



Critical Conversations in Critical Care: Ensuring Dignity in All We Do

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ABSTRACT

This comic was drawn from some of my earliest experiences in residency and deeply informed by lessons taught to me by exemplary senior physician mentors in the medical intensive care unit. As a resident physician, I have been trained to think using a biomedical framework, built upon objective data and evidence. Yet in my day-to-day caring for critically-ill patients, I encounter countless moments that defy the limits of that framework. I have turned to comics to capture those moments, to create visual time capsules to remind myself to never lose a sense of wonder and awe in my clinical work. Through this graphic medicine piece, I explore what it means to provide care for patients and their families with dignity, even if we may not be able to save them.



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INTRODUCTION

This comic was drawn to capture one of the earliest lessons I learned while working as a newly minted resident doctor. In my first month in residency, I was assigned to the medical intensive care unit (MICU) – the unit where the most critically-ill patients in the hospital go (Marshall et al., 2017). From the very start, our days were a blur working to stabilize patients admitted to our team.

One patient in particular still sticks with me. He was a young man, close to my age, who had never been hospitalized before. When he came up to our unit, he was still awake, even cracking light jokes with us, accompanied by anxious family members. But he was very sick. His liver was rapidly failing, and he subsequently had developed profound internal bleeding from multiple difficult-to-control sources. So we jumped into action. We connected him to monitors, lines, pumps, designed to detect the slightest changes in his vitals. We ordered labs and transfused blood to replace what he had lost. But his bleeding quickly became more uncontrolled, and his other organs began to fail. He became unresponsive, requiring multiple pressors and a breathing tube. We kept moving, moving, moving. Over the next day, he underwent dozens of labs, imaging, procedures, consults. An endless flurry. I vividly remember one shift sitting outside his room, numbly ordering unit after unit of blood while on phone with multiple teams discussing whether we could take him for an emergency surgery, knowing he was so critically ill he may not even make it off the operating room table. I later went back to update his family who had removed themselves into a separate family room because they were unable to watch him. I held his wife's hand as she struggled to grieve the inevitable.

We did not save him. Despite our best effort, he passed just a few days after arriving at the MICU.

In that moment, I came face to face with one of the many hard truths of working in medicine. In medicine—especially in places like the MICU—despite our best technologies, despite our ability to pull off life-saving feats, we could not save everybody. This may seem like an obvious statement, yet it lands so much differently when you have been racing constantly to try and save someone. Up until then, I had not allowed myself to process, fueled by adrenaline and the never-ending things to do. But when I went home that night, the tidal wave of emotions I had been numbing and holding at bay without warning crashed over me. Anger that someone so young could die so quickly, guilt at whether we had done enough, anguish at his family's loss, the endless what ifs. Some cases just wedge themselves deep into your psyche in ways you cannot fully explain. His was one of them.

And so I went home, and I drew. I have been drawing for far longer than I have been practicing medicine, and so this outlet has remained sacred to me as a form of processing. I reflected on my conversations with him and his family members, the late-night updates with his loved ones as his condition became even more critical. I remembered that while we could not ease the grief of loss, we had fought to ensure as much dignity as possible even in such dire circumstances. I could only hope that was enough. Drawing his case brought back memories of all the other patients I had cared for too. So many moments and so many stories.

And gradually, drawing to process this experience helped me understand another essential truth of medicine, a truth that so many of my senior physician mentors in the MICU had also modeled as well. And that was that even if we could not save someone, we could always—always—work to give them

and their family as much dignity as possible (Aslakson et al., 2021; Curtis & Levy, 2022). I clung to this truth, and that became the core inspiration behind this four-panel comic (see attached Figure). This comic emerged out of these reflections from the MICU, inspired by this gentleman's case as well as the dozens of other patients I had the honor to care for.

