

The body

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Want to close? Good practice for you," says the senior resident to me from behind his surgical mask. "Thank you, that's a good idea," I reply, hoping my voice won't betray me as I try to project a calm I'm not feeling.

I'm handed a needle driver with a large fish-hook-like needle almost an inch in diameter, along with a thick suture material I've never seen before. It is much broader than what I've sutured with before, like a flexible wire, and it strikes me as something that would be very difficult to cut through if these sutures ever needed to be removed.

Well, I suppose they won't need to be, I think.

I get to work, inserting the needle into the flesh before me, bringing the 2 edges of skin and subcutaneous tissue together, and tying my best knots as I begin closing this massive incision, which extends all the way from the sternum to below the umbilicus.

After a couple of minutes of suturing, I realize that no one has yet scolded me for making the sutures too big or too small. There have been no directions to space them out differently, no comments that I'm taking too long. In fact, no one has corrected my technique in the least—something I had been told to expect when I began the surgical rotation of clerkship a couple of weeks earlier.

And so I look up from this work that I've been intensely focusing on for the past few minutes, and quickly realize the reason for the silence: I have been performing this task in solitude. In fact, I am the only person standing beside this body.

This has never happened before. As a medical student, I've grown accustomed to having everything I do and say around patients be monitored, assessed, and then incorporated into feedback to inform my future encounters with patients, so that I can learn and develop as a clinician in training.

And yet, I find myself alone at the table, sewing up this huge incision with no one watching over me.

Everyone else has moved on to what is more pressing and exciting across the operating room.

The organs.

That is when it really dawns on me that this body I am sewing up is not like any other body I've helped care for before. This is not the body of someone who will follow up with his family doctor in a week's time to have these sutures removed after a routine surgery. This is not someone who will complain about the scar we've left behind, lament the fact it's not perfectly straight, or dread the self-consciousness he will feel when he goes

to the beach. In fact, the person whose body now bears this scar will never be aware of the scar's existence, as the person before me is dead.

Before

And yet, he had been alive and well less than 24 hours ago.

Before the body was brought into the operating room—where surgeons stood all around, scrubbed in and ready to act as quickly as possible once it arrived, to remove the organs that were still viable and have them whisked off to their new recipients—I overheard them talking about this body, before it was a body. That is, before this body came to be considered *the body*, back when it was still the body of a patient, a person, a man. A man named Eric,* in his mid-30s, a well-liked university professor, and a husband and father.

Earlier that evening, Eric had suffered a catastrophic stroke that ended any higher-brain functioning, but his organs were still in good enough condition to be recovered and donated. And in the past, when he was alive and well, Eric had indicated that if the situation ever arose, he would want to be an organ donor.

Perhaps Eric had made that decision just as simply as I had done a few months ago, when I ticked a box on my driver's licence renewal form. I'd never thought about it any further, or wondered what it would be like for those whose job it would be to remove my organs and sew me back up. But I think about this now. If that day came, would those surgeons wonder who I had been and what life I had lived before I came to lie before them on a cold, metal table, like this one, with some nervous medical student stitching me up?

Of course, I'd seen dead bodies before. We all completed anatomy courses early on in medical school, working with cadavers. But this experience felt so very different. In the cadaver laboratory, the bodies had been preserved with strong chemicals and always looked like they had been dead for many months by the time we were working with them: their tissues bore this dull, grayish colour that was strikingly different from that of recognizable human flesh. Their skin and organs didn't shine with the bright, lively colours I associate with a body being alive, the vibrancy that comes with having a good blood supply—what you see in a surgery once the abdomen or other cavities are opened up, displaying their brilliant contents.

*The name *Eric* is a pseudonym used to protect the patient's identity.

And so those cadavers far less resembled a recently breathing, living person than did Eric's body, lying in front of me now.

