

Upfront

This is a public thank you note to nurses everywhere. For better or worse, I have watched you hard at work. In cancer wards, critical coronary units, emergency rooms, and intensive care. In physician practices, home health settings, obstetric suites, and schools. You are men and women, young and old, imposing and petite. You are quiet and shy, or chatty from the first “hello.” You have developed your own unique brand of care, but your compassion and dedication are familiar, as common among your colleagues as your kind smile.

One of you is named Beth. Beth has a son...he’s 8, I believe. I met Beth in my mother’s intensive care room. Mom, the patient, was unconscious, breathing through a ventilator, with three “presser” meds force-flowing intravenously into her to improve her circulatory metrics into the survivable range. Pressers are hail-Mary drugs. When a doctor asks a colleague, “Is he on pressers?” it’s like code for, “It’s not looking good, right?”

Anyway, Beth went about her business methodically, verbally thrifty, at first. She had replaced a bubbly night nurse who could make changing a bedpan seem like a party game. As I had at the beginning of each shift, I asked Beth a series of questions that demonstrated I understood a bit more medical science than an average layman and less than I thought I did. She answered dutifully and competently. She tended well to my mom. She left the room and, eventually, so did I.

I returned the next morning and Beth was back, too. Something shifted. Our dialogue warmed. The ventilator continued to feed my mother’s lungs, but the three presser meds had been reduced to two – one drip line hung dry. When Beth had finished a series of diagnostic chores, I nodded toward the hall. We met just outside the doorway. “I need to ask you a question...one you probably have no answer for,” I said.

Beth looked into my eyes without speaking, wary. “...you don’t know my mom, but she’s not a typical 86-year-old. She’s active and energetic and fiercely independent. She would rather die than ‘burden’ us with her care...Two days ago, I had to make an impossible decision: Do nothing and let her bleed out or approve the surgery (from which she had yet to awaken) and potentially condemn her to suffering and a diminished life...Before she passed out, she looked up at me – I think she was frightened...her eyes were full-circle wide. She asked, ‘Am I going to make it?’ I said, ‘yes.’ I’m not sure if I was lying to her or myself or both of us.”

Beth’s face had softened. Still, she refrained from speech. “I had no way of knowing what my mother wanted,” I continued. “But when she asked me if she would make it...I think she wished to continue to live.”

My voice broke. I cried. Pools formed in Beth’s eyes, too. Finally, she replied. “Your mom reminds me of my grandma. I can tell she’s special. She’s tough. You did the right thing.”

My chest suddenly less tight than moments before, I looked down at the floor but failed to suppress my tears. I gasped and gurgled, then composed myself as well as I could.

“You did the right thing,” Beth said again. And she hugged me in the doorway in the middle of a normal workday for her.

The next day, Beth closed the valve on another presser. The day after, she shut the third one off. Then, she helped the respiratory therapy team measure my mother’s breathing capacity before she disconnected the ventilator for good.

Beth had five days off. She and her husband had intended to take their son camping, but they fell sick and postponed. When she returned to the hospital, she was assigned to a different wing than the one with my mother’s room, so I was surprised when she came to visit just because she wanted to.

My mom improved. She moved on from intensive care and into a smaller room at the other end of the floor. Since she could speak – when the ventilator came out – the precocious patient had – each day – reported to the medical staff that it was the day she was going home. She was wrong for seven days until she was right. And on that eighth day, Beth was my mom’s nurse again, and she triumphantly helped the fragile but feisty old lady into her sweatsuit, a wheelchair, and my car. Beth hugged my mother, an authentic love-heavy hug. She then pulled away from her and embraced me.

There have been many Beths who have helped me through my darkest moments, when the black thoughts suffocate the fluorescent white light haunting an endless ribbon of hallway tile. In the moments when I feared I would lose someone I love forever, the Beths fortified me to overcome my fears. So, too, did the Beths comfort me as my fears were tragically realized. Win or lose, the Beths have been beside me when I wheeled women I have loved out of the hospital for the final time.

This is for the nurses. The Beths. The Angels of Mercy, as they are sometimes known – for good reason – in my Faith.

* * *

Two weeks ago, in this column, I penned a tribute to Cecil Abarr, an important figure in Skidaway Island history. I identified Cecil as president of The Landings developer, The Branigar Organization, relocating from Illinois to Skidaway in 1978. Cecil did serve as Branigar’s president, but not until 10 years after he arrived as vice president of finance. From 1978 to 1988, Richard Burke, who remains a Skidaway resident today, steered Branigar as its president, and Cecil worked alongside Richard as they stewarded the growth of this place. The two men remained friends for more than four decades, until Cecil’s recent death.

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