On a personal level, I also drew this comic to hold myself accountable. As a young physician, I am acutely aware of the pressures in medicine to be more efficient, to be more precise, to optimize and treat and fix (Fischer et al., 2020; Shapiro et al., 2015). And yet, in these dire moments, I realized our most powerful tools are often not ones that can be quantified. Instead, they are the tools that foster connection—tools like compassion, listening, grace, empathy (Watts et al., 2023). I drew this comic to ask myself: what kind of doctor and person do I want to be? I hope to not be a doctor who forgets those moments.

I also believe the magic of comics and graphic medicine is their power to be generative. While this comic was initially drawn as a form of personal catharsis, my intended audience was always to connect with others who may share similar experiences—both medical providers and patients and caregivers. Medicine can be a lonely field if we let it, and opening up about these experiences allows us to let down our armor, for just a moment, and remind ourselves we are all first and foremost human (Ofei-Dodoo et al., 2020). I first distributed this comic with my own medical community, then more publicly on online social media platforms where I have used comics and art to illustrate stories and experiences in medicine. This is one of several comic series I have created, seeking to explore the areas in medical training where we feel most alone, but in fact may be deeply shared experiences (Berg et al., 2019). The public and private conversations I have had with colleagues as a result of this comic and many others like it have made me realize this experience is far from an isolated one. I further experienced the magic of graphic medicine to build bridges across disciplines, borders, and communities after the privilege of presenting this work in my talk at the 2024 Graphic Medicine Conference. Illustrating and sharing comics like this one have sparked meaningful conversations with people I would otherwise have not connected with. I aspire to continue promoting reflective conversations about what it means to care for others – in everything that we do.

