Her Hand

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I forget to check the name outside before knocking on the open door. “Hello, I’m Rachel. I’m a volunteer. May I come in?” I ask, already inside.

The woman in the bed looks up from her television screen, which reaches over her like a hand at the end of a protective arm, shielding her from the rest of the room. She smiles with a perfect set of white dentures, nicer than my own teeth. I shuffle closer to reveal my normal civilian outfit; no uniform, no scrubs, and no white coat. I don’t think she heard me, but here I am beside her bed anyway. Here I am in her private hospital room, ever public, ever open to a stranger’s intrusion. What kind of stranger am I?

“Well, hi there, dear. Can I help you?” she rasps.

“T’m Rachel. I’m a volunteer,” I explain again. My mother was right… I need to start speaking louder.

“Oh, that’s nice,” she says as she pushes the TV arm away from her bed.

What now? I am foolishly silent. I find myself staring at her tubes. There is one in her nose, one in her arm, and one coming out of her stomach. Or is it going into her stomach? I cannot tell.

“Can I help you?” she repeats.

I must be bothering her. I have encroached on yet another stranger’s space. Why am I here? Am I fit to work in healthcare?

I am dying. I have always been dying. But especially now, I am sickly. Palliative care is not an extension of my life. It is a postponement of my death.

I have been in this room for two years and seventeen days. My daughter has visited me… what, maybe thirty times since I got here? I did this for her.

A young lady shows up in my room. I try to smile as I push the television aside. The tube in my left arm nudges at my skin, reminding me that it’s there.

I turn to her and ask if I can help her with something. My voice is rough from not being used in this lonely room.

“I’m Rachel. I’m a volunteer,” she mumbles. She seems nervous. Do I scare her?
I try to sound pleasant. “Oh, that’s nice.”
She doesn’t seem any calmer. She is staring at my body as if I were dismantled. Maybe my hair is a mess. I haven’t looked in a mirror since last week. Are my tubes alright? Are they falling out?
Do volunteers fix patients’ tubes? I want to show her how the tubes are supposed to be.
“Can I help you?” I offer, hoping to appear confident and calm.
We stay in silence a few moments, adjusting to the other’s presence.
“I just, I, uh, I wanted to see if you needed anything, or…” her voice trails off into the walls. My room absorbs all life and leaves you drained. It is infertile to emotion.
“That’s quite alright, dear. Can you sit for a bit?” Her eyes light up and scan my room for the visitor’s chair. It does not take long for the room is small and almost empty. The girl picks up the chair and places it beside my bed, moving eagerly towards me. I haven’t seen someone so alive since I’ve been here.
She plumps down, and we face each other for a long moment.
“Would you like some hand cream?” she asks with a voice that is louder and kinder than before. What an idea! My hands don’t have a diagnosis, so they have been neglected by all the nurses. Now they are dry and in need of attention. Within these walls, only sickness gets attention. What about me? What about my hands?
She takes the unscented lotion from the shelf and fills her naked palms. I reach over to give her my left hand, and the tube in my arm pulls once more. Her hands are soft and slow; how different from the gloved hurry that handles me every day. No stranger has done so much as shake my hand without wearing gloves, and here is this girl rubbing lotion into both of our skins. We are connected: we are absorbing together and we are absorbing each other.
A nurse walks in, holding a blood sugar device and a small swab. She sees our hand cream ceremony and stops.

“Okay sweetie, I’ll pick you up at four,” I say as I end the phone call with my fifteen-year-old son. He’s having trouble with some classmates, and I don’t know how to help him. Lisa, the head nurse, keeps telling me not to talk on the phone at work.
I hang up and check the list in the office. My next patient is Maureen, the lonely old lady with dementia in room 5024. Every time I see her, she
asks about my son and how he’s handling the bullies at school. Some facts she can’t seem to forget.

I enter her room to check her blood glucose. She told me before that the tips of her fingers are numb from the repetitive pricking of the needles.

“Maybe I’ll prick her toe instead?” I think as I walk in to see her and a girl beside her bed. I pause. A nursing student not wearing scrubs?

“Excuse me, are you a nursing student or a family member?” I ask while preparing the test strips.

She looks up, confused and flustered, “No, I’m a volunteer. Is it okay that I’m here?”

“Oh,” I say, “I didn’t know we had a volunteer on this floor. Students don’t usually like this unit.” The palliative care unit is quiet and uneventful.

“We need to be wearing gloves at all times when dealing with patients.”

“Come on, Joyce, she’s only putting some hand cream on me. Anyway, how is your son doing?” Maureen intervenes, almost shouting. She is nearly deaf.

I give her the same answer as always: “he’s alright, getting through it.” Nurses shouldn’t grow attached to their patients. I try to distance myself. I prick her big toe to measure her blood glucose.

“11. High, but not too bad,” I announce. Maureen’s diabetes has been under control lately, which is the only good thing about her sick body.

But she doesn’t listen to me. She is concerned about the volunteer putting on gloves.

The overhead paging system calls, “nurse to room 5010, nurse to room 5010.” I leave the room and see a text from my son.

Her knuckles bulge out underneath her thin, cracked skin. Her fingers look like dry, twisted twigs threatening to snap. She smiles as I rub the lotion into her hands.

“How was your day today?” I try to make conversation. She closes and opens her eyes slowly, suddenly overcome with fatigue. It’s as if I reminded her of all the moments since she woke up this morning. Moments she waited to pass.

