he's Jesus calling forth Lazarus. He reads from the Bible again in Spanish and then he's done. Just about three minutes.

Labs are back on Sanchez. His creatinine is better, down to 2.9. He's starting to make more urine. His kidneys are coming back. He's breathing a

little on his own. The Renal docs come by and say they're not going to dialyze him. The attending writes a short note: *Renal failure improving.* Maybe he'll turn the corner, get to go back home, back to his big family, back to Guadalajara.



The conference room is called the Harriman Room. It's narrow, with dark-patterned institutional chairs and couches surrounding the small empty center. The light is soft, yellowish, from half-moon globes in the middle of the bare walls like mushrooms on the bole of a tree. We keep it locked, and I think if I were brought into this room to talk with a doctor and the door closed behind me my first thought would be, bad news. I know Fowler doesn't believe that no doctor has spoken to them. We think families lie all the time. A female resident is with him.

Sanchez's family is already there. The wife, three daughters, two sons, some husbands and wives, aunts, uncles. Soft as it is, the light is better than the rooms in the ICU; the wife looks older, the boys younger. The impression from the elastic of the TB masks is still visible on their faces. The translator is a hospital housekeeper in her twenties; she gets extra money for doing this. Her badge says *Marta.*

Fowler speaks first, "Me llamo Dr. Fowler," and then asks, How long has Mr. Sanchez been sick; how long has he had diabetes?

"Cuánto tiempo hace que está enfermo? Cuánto tiempo hace que tiene diabetis?"

The woman who speaks English doesn't answer, but the other daughter, who hadn't spoken in the room, does, in rapid speech. Somehow the translator is the right wire, the right connection.

"Vino de Guadalajara a visitarla hace tres meses y no se sentía bien. Los hijos trabajan en Arizona. Por qué está tan enfermo?"

"He came up from Guadalajara to visit her three months ago and wasn't feeling well. Why did he get so sick?"

"People who wind up in the ICU usually get sicker."

"Las personas que acaban en la ICU por lo general se ponen más enfermas."

There's a little delay like on TV when the anchorperson is talking to someone overseas and when he's done with the question the person he's talking to just stands there for a few seconds. It seems too as if there are more Spanish words than English. The Spanish seems richer, vibrant.

Fowler turns toward the housekeeper. "Tell them we aren't sure what's wrong with him but we're treating him with antibiotics and we're helping his breathing with the machine. We gave him blood when he needed it. If I think it doesn't look good, I'll tell you. Right now, we think he's going to be fine and leave the hospital. But there might be a time when we have to decide what to do. We have to think what he would want. We're not there yet. I won't lie to you. I promise I'll tell you if that time comes."

When Marta finishes, Fowler looks at the wife. "Do you have any more questions?"

"Tienen más preguntas?"

They lower their heads. Several of them murmur, "Gracias."

We lag behind as they leave. I thank Fowler. Not every attending would come to a conference but would let some resident stumble his way through it. We watch the family turn the corner. Fowler turns to me. "Where do the sons work?"

"Phoenix. Miller Brewing Company. "

"We need to get them back to work so they don't lose their jobs."

I look into Yazzie's room. Dakota is sitting up on the side of the bed facing the wall. Terrell is on the other side of the bed, behind her. He's kneading her back, moving his arms slowly. Her eyes are closed and her head moves languidly like a sunflower in full bloom. The room is evening dark. Patricia is in the chair. A little tribe. A tribe of their own.

In 1907, a Dr. Duncan MacDougall weighed patients just after they died and said the soul weighed three-quarters of an ounce. The brain weighs three grams. Medical school is four years. If there is a unit of measurement in nursing, it's twelve hours. Half the day. Long enough to drive to Phoenix. To drive to Needles, California. To Death Valley. To El Paso and back. Long enough to eat three meals. Long enough that families go and come back and say, "Are you still here?" Sometimes they think you work all night. Lori says, "It's a long day but a short week." But it's a long day.

I walk the unit. We moved from Boston when I was nine to Cape Cod to a beach town whose population would swell like a bore tide after school ended until Labor Day when the summer people left. In the summer, the small cottages would be noisy at night with cookouts, drinking, radios carrying the Red Sox game from Boston, too many cars for the dirt

driveways. In the fall I would walk home on now-empty streets past these dark cottages, windows shuttered, their wicks dampened.

On the unit we've kicked out the families. Only the back wall light is on in most rooms. They're like those cottages, the wick of life dampened. You wake up in the morning in the stream of life and something bursts, breaks, stops, and you're ladled from that stream and dropped onto a barren rock. End of the shift. In the gloom of Kay's room, the lights from the pumps, the monitor, the vent glow like a ship becalmed in a harbor at dusk being readied to set sail on a long voyage. The IV poles are like sails rigged for the wind, ready for the voyage into the sea of critical illness.

Sanchez's room is empty. They left him with a folded washcloth on his forehead and washcloths on both sides of his face, so his face is shrouded like a nun's. Next to his face is a plastic rosary of beveled pink beads attached to the pillow with a safety pin and a picture of Jesus the size of a baseball card. This Jesus has a crown of thorns that look like barbed wire. Little droplets that aren't sweat but blood because they're red drop down his face. Sanchez looks like the picture on the card. Gaunt, suffering, waiting for the blessed end. Before the end of the shift I turn him again, fluff him up.

