

Innocent Breaths

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I stood within the walls of an operating room under glaring lights, masked faces, and pulsating monitors, watching the anesthesiologists persistently try to insert an epidural into a mother's spinal fluid. Anguished cries, encouraging words, and rustling scrubs amalgamated to produce bustling sounds as the young girl's uterus remained exposed on the table seconds later. Observing the eventual delivery of a new life into this world through the hands of the obstetrician, I was flooded with joy. The baby boy's silky skin, dewy lips, and glowing eyes represented a sense of untarnished hope and promise in humanity. I observed as the newborn's Apgar scores were recorded and as his body curled up in fetal position on the scale. I knew then that baby Thomas deserved the best this world has to offer, but that "best" was not guaranteed.

Tommy's tranquil semblance was soon disrupted as the thermometer

approached his flushed cheeks and the muslin cloth touched his skin. Light, heat, and touch became enemies fighting against the cells of Thomas' skin and the corneas of his eyes. He trembled, twitched, and seized within a span of time that seemed to be outside the boundaries of time itself. Any effort made by the physicians and surgical assistants in the room to suppress the seizure proved ineffective. I watched as the child was suddenly introduced to all the cruelty in the world—his neck turned blue, his mouth produced a thick flow of froth, and his taut body bounced in all directions. No swaddle, pacifier, or milk bottle could offer him what he needed at that moment. Tommy was grasping for help that could not be provided.

As the hour passed and Thomas stopped seizing, the physicians soon discovered that he was one of the 0.7% of newborns that suffer from neonatal abstinence syndrome (NAS), withdrawal

symptoms observed in babies born to mothers who are drug addicts. The doctor I was shadowing looked defeated, as she scanned over the umbilical cord blood toxicology report with the word POSITIVE plastered across all margins and under all sections. I would later find out that Tommy's mother was a 16-year-old grappling with substance abuse, facing pregnancy on her own. I remember feeling a plethora of emotions attack me at once. Questions bombarded my brain, most of which began with the word "why." Why did Leah, Thomas' mom, decide to introduce her baby to the world in this manner? Was it even her decision? Why did her family abandon her when she needed them the most? The skin expander hung from the inner layer of Leah's stomach, which was left unattended during the 15 minutes it took to control Tommy's seizures and establish a course of action. Leah eventually made it out of the C-section, and the obstetrician discarded her surgical gloves and mask in the nearest trash can, unclasped her head light, and scrubbed out hastily. Reflecting on the scene in front of me, I came to understand the physician's behavior as a

product of years in the field: navigating an emotional minefield by suppressing the burden associated with emotional processing. Thomas remained in the intensive care unit, craving an influx of opioids he did not need. His innocent breaths were now burdened, strained, and uneven. He had experienced more in his first hour of life than I had in my 17 years on this Earth.

When I arrived the next morning, all my fears came to fruition. I was told that Thomas left the world as speedily as he entered it, but with further complications. He had suffered another seizure late at night and died at 2:45 a.m. from SIDS (sudden infant death syndrome), a complication caused by NAS. Leah was unresponsive to the news. The silence was alarmingly loud. Within a few hours, a social worker arrived with pamphlets in hand to inform Leah of her options for rehab and recovery. The hospital moved onwards with Thomas now out of the picture. Actions that ignored the day before. All focus was diverted to Leah in an attempt to support her in the few ways possible. The hospital itself was an impersonal entity servicing patients, in the midst of pieces of Leah being lost forever.

I heard comments circulating the hallways of the delivery floor, many of them invoking a sense of insensitivity and disregard. It was difficult not to make the implicit assumption regarding the apathy of healthcare professionals in what seems to be a cruel profession. My mind was telling me that doctors are intelligent and precise operators in a stressful environment, but my heart was telling me that they had thrown away their morality to do so. In a way, doctors must possess the ability to foresee the future five steps ahead of where they stand. To make astute decisions regarding complex diagnoses whilst maintaining their sanity and mental well-being. This harrowingly emotional moment was among many that were both ethereal and vivid, yet the hospital manages to progress forward, showing no signs of psychological distress.

As a student trailing the physician, my perception of the medical field underwent an alteration. I came to understand the emotional complexities involved in a profession that was strongly anchored in the principles of science and predictability. Sitting stationary in the physician's office, waiting for the next C-section,

circumcision, or delivery procedure to observe, I found myself unable to move past Thomas. I blinked. Still the images of Leah unresponsive and Thomas inert stuck and flashed. I grappled with the fact that a pure soul, free from tarnish or stains, and full of possibility was lost before he could make his first decision or utter his first word. Simply unfair was all my novice mind had the capacity to conclude.

The case binder was closed and shelved away when I came back a week later. Nurses reverted to their workplace gossip in the cubicles, attracted to the next big medical case. The physicians had no information on Leah's whereabouts or her situation, except for the fact that foster care was mentioned. Thomas remained a distant memory. A bump in the road that was now passed. While the humanitarian within me yearns to call out the healthcare professionals for not dedicating more of their morality to a case such as Leah's, the human within me understands the difficulties in living up to such expectations.

Language and words themselves do not capture the true extent of irrationality that characterized Thomas' passing from this world. However, being hope-

ful requires work and energy. It requires a sense of awareness. What I witnessed that week in the hospital continues to shape my perspective on life today. I've learned to appreciate the fact that hope is promised and can be worked towards—for doctors, patients, and families alike. Thomas' life held and continues to hold moral weight. It is my longing that amidst the fumes of tragedy and the workplace demands for moral disengagement, physicians exercise empathy and hang on to the traces of hope that make their profession so unquestionably rewarding. The neonatologist later informed me that Tommy's last declaration to the world was delivered in the form of a smile—one that would light up the NICU with warmth, joy, and hope for days to come.