“My day? Oh, honey, it was alright. You know, just like any other day. Not much happens in this room,” she chuckles. “Though I did get an X-ray today, which was the most exciting thing all week.”

I shift to get more lotion and reach for her other hand. “What was the X-ray for?” I ask. I instantly regret it. How unprofessional. How invasive.
“I have no idea, dear. Sometimes they just come in the morning and take me to a test. I don’t really know what any of it is for,” she admits, embarrassed.

“So you don’t know why you got an X-ray? The doctor didn’t explain it?”

“No, I don’t. I had surgery on my stomach a few weeks... or months? No, weeks. A few weeks ago. I’m still not sure why.” She heaves and looks out the window at the rainy parking lot below. On her side-table, I see an empty pink calendar from several years ago.

I listen to the constant footsteps in the hallway, never stopping on their mission to heal. The paging system beeps and calls “nurse to room 5001, nurse to room 5001.” There is a monitor behind me which drones on tiredly. The chorus of the sick competes with the chorus of their healers.

Her eyebrows go up as if she really cares about what I am telling her. Or is it in disbelief? Someone probably told her about my dementia, and that she should doubt everything I say. But I am here, still myself, despite some memory loss. I still want to know what they’re doing to me in this hospital. I have faded, but not yet disappeared.

The girl looks away for a moment, shifting her attention to the sadness around her. She rests her chin on her palm and slouches into herself, reminding me of Cliff, my late husband, sitting at our kitchen table, writing his novels. He passed away three years ago, but I didn’t cry until last night. The tears were always there in the corners of my eyes, never falling for fear they wouldn’t stop.

I woke up at 3:00 in the morning today, covered in my own salt water like a fish flailing on the soft sand. Now as I think of Cliff, my eyes fill up with empty tears of grief. How can loss feel so heavy? What kind of life, without my husband, am I extending here in this hospital bed, day after day? I serve no purpose. I am a futile leaking pipe.

The girl speaks to me, but I don’t hear her words. She is looking at me with those familiar raised eyebrows of care or disbelief. “Look at me, what an old woman,” I want to tell her. I taste my tears and feel my nose plug like a five-year-old who lost his toy. I am a child finding comfort in anyone who might hold my hand, a stranger or a friend. Can those be one and the same, a stranger and a friend?

I look at this stranger across from me. She seems ready to cry in synchrony with me.
I slowly remember what I am here for, and return to look at the lady in the bed. I am tightly holding her hand, sitting still in my visitor’s chair. Her breathing has deepened, and I see her chest rise and fall strenuously beneath her hospital gown.

“Are you alright?” I notice her glistening eyes. I still don’t know her name. Here I am trying to comfort a stranger burdened with her own pain and history. A stranger who was once a child, once a lover, once a happy or fearful or heartbroken woman. How do I comfort this breathing, feeling, thinking human?

I decide to stay quiet. Our hands remain still, holding the air between our palms with cautious awareness.

“Nurse to room 5024, nurse to room 5024,” a distant voice calls into our silence.

“I call, and I call, and no one shows up!” Mr. Grover in room 5019 complains to me again. I throw out his diaper and remove my gloves.

“You know how it is, Paul. We have so many patients and so few nurses. We’re doing our best, believe me,” I call out from his bathroom as I wash my hands.

He shakes his head as I go to him and reassemble his chest tube. “I’m sorry,” I say. “I know it’s really hard for you here. Have you thought about what I suggested last week? About getting a social worker?”

“Pshh, no thanks, Joycey, I am doing fine on that front.” He winks at me. I want to tell him that it’s okay if he isn’t doing fine. I want to tell him that I can get him some help. But it’s not my place to pressure him.

I squeeze his hand in mine.

“Nurse to room 5024, nurse to room 5024.” I cannot escape or outrun the pager. My time is dictated by the repetitive commands telling me where to go next.

“I can’t be here anymore,” a text from my son chimes on my phone. Can’t be here anymore? Where is “here?”

The air in room 5024 is more stagnant than usual. That volunteer girl is still sitting beside Maureen. They are holding hands, but it is unclear who is comforting whom.

“Maureen, I’m here to check your G-tube and replace the dressing.”

Maureen and the girl look up at me in unison, as if I am speaking alien words. Sometimes I wish such medical words would be foreign to the
patient’s life, but Floor 5 patients are all too familiar with this language. Palliative care makes patients experts in the illness dialect.

“Oh, wonderful.” Maureen says hoarsely, returning to herself. Has she been crying? The volunteer lets go of Maureen abruptly, tucking her own hand beneath her thigh, like a student ashamed of answering incorrectly in math class.

“It’s okay to hold the patient’s hand. Just don’t grow too attached,” I whisper to the volunteer. Sooner or later she’ll end up grieving. It’s Floor 5, after all.

“What are you two hushing about?” Maureen insists.

“Oh, nothing. Just planning your birthday. It’s next week, right?” I grab the clean dressings from the shelf.

“Is it November already? I’m almost 81!” Maureen is amazed. I have no heart to tell her that it’s March, and that she’ll be turning 83. The past two years in this hospital can hardly be called time spent living.

“Yes, that’s right.” I start to peel off the old gauze and notice that I am not wearing gloves.

I smile.

I smile.

I smile.