Palliative and Supportive Care

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Kerplunk

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Essay/Personal Reflection

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Today was a particularly difficult day. I sat with a sense of heaviness in the conference room outside the ICU with my patient's family. He had been battling metastatic cancer for several years. We met during an admission for chemotherapy, and over time got to know each other well. He was a loving spouse who, in turn, was loved just as deeply. He was also a proud father. I could tell you his children's sports statistics, interests, and current events, as this was frequently the highlight of our conversations. And then there was his love for quite possibly the worst team in the National Football League. The hospital staff knew sports helped make his admissions a little more bearable and always tracked down the television cart so he could watch kickoff on Sundays and stream college basketball games.

This admission felt different. His health had taken a drastic turn for the worse, catching his family off guard.

"We try to fix one problem, and two more pop up," observed one of his children.

His wife asked, "How much time do you think he has?" Her face told me she already knew the answer.

I asked them whether they wanted this information.

They answered with silent nods.

I took a long, thoughtful breath, then spoke as gently as I could: "He is working really hard to breathe despite all the support the machines can give him. I worry that with the new problems coming up, his body is shutting down and he is dying." I paused, a lump forming in my throat and tears beginning to well. "Your dad is a really special guy. With every ounce of my being, I wish this were different."

As a palliative care nurse practitioner, I have been taught how to navigate medically and emotionally complex discussions. Despite years of communication education and clinical practice, these moments are never easy and carry emotional weight. A recent personal experience fundamentally changed the way I approach these conversations.

One year ago, I started having vague GI symptoms that led to the discovery of a liver tumor. It was the size of a large grapefruit and at considerable risk of rupture. My mind immediately went down the rabbit hole of terrifying possibilities. Mentally, I had already picked out the oncologist and the infusion chair I planned to request for treatment. Perk of working at a cancer center, I suppose. On the inside, I was freaking out, but on the outside, I needed to be cool, calm, and collected. My family was taking their cues from me.

Despite all the swirling in my head, one thing remained remarkably still: my trust in the person who would be operating on me. Now, when I see his patients in consultation, and they talk about him, I smile and respond, "I would trust him with my life." Because I have. They just don't know it.

The day before my consent appointment, we ran into each other in the hospital hallway. "I plan to sign whatever you put in front of me tomorrow because I know you will do what is best. This appointment is for my family. They're really scared."

He nailed the assignment. With a yellow legal pad in hand, my mom went through her list of questions one by one. Dr. C. answered each with poise and compassion. By the end of the visit, she and my husband looked as though a 50-pound weight had been lifted from both their shoulders. In the brief time I had to process the giant tumor leaching off my liver, there was a shift from swirl to acceptance. Once I was under anesthesia, whatever happened was out of my control. If I experienced a major hemorrhage, I was going to be blissfully unaware. Knowing this, I asked my one and only question: "What music are we listening to in the OR?"

On the morning of surgery, Dr. C. and I met in pre-op. We reviewed the plan, and as he turned to go scrub, he pulled the curtain, smiled, and said: "Let's get this thing out." To add some levity to an otherwise surreal experience, another member of my care team stopped by asking for a curbside consult. "They told me your service is short staffed today" he joked with an exaggerated eye roll. "If I pull over a computer, can you give me some recommendations?" The absurdity of discussing patient care while on a stretcher about to go back for my own surgery

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made me laugh. Oddly enough, this was exactly what I needed at that moment. The anesthesia team and I cracked one last joke, and as my eyes started to close, the nurse anesthetist said, "We're going to take good care of you."

After surgery, I was taking the best nap of my life. I have absolutely no recollection of who I was, where I was, or what was happening around me. I do, however, have one remarkably clear memory of Dr. C.

"Kate, you're okay."

In my anesthesia haze, his calm words grounded me. My eyes opened just enough to see his scrub cap and the look of relief on his face.

"I got it all, and the frozen sections were negative."

Kerplunk!

A core memory was created in that moment, forever banked on the shelf in my brain as gratitude.

If you are familiar with the Disney Pixar movie *Inside Out*, this is literally what I envision: rows of vibrant glass marbles, each holding a specific memory, sorted in various categories. Without even knowing it, Dr. C. had etched a permanent spot in my brain. While my understanding of the neuropsychology of memory is limited, I appreciate its profound impact. Our view of the world and our response to it are shaped by our experiences and what we remember.

This new memory and how it was formed made me think differently about the interactions I have every day: Giving a prognosis. Hugging a family member after their loved one dies. Being the one who often delivers life-altering news.

How many "kerplunks" have I created for my patients and their families?

My voice. The words I used. My body language. Floating around in the minds of the people for whom I have cared.

It got me thinking. Creating memories with my loved ones was always something I was mindful of. My son recently shared one of his favorites. It was his sixth birthday. He woke up that morning to find I had filled his entire bedroom with colorful balloons while he slept. He smiled as he recalled the story, the same smile he had on that fun-filled day. This is his memory, but I played a key role in shaping it. The possibility that my interactions leave a permanent imprint on my patients, or their loved ones, makes me want to give them the time and thoughtfulness they deserve.

My pauses before I speak. The words I choose. Holding someone's hand. Things I was already so careful about before this experience now receive an extra moment of consideration. The process has become more deliberate. It sounds bizarre to say it aloud, but my gratitude is not just for my medical outcome, but for how this concept of memory now shapes the care I provide.

His daughter's eyes welled with tears, and at that moment, all I could hear was:

Kerplunk

The sound of the little marble, containing the exact moment she heard her father was dying.

It hit the metal rails and rolled through her mind, searching for a place to settle.

My heart sank as tears streamed down her cheeks.

Completely exhausted, I walked through the courtyard as I left the hospital. I figured it was my 5 minutes of fresh air and sunlight. The kerplunk echoed loudly in my mind.

"Was there anything else I could have done to make that moment more tolerable?"

There wasn't.

All I can hope is that when this core memory rolls off the shelf, it will eventually be softened by the compassion and thoughtfulness that went into its creation.

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