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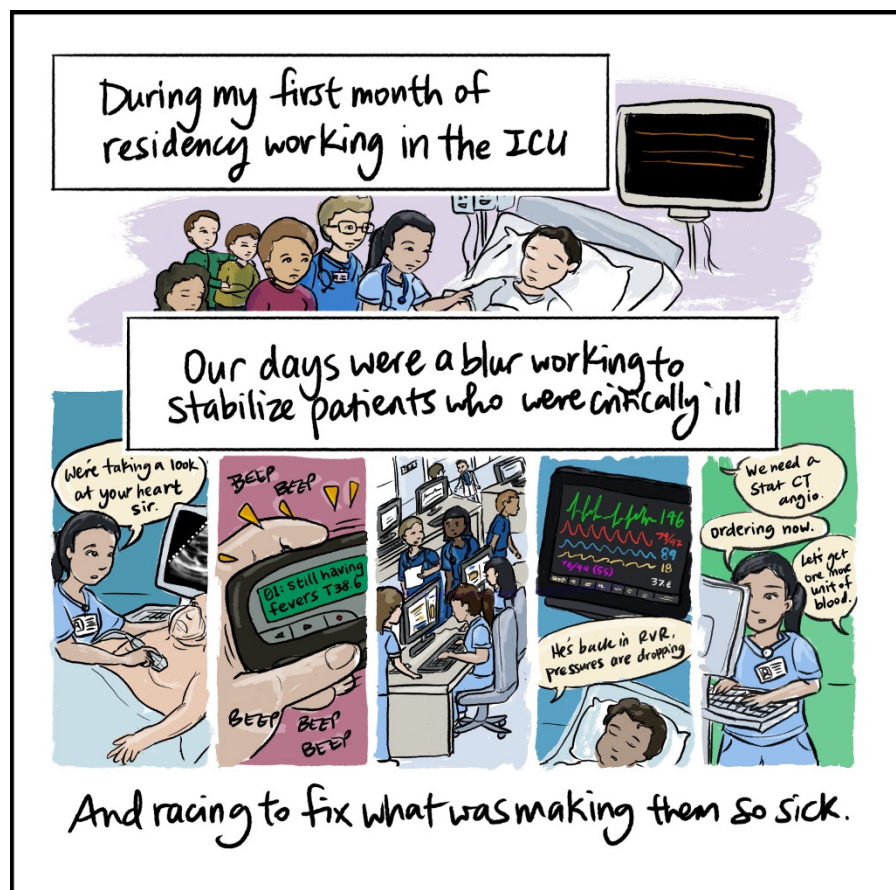
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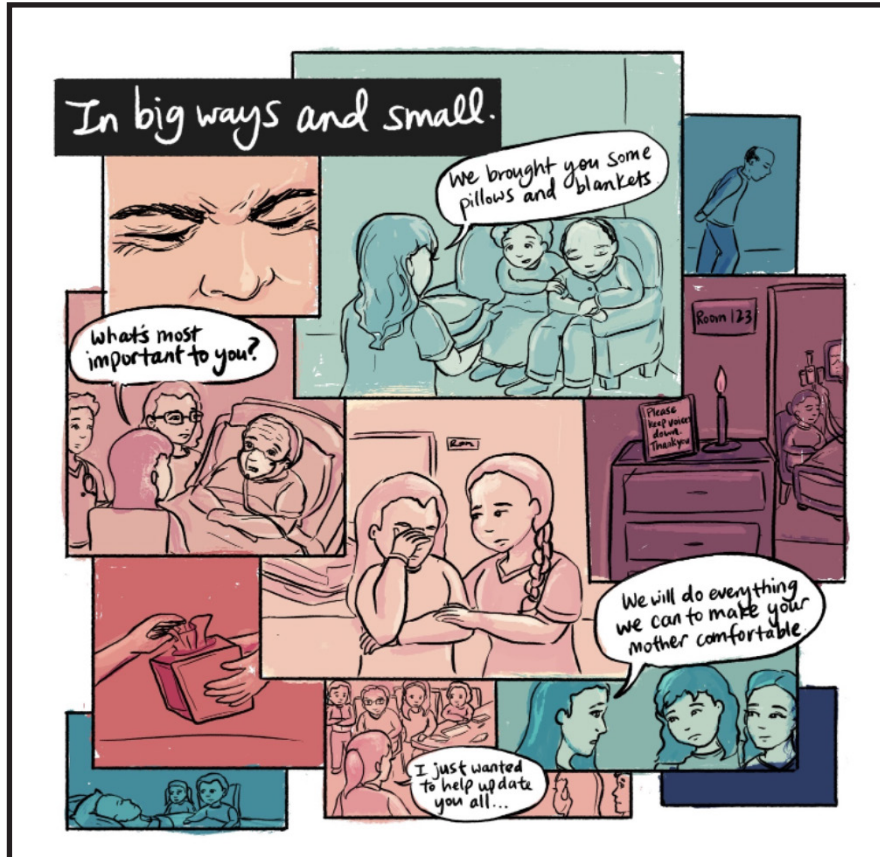
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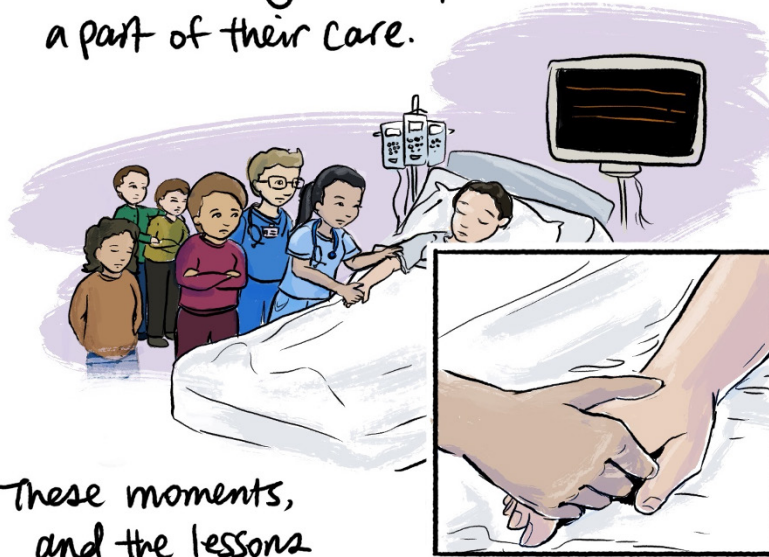
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It was the greatest privilege to be
a part of their care.



These moments,
and the lessons
they taught me,
will stay with me for a lifetime.

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