The other possible outcome

The operating room telephone rings; a nurse picks up, exchanges a few words, hangs up. She announces to the room that the morgue just called and will be collecting the body shortly. Her tone is matter of fact, like someone at a family gathering hanging up the telephone and saying, "That was cousin Darren. He says hello and wishes he could have joined us for dinner."

Nevertheless, her words hit me. Again, the realization sinks in: this body I just sewed up, Eric's body, is dead, and going to the morgue.

No one cares how my sutures look, because he is going to the morgue.

Soon Eric's body will be displayed in a casket at a funeral, or cremated, or buried—whatever his family decides, unless he had specified his wishes beforehand. Unlikely, it seems, given that the man hadn't even reached 40 years of age.

As I look down at this body, now stitched together but missing its heart, liver, and lungs, I can't help but wonder about Eric. What sort of life he'd had. How he'd spent the past week, not knowing that it would be the last one he'd ever get. I wonder about the last conversation he'd had, whom it was with, and if it had been a meaningful one, or just small talk with a stranger or an acquaintance. I wonder what the last meal was that he'd eaten, the last book that he'd read. Whether he'd thought much about death, or ever imagined it would come so suddenly to claim him.

I have seen patients come into the hospital and undergo insidious transformations to their identities as a result of injury or illness. I have seen patients get sick and seem to lose certain parts of themselves in the process, through a multitude of factors. The suffering brought on by illness, overshadowing everything else in one's life that had once seemed important. The loss of control over one's body as illness takes over. Even the loss of one's own routine: instead of waking up when they want, patients in the hospital are woken by the sounds, smells, and sometimes, shrieks, coming from the bed a few feet away, or elsewhere on the ward. They can't eat when they want, or what they want. They are stuck sharing bathrooms with complete strangers. A phlebotomist comes into their room every morning before sunrise to collect multiple vials of their blood and they're often not aware of why this is done, how much blood will be taken, or how long this routine will go on for. Their clothes are stored for the duration of their stay, and they are expected to dress the same as every other patient, in the hospital gown that "inaugurates the patient into his or her sick role ... hospital clothing is not only a metaphor for illness, but a way of designating the lowly status of patients because of emphasis on caregiver convenience over attention to fit, coverage and aesthetics."¹


I have witnessed patients go through all of these experiences, and have always done my best to empathize with the challenges that imposed on their bodies, their minds, and their spirits. I have been fortunate to have enjoyed good health to this point and so don't have personal experience of illness that I can relate to theirs, but I have seen and learned from my patients how going through a hospitalization can deeply affect someone's personhood and identity. Most of all, I have been grateful that most of the patients I have met to this point have recovered from their illnesses and eventually left the hospital, presumably to return with enthusiasm to their normal lives. To press "play" again on stories that had been interrupted by illness.

Now, though, I was seeing the other possible outcome of this situation: that of the patient who came into the hospital, went through these major experiences and changes, but never got the chance to return to how things were before. Here was a patient who didn't survive his illness and never left the hospital alive. Eric didn't get to be discharged home, where he would change back into his own clothes and sleep in his own bed again, or have another meal with his family. Instead, his life ended with the most selfless final gesture: giving to others literal parts of himself, organs that would save the lives of people he'd never met.

His body before me had undergone a series of radical transformations over the course of just one day, from being the body of a husband, father, and professor, to that of an unfortunate young man with a severe life-threatening medical condition, to, finally, that of a selfless, generous organ donor. All in the span of a few hours.

After

Eric still wore the medical bracelet that had been placed around his wrist when he was admitted to the hospital earlier that day; his name, age, and health card number were still visible. It was one little piece of evidence that there was a whole backstory to this man before he became *the body*. I knew that the bracelet would soon be removed, when he was taken downstairs to the morgue, and that a toe tag would become his new form of identification.

I also knew that his lungs, heart, and liver would live on in other bodies, and that his spirit would most certainly be kept alive through the memories and love of his family and friends. It seems to me that those are parting gifts as great as any of us can leave behind when we go. 

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None declared

Reference

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