

The Room

Karen A. Thompson, LMSW

The Room is empty. Nearby, in the emergency department trauma bay, an elderly female pedestrian who was struck by a tractor-trailer is brought in by emergency medical services. She is alive, clinging to life. The police are trying to locate next of kin. Security is warned to expect the family's arrival and put them in the Room.

Another patient, an elderly male, is brought in. "Trauma — walking with the first one ..." the breathless emergency medicine technician says. Were they really together? Are they husband and wife or 2 people walking near each other on the street? There is no answer.

Overhead, a page was heard everywhere, echoing through the vacant Room. "Social worker pick up 1187." On the phone, a heavy accent and sobs punctuate the questions. "Is she alive? Is she there? Is she breathing? She's my mother, I am coming."

The crying intensifies, then again "Is she breathing?" What can be said that will be the right thing to say? She is told to take her time getting to the hospital.

Depending on who you ask, it could be called the Family Room, the Quiet Room or the Bereavement Room. It is multipurpose; a place to gather in the midst of illness and tragedy. It is a place to separate the emotionally disturbed and police away from others. It is a place where victims of violence can seek solitude. It is a place for staff to sneak a bite to eat. It is a carved out refuge of quiet in the midst of an often crowded and chaotic hub of emergent activity. Both hated and avoided by those who know what it is used for; some call it the Bad News Room.

Security escorts a man and a woman into the Room. In between tears, identifying information is obtained. "I am daughter, he is my brother. I want to see her. Is she breathing? Is she ok?" They are told that the doctors are with their "mama." The doctor will be in soon and no, they can not see her now. Tears and sighs follow.

They are asked, "Do you know Boris?"

"BORIS? Yes! He is my mother's boyfriend, they live together." More tears, upon questioning about his family.

A tissue is offered from the hospital issued box on the round table. "Bring me your tears," it seems to say. Yes, there are grandchildren to contact.

Bright overhead spotlights that can never be dimmed or turned off possess the Room that formerly housed a comfortable couch. The couch was removed after an intoxicated patient decided to use it as a urinal. Instead, a round table and unwelcoming chairs occupy the space near the corner of stark white walls. The attending doctor, informed of the family's arrival, stands now against the whiteness. He speaks of his initial assessment of the patient's injuries, which are serious, but not expected to be grave. There is a need for a ventilator and further testing. The doctor relays cautious optimism. This leads to questions and the restating of what has already been said, but not heard. Different adjectives, words that are common on TV medical shows are offered. After being informed of the couple's relationship, the doctor advises that Boris' injuries are minimal.

The hospital Rabbi quietly enters the Room as part of the trauma team. It is unclear if the presence of a religious person is welcome or even comforting. Oddly surprising to some, is the Hassidic Rabbi's presence with a long black coat and ear locks. He is a chaplain in a medical centre whose very name evokes Christianity. His presence was based on the cultural and religious assumption of the patient's name. At some point, it is learned that they are not observant.

The siblings are able to see Boris in the radiography area. Without knowledge of their language, the staff understand all they are trying to convey. Tears can speak volumes as well.

The 2 siblings, short in stature, appear dwarfed by the

Emergency Department Social Worker, Lutheran Medical Center, Brooklyn, NY

Submitted Feb. 24, 2008; Accepted June 25, 2008

This article has not been peer reviewed.

CJEM 2009;11(1):97-8

enormity of their thoughts and feelings. They return to the Room where other family members have begun to gather. On the round table, a pitcher of water and cups are now ready to quench parched throats. A crooked abstract print on the wall does nothing to calm or distract those who enter.

The family is able to glimpse their mother when she returns to the emergency department from testing. They are visibly emotional seeing the respirator and the facial injuries. What they cannot see is the area from the pelvis to the lower leg where the skin has degloved. The doctor informs the family of the extent of the injuries and the need for surgical intervention. The Rabbi stays close, in an attempt to provide comfort. He glances at the drab clock on the wall of the Room. It will soon be Shabbos.

The doctor makes an unexpected appearance to the Bad News Room. In what seems like a matter of minutes, the mother has taken a turn for the worse — a code was called and cardiopulmonary resuscitation was initiated. Although they are still trying, it appears that she will not make it. The Rabbi tells the family he will say a special prayer for her and withdraws from the Room quickly.

The family inches out of the Room in an attempt to observe the heroic efforts. Now openly weeping, they are coaxed back into the Room by the Rabbi.

“This woman gives so much to everyone; she will not let us do for her. I ask God for this one thing, for my mother to live, a miracle.” While gently rubbing the daughter’s back the social worker searches for a response in the Rabbi’s eyes as he looks away. There is nothing to say.

Tears are held back in an effort to remain professional. The door is closed, the family is given time to be alone. Wails and whimpers can be heard from the Room.

Nearby, the futile efforts are stopped. On the monitor there remains a pulse, a meaningless medication effect that slowly comes to a halt. The trauma cubicle is littered with the remnants of the efforts to save her life: the life of a 70-year-old woman who jumped rope at the gym last week.

The cubicle is quickly cleaned and the patient is prepared for viewing. The daughter and son are escorted in. They lovingly caress their Mama and say good-bye. They appear drained upon returning to the Room. Nothing in this world can prepare anyone for a tragic death.

Boris is told about the lost life of his love of 4 years. He does not want to go home. He does not want to go to his grandchildren’s home. He wants to stay with the daughter and her family. He is accepted with open arms.

The family walks out of the Room together. Boris is wearing hospital issued paper scrubs. A clear bag with the hospital logo, stuffed with torn and bloodied clothing, is all that remains in the Room, an unwanted memory. The social worker tosses it in a red-bagged waste can. Life is not always fair. Tomorrow cannot always be promised in the Room.

Competing interests: None declared.

Correspondence to: Ms. Karen A. Thompson, LMSW Department of Social Work, Lutheran Medical Center, 150 55th St., Brooklyn NY 11220; kthompson@lmcmc.com