



A NICU Fortress

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A GLASS BOX is a formidable foe. Its clear walls disappear when your eyes focus beyond the glare, while the fingerprints left behind are a reminder of the impenetrable divide between you and the subject beyond. These fortresses are dispersed throughout our world. In museums they protect centuries old paintings, and they are the only thing standing between you and the Great White at the aquarium. Sometimes I wonder what these occupants would say about their time in the glass: Do they feel safe? Are they trapped? Do they want to escape? Or are they content to remain inside and observe the passersby? As I ponder what it would be like to live part of my life in a see-through stronghold, I remember I already have.

I came into the world ahead of schedule, 3 months to be exact, and my early arrival ensured a spot for me in my own shield of glass. I heard the stories of my time in the incubator, “the microwave” my family called it, where I continued to grow among the lines, wires, and monitors entangled around me. It sounded like I was a museum piece, a spectacle on display to be observed during viewing hours and left for more patrons to marvel at the next day. When my mom talks about visiting me each day for the 3 months while I was on display, I can’t imagine the helplessness she must have felt watching me from outside the glass wall. After hearing these stories, if I had the option to change places and be on the outside looking in, I would decline that chance every time. I can’t help but think it would be far worse to stand resigned to watch outside the glass than be the one living inside.

It was the first week of my pediatrics clerkship when I spent a day working in the NICU (Neonatal Intensive Care Unit). When I saw the sign for John* I caught a glimpse of what the outside is like. “Boy, 1 lb 14 oz” written in Sharpie above his incubator is the same weight my parents saw on the sign above mine some 24 years earlier. Just beyond the glass I saw John swaddled in a blanket and blue beanie resembling the one that rests on my head in the faded images in my family’s photo album. I was

now standing in the place that I never wanted to be and yet I knew I had to care for John and his family somehow.

As a third-year medical student in my first semester of clinical clerkships it’s safe to say I didn’t know much about neonatology. In fact, we didn’t have a single lecture in the preclinical years of medical school about treating premature children. My fears of being helpless on the outside of the glass grew as I tried to imagine what I could say or do to help someone whose child is hanging on for life. I knew if I were to speak with John’s mom, I wouldn’t be able to give her the answers to all of her questions. I wouldn’t be able to explain why her son was so small or why this happened to him or what is coming up next. But I did know I could give her hope if that’s what she needed.

It was around noontime when I noticed the open latch on John’s incubator and heard his mom singing over him as he slept in her arms. When I walked by, she met me with a squinty-eyed smile under her protective mask. I knelt down and introduced myself saying, “I noticed your boy weighed 1 lb 14 oz and I just have to tell you that I weighed the exact same amount when I was born.” I could see her disposition change through her eyes as she learned how I, born the same weight and similar time as her boy, made it out of the NICU and on to a healthy life.

I listened as she explained how she feels both indescribable joy and crippling fear when she visits her son not knowing what to expect in the coming days. She loves seeing his smile through the glass and prays he will continue to fight for another day. Yet sometimes she feels stuck as if there’s nothing she can do but watch, helpless, on the outside of his glass. After hearing how my story paralleled her son’s, she shared renewed hope that her boy may survive like I did.

As medical students we are commonly told we are drinking from a fire hose—pummeled with new information and tasked to digest as much as we can before the deluge begins again the next day. I can’t say that I will remember all of the information from the fire hose—I may not be able to recite each of the treatment algorithms, nuanced medication doses, or specific prognoses for my patients. But I do know that I can give my patients a space

*Names and some details have been altered to protect identities.

to share their story. I can give them empathy. I can give them hope.

My time with John and his mother may not have lasted longer than 5 minutes but I pray the impact of my story and listening to hers will stay with them as John continues

to grow. One day in the NICU showed me that sometimes vulnerability and a listening ear can provide more healing than any medication or surgery we have to offer. I never thought I wanted to be on the outside of the glass and yet it might be exactly where I am supposed to be.