Rites of Passage

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I had only just fallen into a fitful sleep when the phone rang once more. Clearly, the night nurses of the psychiatric unit were determined to keep me from resting. Seventy-two hour weekend shifts were an ordeal that can only be described as a rite of passage. Sleep was for me a precious commodity. This time, I was asked to come and see one of the patients on the closed ward. There was no alternative but to leave the warmth of my bed. My feet were already on the cool linoleum floor. Only minutes previously I had taken off my socks but could not quite remember where they could be found in that tiny cubicle. The light from the basement passageway, ever present through the pane of glass over my room’s door, guided me. Having drunk nothing but coffee and tea over the previous 48 hours, I considered the state of my bladder. Did I need to use the distant lavatory situated on the ground floor or should I just use the hand basin? I rejected both alternatives.

The walk to the ward was exposed to the elements. The wet tarmac reflected the incandescent light of the street lamps. The strong breeze caught my stained white coat that billowed around me. In my pockets was a plethora of writing utensils, a short text book of psychiatry, a pager, and of course my stethoscope. It was my first internship rotation, and I was proud to be a junior hospital doctor. This was one of a series of modern inner-city psychiatric units that looked after patients who had been moved from large mental hospitals in the countryside. For the sickest of patients, this administrative decision was to bring freedom no nearer. I entered the locked ward where dim lights led my eyes to the nurses’ station. Julia’s files were already on the counter. The two night nurses were chatting loudly, unper-turbed that they may be keeping patients awake. As I approached they paused, the older nurse frowned and the younger provided the missing information with indifference; room 17 at the end of the corridor. Opening the enormous file I understood why they had little history to offer me. Julia was a permanent resident on the ward, extremely disturbed despite massive doses of medication. She was obese, diabetic, and, as if that weren’t enough, 35 weeks pregnant. The pregnancy, which was the unfortunate product of a surreptitious liaison with another patient, was spotted too late for an abortion. I wondered how I would take a history. At this moment, my brain, an organ that is known to lack sensory fibers, felt tired. Although there were four beds in each room, she was alone. As I approached the room I heard whimpering. The room was partitioned to give a semblance of privacy. I turned the corner, and there she was. To my horror, there was no need for a history or examination. The diagnosis was clear as could be. She laid on her back and between her legs I could see the head of her baby child. The bloody swollen caput was blue and tightly wrapped around its neck was the umbilical cord, preventing further progress. The infant’s jet-black hair was plastered to his scalp by mucus and blood. As my hands, shoulders, and heart reached for the cord, I couldn’t help feeling surprised that I knew what needed to be done. In this crisis I knew I too was alone. My long medical training was not about knowledge; it was a question of focus and confidence. It all happened in the blink of an eye. There was no time to clean my hands, and with more luck than skill I released the cord and the infant delivered itself. As if on cue, the baby took a breath and cried. It was a weak cry, more an intake of a breath but nonetheless what was required. He had played his part.

Wrapping the child in the nearest towel, I shouted for help and placed him on Julia’s breast. Her head turned toward her child, she looked like the Madonna. She was crying. It was all over; his color improved. I was high on adrenalin and

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was no longer a white-coated robot but a willing protagonist, nonetheless unable to influence the outcome of this tragedy. Julia, who had endured the pain and terror of birth unaided, was truly alone. I stroked her hair and told her that her baby was beautiful. I wondered what she would remember before her child was taken into care. Was the fleeting touch and feel of her baby on her chest enough to last her a lifetime?

As the pale pediatric and obstetric interns arrived, I took my leave. I phoned my boss, reported on the drama, omitted describing the nurses’ negligence, and returned to the warmth of my bed.

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