



# Everything We Can

*Priya Misra, MD*

From the Division of Cardiology, Children's National Hospital, Washington, DC

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Address correspondence to Priya Misra, MD, Division of Cardiology, Children's National Hospital, 111 Michigan Ave NW, Suite WW3-200, Washington, DC 20010 (e-mail: [pmisra@childrensnational.org](mailto:pmisra@childrensnational.org)).

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“I CAN GO and update his mother at least, let her know that we are still trying to stabilize him, and that we are continuing compressions in the meantime.”

I was the pediatric cardiology fellow on-call for the night, and had just transferred B from our acute care floor to the Cardiac intensive care unit in midst of ongoing resuscitation. I honestly don't know why I volunteered myself to update his mother, L. I think I just felt so useless that I wanted to do anything I could to help. But part of me also admitted that it was because I knew exactly how B's mom was feeling—sitting in the waiting room alone and confused, horrified, and sick. She just saw her baby boy whisked off to the intensive care unit with ongoing compressions and the team running by his bedside. She saw his blood all around the floor, her own shirt soaked, and he still had ongoing bleeding. She knew it was bad. But for now, she was in the dark, alone with her own thoughts, every minute stretched out to feel like an eternity. And with every passing second of no news, she would only be assuming the worst.

I remembered that exact sickening feeling in the pit of my stomach, my world crashing around me. I had known something was wrong when it had already been an hour and there was no update. The cardiology fellow had just come out into the waiting room to tell my family my father had arrested in the cardiac catheterization lab, with ongoing compressions happening as we spoke. The fellow had not been in the room at the time and didn't have much more information, but he had ensured us that the entire cardiology team was with my father, and they were doing “everything they could.” My mom and sisters looked at me and asked me what was happening, immediate tears streaming down their face. Was Dad going to die? What did this mean? How could this have happened?

My sister had started feeling faint, and I immediately went to the water cooler to get her a drink. Selfishly, I turned my back to my family and had taken a moment to let my tears out. I had known this was my only chance to have a reaction. I was in total shock—how could this be happening? He had been fine that morning, talking to me

on the phone saying how nervous he was but that his chest pain had felt better. As I saw the glass fill up, I quickly wiped my tears. I had known that if my family saw me crying, they would have assumed the worst. I had to stay strong for my mom, even if it had been in a futile attempt to protect her from the inevitable. But I had known the truth; Dad was going to die, and there was nothing I could do to stop that.

I stared into L's eyes, helpless, and hopeless. I wanted to give her the support I tried so desperately to give my family that day. I wanted her to know how much I knew what she was feeling, how I could feel that knot in my own stomach, and how my own hands were shaking from nerves, anxiety, and sadness. In medical school they always teach you never to say “I know” or “I understand” to your patients, because you don't actually know or understand at all how they feel in that moment. But this time I actually did, and I felt like out of everyone there I could empathize with her the most. Especially in that moment, when she was sitting alone with the interpreter praying fervently for her son's life.

“You know, I think I know a little bit of how you are feeling. Two years ago, my father had a really sudden heart attack out of nowhere. Similar to B, he was feeling fine, we ate Christmas dinner together and the next thing I knew we were all in the hospital.” I heard the interpreter translating my broken and pathetic attempt at empathizing with this mother. And all the while I just stared into her eyes, which now lit up and engaged with attention and focus. “I remember sitting in the waiting room with my mom and sisters just in shock and not knowing what was going to happen next. You feel so scared and so helpless and it's terrible.”

Tears were welling up behind my eyes. I again recalled a controversial lecture we had in medical school where we asked if it's okay for doctors to cry in front of their patients. Some argued passionately that we too are human, and families would appreciate to see how much bad news affects us as much as them. There were others who claimed how unprofessional that would be, and how patients would lose trust and hope if they saw us break down.

Well, it was too late for that. Luckily, I was wearing a mask, but she could clearly see the tears forming in my eyes. “I’m so sorry this is happening to you and B. I know how it feels to be sitting here in shock, waiting for news. It’s just. . .it’s really hard and I am so sorry.”

My voice broke and I just had to stop. I didn’t even know what else to say. There was so much I was feeling and thinking, and part of me just wanted to hug and hold this mom. I was embarrassed that this was all I could come up with to console her at this horrid time, and I wished I could have better processed my own grief in order to be more eloquent and supportive in this moment.

And then a small miracle happened.

L reached out and squeezed my hand. I quickly glanced up at her, surprised and taken aback. In this incredible, heavy, horrible moment, she had the humility and strength to show *me* compassion? To comfort me for my loss and insecurities? She saved me from having to say those ugly words I could not muster the courage to share. She understood what I was trying to tell her on an emotional and subliminal level that only 2 grieving souls could comprehend. And it broke me to the core to know the cruel truth—that the universe would instead repay this kind, innocent woman with the loss of her son’s life.

“It’s okay doctora, I know you are doing everything you can. He is fighting for his life. Now, he is in God’s hands.”

B received close to two hours of compressions and ongoing resuscitation before he was stabilized. Unfortunately, he suffered massive blood loss due to continuous hemoptysis, and head imaging showed devastating neurologic injury with impending herniation. Early that morning a mutual decision was made to stop further life sustaining efforts and escalation of care, and B passed away peacefully surrounded by the warmth and love of his mother and family.

L showed me mercy that night, and for that I was eternally grateful. We sat there quietly holding hands for what felt like hours. No words were spoken, yet we both knew what the other was feeling. Transforming personal loss into professional empathy is an incredibly difficult ask for any physician; though I have not yet mastered this art, my experience with L only underscored the importance of trying. With her help, I learned that reshaping grief into compassion is a crucial part of doing “everything we can” for our patients.

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