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Diary of a Night Shift

Item Type	Prose
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Download date	2024-12-26 09:44:12
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Link to Item	https://hdl.handle.net/20.500.14038/52626



Family Medicine Moments

September 28, 2023

Introduction: This week I share with you a story from Jake Paulson, a former UMass Chan mentee of mine who is now a PGY2 in the internal medicine residency at UMass. He recently spent a week doing a writing elective with me. He wanted to share what it is like being up all night and dealing with such a wide range of experiences while sleep deprived and trying to must some self-care. I think he does it well.

Diary of a Night Shift

By Jake Paulson

February, 4:38 AM

First night on call at Milford this week.

I got paged an hour into my shift because a hospice patient I'd never met before had died. I climb to the fourth floor, which has the largest and newest rooms with a soothing reed-patterned wall paneling. All of the comfort care patients end up there.

Her family stood around the bed while I did my death pronouncement exam, a crowd of six, and me. It's a strange way to say hello to someone - an introduction to a patient I will never get to meet. Did she die peacefully? Yes, I say after a moment's hesitation, probably bending the truth. Her medication history is filled with high doses of

hydromorphone and valium. I feel a little guilty, but delivering the full truth seemed needlessly painful. I brushed her dilated, glassy pupil with a cotton swab to look for a reflex that I knew was long gone as I listened to a middle-aged relative trying to joke around, eyes darting desperately to see if the humor was catching. The joke wasn't really funny, but I don't think it was supposed to be. I use humor to diffuse difficult situations too, but now I suspect I'm just trying to cover my own feelings of discomfort. Maybe I should learn to sit with things more. A middle-aged lady with jet black hair quietly sobbed near the window. Sorry for your loss, I offer as I slide out of the room.

I went back to the call room where I left my takeout - Chicken tikka masala with naan and a samosa. It was cold now, but I didn't really want to eat it anyway. I haven't been eating very much at work lately.

My next patient was a teenager being transferred out of the ICU for alcohol withdrawal, twelve weeks pregnant. She seemed nice and had a very well-done skull tattoo on her hand. I wonder what people at work would think if they saw my tattoos. She drank grain alcohol. I called down to the toxicologist in the ED to ask what benzodiazepines are safe for withdrawal symptoms in pregnant people. A long pause on the phone while he read her full story in the EHR. Diazepam, he told me. It wouldn't hurt the baby. Hurt it any more than the drinking had done already, he clarifies.

I'm not sure whether to blame this girl or feel sorry for her; she's barely out of high school after all. My own feelings tend to blend together this time of night, like pouring fresh coffee into the sludge of a mostly empty cup. I used to be more judgmental and had strong opinions about right and wrong, but after a year on the wards I've begun to learn that every horrible story is made up of a thousand tiny details that I'm rarely privy to. Maybe part of getting more experienced is the ability to feel things less intensely. Or maybe it is simply exhaustion overtaking the outrage.

I'm leaning against a pillar featuring a large plaque thanking a donor for their generous gift of the pillar when my pager goes off. I'm carrying four of them bandolier-style along my pullover, so it takes a second to figure out which one is beeping. If you hang them on your pants, you enter a fight against gravity. I locate the culprit - the floor pager, cracked so badly the bare circuits are exposed. A vague message about respiratory distress on the 2nd floor. I hightail it up there to meet a sweet old lady with the hiccups. "She gets like this whenever we give her soda" the RN tells me. This nurse looks terrified and has the creased scrubs of someone brand new to the profession, maybe only twenty or twenty-one years old. I take a deep breath to muster the patience that I'm sure my residents afforded me on my first week. "Maybe she shouldn't get any more soda", I suggest, trying not to sound condescending.

It's 2:30 AM now, when the hospital tends to doze off for an hour or two. I decided to do the same. An orange night light bathes the room, illuminating my socks at the end of the

call room bed, covered in the same hospital linens the patients get. Not bad, actually. I flip over the pillow to avoid the mystery stain and close my eyes. Some things are better not to think about.

Keywords: residency education, death and dying, empathy