

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 doesn’t betray what I believe is a reasonably calm demeanour I’m projecting.

I’m handed a needle driver with a large fish hook-like needle almost an inch in diameter, accompanied by a thick suture material I’ve never seen before. It is so much broader than what I’ve sutured with before, reminding me of a flexible wire, and striking 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 silently think to myself.

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

After a couple 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 I’ve been intensely focusing on the past few minutes, and quickly realize the reason for the silence: I have been performing this task in complete solitude. Peering around, I see that I am, in fact, the only person standing beside this body at all.

This has virtually 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 for future patient encounters, so that I can continue to learn and develop as a clinician in training.

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

Everyone else has moved onto what is more pressing and exciting across the room.

The organs.

It really dawns on me at this moment 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, the fact it's not perfectly straight, lamenting the self-consciousness he feels when he goes to the beach, at the way it haphazardly traverses the skin from his abdomen up to his chest in an asymmetric, nonlinear fashion. In fact, the person whose body now bears this scar will never be aware of the scar's existence, as this person before me is dead.

And yet, he had also 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. Apparently a well-liked university professor in his mid-thirties by the name of Eric, with a wife and a young son.

Eric had suffered a catastrophic stroke that would end any higher brain functioning earlier that evening, but his organs were still in good enough condition to be harvested 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.

Probably just as routinely as I had done a few months ago: by checking a box on my driver's license renewal form. Never really thinking about it any further, or wondering what it would be like for those involved in the process, whose job it would be to remove my organs and sew me back up. I wonder now about this- if they would think of me as just another body, or whether they'd wonder who I had been and what life I had lived before I came to lie on this cold, metal table like Eric- naked, with my insides removed by complete strangers and some nervous medical student stitching me up with material that resembled fishing wire.

Of course, I'd seen dead bodies before. We all complete anatomy courses early on in medical school, working with cadavers. But this felt so very different. In the cadaver lab, the bodies were preserved with strong chemicals and always looked like they had been dead for many months by the time we were working with them: all their tissues bore this dull, greyish colour that was so strikingly different from that of recognizable human flesh. Their skin and organs didn't shine with the bright, lively colours I viscerally 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.

Thus, these cadavers had much less resembled a recently breathing, living person, than Eric's body lying in front of me now, which hadn't had the time or chemical aid to adopt that greyish dead colour of the cadavers I had become so very used to working with.

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 sounds just as routine as if someone had said at a family gathering after hanging up the phone, "everyone, that was cousin Darren who just called, he says hello and wishes he could have joined us for dinner".

Despite the tone with which she makes this announcement, 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 his body will be displayed in a casket at a funeral, or cremated, or buried. I guess it will be up to his family to decide, unless he had told them previously what he would want done with his remains. Unlikely, I think, given that the man wasn't even forty years old.

As I look down at this body, now sewn back together but missing 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 it was the last one he'd ever get. I wonder about the last conversation he'd had, who it was with, and if it had been a meaningful one, or just small talk with a stranger or 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 had seen patients come into the hospital before and undergo insidious transformations to their identities as a result of injury or illness. I had 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 a result of illness taking over. The loss of one's routine: instead of waking up when they want, and eating what they want, when they want, in the hospital patients are woken by the sounds, smells, and sometimes, shrieks, in the bed a few feet away, or elsewhere on the ward. They are stuck sharing bathrooms with complete strangers. A phlebotomist comes into their rooms 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, in the hospital gown some authors have described as a uniform that "designates a transition covering or negating personal identity; in the case of the patient, donning the gown 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 sautés of patients because of emphasis on caregiver convenience over attention to fit, coverage and aesthetics." (Wellbery 2014).

I had seen patients go through all of the above, and had always done my best to empathize with the challenges this imposed on their bodies, their minds, and their spirits. I had been fortunate to have enjoyed good health to this point, and though I had no personal illness experience yet to relate to theirs, I had seen and learned from my patients how going through a hospitalization could deeply impact someone's personhood and identity. Most of all, I was grateful that most patients I had met to this point had 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, have another meal with his family. Instead, he died and went to the morgue. Ending his life with the most selfless final gesture: giving literal parts of himself that would go on to save the lives of people he'd never go on to meet.

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

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

His lungs, heart, and liver, and undoubtedly his family and friends, would keep other parts of him alive.

It's more than most of us leave behind when we go.

References

Wellbery C and Chan M. *White coat, patient gown*. *BMJ Medical Humanities* 2014; 40: 90-96.