Palliative and Supportive Care

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In your final moments; not alone

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Essay/Personal Reflection

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I knew he was dying. I met him knowing our time together would be brief. This was the very basis for my purpose. After our first meeting, he never asked for pudding or milk again. When he began to rapidly decline, it was not long before he no longer talked, looked, or responded to me. But I stayed by his bedside and continued to hold his hand. And when he woke up startled, I would stroke his hand or hum as I had done before to calm him, and with that he would gently relax his head back into his pillow. I told him he was safe. I let him know that people cared about him. He was not alone.

Prior to COVID-19, the *No One Dies Alone* program was established for medical students to provide companionship for patients near the end of life without family or friends at their bedside. As part of the medical team, I have had feelings of failure and sadness with patients at end of life — like we did not do enough to prevent their decline — and a sense of helplessness from not being able to do more. As a volunteer for *No One Dies Alone*, it is a different perspective. I am not part of the medical team and I do not know the patient's medical history. I am purely there to keep the patient company, with a focus on providing a calm, healing presence. No matter what form this takes, even as singular as to be in the room until they pass away, can provide comfort. As COVID-19 spread across the country and filled our hospital beds, it amplified barriers to families being bedside and highlighted the heartbreak of patients passing away without friends and family by their side.

The usually bustling hospital halls and elevators are nearly empty on my way to the patient's floor. The busy commotion of hospital staff, patients, and visitors moving their way through the corridors is eerily absent, replaced with calm and quiet. As a medical student temporarily removed from clinical rotations due to the pandemic, I feel out of place stepping back into the hospital after a month of being away — especially with the stark contrast of social distancing occurring within the healthcare system. Yet I know this is where I belong. The halls of the patient floors are scattered with pockets of medical teams in masks, donning and doffing personal protective equipment in rhythm each time they enter and leave a patient's room.

Unlike other patients in the hospital, this patient does not have COVID-19, yet is near the end of his life nonetheless and endures the same visitor restrictions that COVID-19 has cast over the entire hospital. His medical team estimates he has days to weeks left, with palliative care making him as comfortable as possible. His family cannot make the trip to see him due to a combination of difficulties with transportation, work, and hospital restrictions. As his care team does not want him to spend his remaining time alone, they requested a *No One Dies Alone* vigil. Medical student volunteers will take turns in shifts to sit bedside with him 24 hours a day, until he passes away.

The first time I visit him, I am unsure if I am a welcome presence. I can feel my heart beating faster as I introduce myself as a volunteer and ask to sit with him to keep him company. He nods his head yes. Over the first few hours, I make small conversation, him nodding but frequently dozing off. We sit mostly in silence and watch an animal program on the television. I am still unsure if he wants me there and sit uncomfortably on the edge of my chair, close to his bed for the rest of the day.

He had not touched his lunch so I ask if he is hungry. "Yes," he says, and eats a vanilla pudding. "Would you like more?" I ask. "Yes please, and two cold milks!" he responds. Requests I am happy to help with. I relax and ease up a little, being able to do something small for him. He devours five vanilla puddings in the next 2 hours. Vanilla pudding and milk became his staple request for the day, and I learned to keep the milk on ice so it was cold enough to his liking.

Later into the afternoon, he wakes up startled and anxiously says he needs to talk with his family. I call his wife for him and put her on speakerphone. They speak a little, and he wants to know where his family is — I whisper to him that I can step out to give him some privacy — but he shakes his head no and asks me to stay. His wife asks if someone is sitting with him and he says the most words I will ever hear him speak; "Yes, she's spending time with me. I'm so thankful for her. God bless her" and he looks and smiles at me. His wife expresses her sincere gratitude that he has company. I sit back with some relief in knowing that he is glad I am here. After he gets off the phone he starts to doze off, but he occasionally wakes up startled, and reaches out his hand to mine to hold. I hold his hand, he squeezes tight, I smile at him, and he relaxes his head back into his pillow. My heartbeat finally slows to its normal speed and I ease into my chair.

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Throughout the rest of that day with him, while there was still little to no conversation, he would wake up or turn to me suddenly and make sure I was still holding his hand. He told me "I'm anxious. Thank you so much for being here with me." At one point, he exclaimed that he had to leave and tried getting up from his bed, removing his oxygen and clothes. I reminded him he was safe, that he was not alone, and that I was there to care for him. A soothing touch, a calming voice, a soft hum was enough to relieve his anxiety, and he would relax back into the bed.

While sitting bedside by this patient, I felt that I was not only trying to provide comfort for him, but that he was also giving me something invaluable in return — allowing me to spend his final moments with him. He taught me that at times when you feel helpless and think you are not doing enough, just sitting quietly and holding a hand can be all that is needed. This felt especially true in the middle of the pandemic, when outside this room I keep 6 feet apart from the next person, as close contact can spread disease. But in here, this interaction reminds me of the necessity of humanity. I hope to never forget the value of a human touch, of a hand in a hand, when a patient is scared, when they need to know you care, or when they are alone.

As I sat with him over the next week and a half, he declined rapidly. I thought of his family. I thought of my family. And how if I could not be by my father's bedside, I would hope someone would be holding his hand. And if he woke up startled, they would stroke his hand or hum a tune, so he would slowly relax his head back into his pillow. That he would know he is loved and cared for. And that is all I could hope to do for this patient.

The final image I have of him is his head rested comfortably back into his pillow, his hand locked in mine.

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