I go into Yazzie's room for a last set of vital signs. Terrell and Patricia are still in the room. They've settled on the Discovery channel. The screen is showing wild horses running in the desert, wheeling in a pack over low hills. The horses are each differently colored and you can see the muscles under their smooth skin. A woman's voice is narrating. She sounds young. Now the screen shows lupines, then distant rolling desert. Then back to the horses. The room is darker now. Terrell is standing close to the bed. We all watch the TV. No one speaks. Dakota says, "His mane is up." The screen had shown a young foal in the herd.

"What do you mean?" I ask.

Without taking her eyes from the screen, she says, "He's young. It's coming out." Wild horses under the wide western sky running over the desert, wheeling, turning as by a hidden message over sage, juniper, coats shiny, unsaddled. I stand and watch with them long enough to feel I've slipped into their world, trying to be as quiet as they are, long enough that I feel that at the same time they're unaware of me they know what

I'm doing and don't mind but it's like balancing on a beam and after a moment I lose my balance and leave them and the room watching silently.

I usually don't say good-bye, just give my report and leave, but I stop at the door of Yazzie's room. "Good luck. I'm off for three days."

Terrell comes toward me. "I hope I never see you again."

"I hope I never see you too."

He puts his hand out and we shake. "Thank you," he says. And from the bed, like the upward drift of smoke from a campfire: "Thank you."

2

DIAGNOSIS, DIAGNOSIS, DIAGNOSIS

Before there were hospitals in America there were almshouses. An almshouse was for alcoholics, prostitutes, blacks, the insane, the aged, the syphilitic. Ezra Stiles Ely, a newly ordained Presbyterian minister who decided to preach in New York City's almshouse, described it as a place filled with the "depraved and miserable of our race." Hospitals were to be different. They would be for the worthy poor, for people who had no family or were away from home: seamen, urban workers, widows. The first hospitals were in ports and river towns. They had more to do with charity than with medicine.

Physicians had little impact on the internal world of the hospital. The hospital was more like a large home than an institution, the patients a family. Even today, the hospital is called "the house." The staff lived in them; the healthier patients helped in nursing the sick, washing and ironing, cleaning the rooms. Therapy was rest, warmth, and a good diet. Patients could be there for years. Hospitals were something Americans who were better off did for their countrymen who were worse off, not a place they would ever think of entering. You entered one if you had no family or were unlucky enough to become sick away from your family. They were regarded with dread. In Medical Inquiries and Observations, *the physician Benjamin Rush called them sinks of human misery. William Buchan said the best that could be hoped for was that they would disappear. The first American hospital was Philadelphia's Pennsylvania Hospital, founded in 1751. In 1873 there were 178 hospitals in the United States. They were as few and as scattered as are today's nuclear power plants. A person could go his or her entire life without seeing one. A rural doctor might never even have been inside one. Many Americans did not know they existed. Today there are more than nine thousand. They have over a million beds. From I-25 in Albuquerque just before the exit for Central Avenue, the old Route 66, you can see four: the Heart Hospital, Kindred, Presbyterian, and Lovelace. Five if you count*

closed-up Memorial, the old psych hospital. The one you can't see is the University of New Mexico Health Center, a mile away but, with its new Children's Hospital and parking garages and critical care towers, slowly marching toward the interstate. Some are so big you need a GPS. They have gourmet coffee carts. Mary Hitchcock in New Hampshire has a Papa Gino's. Oregon Health Science University sits on a hill over Portland like Transylvania and shuttles employees from below by buses. It has nine ICUs.

The night nurse is a traveler I haven't met before.

"Cushman, James. Fifty-four. Past medical history, alcoholism, question of hep C, organic brain disease, whatever that means. Came in on the twenty-eighth vomiting bright-red blood. He was scoped. They banded five varices. Was getting blood but there was a problem with the transfusion. He went into DTs. He crashed on the sixth. They paralyzed him to help his oxygenation. We're using Nimbex. He's maxed on Levophed at twenty. They don't want to go any higher, vasopressin .02. They want a systolic blood pressure greater than ninety-five. He's on pressure control ventilation, rate of twenty-two, 100 percent. I'm not suctioning much out. He's got a rectal bag. He's not making any urine."

"Lines?"

"Lines. He's got a right femoral central line and a left femoral a-line. His mouth is bloody but I just did oral care. He's bleeding. All I've done is keep him alive. He's got sores on his mouth and his groin. Contact isolation. They think it's herpes. He's a DNR. No compressions. No electricity. Chemical code only."

"Family?"

"An eighty-year-old uncle in California, a brother in Idaho."

"The brother's power of attorney?"

"Yep. His heart rate is down. I think he's wearing out. We were feeding him through a Dobhoff, but his belly was so distended I stopped. He's got an OG that I put to suction. I got a thousand ccs out in one hour. Active drinker. No transplant. He's a day bath but I did it this morning."

"Thanks. Where are you from?"

"Reno."

Two doctors are looking at the chart, the older one through glasses on the tip of his nose. They're wearing white coats. All the doctors wear white