The Comfort of the Unknown

Nidhi Patel, MD

"I would like you to be at my wedding," Miss E told me.

I could describe Miss E from her medical one-liner: a woman in her fifties that had been diagnosed with metastatic cancer a few months ago, now presenting with acute on chronic weakness and abdominal pain admitted for worsening small bowel obstruction. But as I got to know Miss E and her partner, Mr G, I challenged the one-liner. I wanted to showcase Miss E as a woman who had been with her partner for the past 30 years, who had been in this city since childhood, who always wanted to travel, but who was unexpectedly and cruelly handed a fate that would not allow her to leave this hospital alive.

When the prognosis became apparent, Miss E and Mr G decided to get married in the hospital's chapel the following Sunday. Ideally, the team would be able to whisk her down, get her married, and bring her back to the hospital bed. This had all been planned on Tuesday, and on Wednesday morning, she had invited me.

The request came as a surprise, as I was only 3 months into intern year, learning the ropes but still getting lost in the numerous hospital staircases. I had all these expectations for what residency would entail. In my "realistic pessimism," I included the expectation of death—that I would see it, encounter it, and ultimately, feel the grief that came from it.

But I never expected a patient to ask me to be at their wedding.

As she laid her hand over mine, I paused. I wasn't certain that my actions made any impact as an intern. I felt surprised that, despite all our knowledge from my education, all the inventions and interventions, there was nothing we could do to help her. Perhaps I felt even more surprised that despite this, she felt cared for. That she wanted me to be a part of her wedding.

Of course, explaining all of that would be a rather puzzling response, so instead I said, "I will absolutely be there."

Only, I never made it to the wedding. Miss E died the day before her scheduled union.

I am often present at patients' most vulnerable moments: withdrawing life supporting measures, switching patients to hospice, or even as they take their last few breaths. Though I may not remember every moment, their loved ones certainly do. However, patients also see us in our most vulnerable moments. I did not know how to make Miss E feel better, and every day, I shared that vulnerability of "not knowing" with her. It was a tenuous truth: I feared how my patients would perceive me when my answers were simply, "I don't know." But perhaps the unknown, and the vulnerability that came along with it, strengthened my relationship with Miss E.

Miss E's name crosses my mind every time I walk by her room. I think about Mr G and remember the devastation on his face during her last moments. And the sinking feeling I got after reading the page with her time of death.

But I also reflect on those moments where I sat alongside her, where we shared our favorite flowers and food spots in the neighboring area. Where we talked about how she met her partner or how her partner introduced the team to their visiting loved ones every morning. Those were all moments of vulnerability, but I looked forward to them.

Now, 2 years later, I am more comfortable working through the unfamiliar, saying "I don't know" with confidence rather than with hesitancy. In the midst of the unknown, whether in medicine, in myself, or of the future, there is strength and value that comes from sharing my vulnerability. Now, as I walk by Miss E's room, I find some comfort in the unknown.

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