A seasoned nurse practitioner in faded blue scrubs was standing near the corner of our ICU. Behind her, the morning sun seeped in through the windows of a patient’s room, and I watched as her cheeks puffed out into what seemed like a long-awaited exhale. We have been suffering from a long, pandemic-induced, pathologic inhalation, and it is never healthy when inhalation isn’t balanced with exhalation.

Eighteen months into COVID-19, I was walking through the large unit at Vanderbilt Hospital that had once been our medical center’s ground zero. As the numbers steadily rose, this physical space was the scene of intensive caring. At times, our intended benevolence was marred by an equally intensive loss of human connection wrought by our hospital policy of disallowing any family or loved ones from visiting patients. On this day, though, the unit felt altogether different. At peace. Yet, I couldn’t put my finger on it.

Lisa looked up at me and explained, “This is how medicine is supposed to be...at its finest.”

Inside Mrs Snyder’s room, I could see family members holding her hands. Mrs Snyder’s interprofessional ICU team encircled the rest of her bed, and together they were all discussing the plan for her care that day. Before COVID, scenes like this were commonplace and seemed ordinary. Now I am now able to cherish them for what they are—extraordinary in so many ways.

Still, for the next few days, I pondered what made it so special. What exactly was it that had made Lisa and me feel so different that morning in the unit?

A few days later, I was caring for Joshua, a man in his thirties who had been admitted with alcoholic hepatitis. I looked at his leathery, jaundiced skin and saw a person who appeared to be in his sixties. Gin-soaked, I imagined him drowning in grief, aged by fear and desperation. On rounds, our team discussed the right decisions to manage his anemia, delirium tremens, pneumonia, and kidney failure. Every day, his devoted mother, Sally, held his hand, desperately wishing for his recovery, while at the same time recounting for us his incessant refusal to be helped. Joshua, Sally, and I were gazing at the quagmire of his life from disturbingly different vantage points, and this was splintering our vision and our goals. She and I were both in “fix it” mode, but neither of us really knew what he wanted.

As Joshua drifted in and out of delirium, I learned more about him through Sally. I asked her to bring me pictures of him as a boy. Once looking at them with her, Sally told me who she saw: “Josh was a good boy with a golden heart. He always had so much hope. Behind this horrible disease, I still see him that way, as my innocent boy. The pain for me is that his addiction is too strong. He has never willingly gone into a rehabilitation program and has never practiced recovery. Doctor, I know it’s got to be his decision. I just hope he lives long enough to get there, because the most important thing in his life is his daughter, Arabella. She’s the main thing that matters to him.”

From that moment on, I took on the persona of Joshua’s makeshift pediatrician. I felt compelled to maintain his mother’s vision of him as a blameless boy, perhaps to avoid dispersion of any unconscious judgment toward him. I felt like I was the physician for a severely ill and petrified adolescent dressed in an old man’s body. Sally persisted with undiminished yet weathered love, her heart seemingly protected by its own faded blue scrubs.

I held Joshua’s hand, tested his brain, and listened to his heart and lungs. I saw a mysterious longing in his eyes. One morning, his delirium cleared. I could see it, and Sally could too. Our vantage points all converged. The ICU team got Joshua out of bed and walked him with the ventilator trailing. Later that morning, we removed
his breathing tube, and I came back to his bed to connect with him. Kneeling beside Joshua, I asked him two questions: “What matters most to you? What can I do for you?”

At first, I wasn’t sure he processed, because he stared right past me. The whites of his deep-set eyes were fluorescent yellow and a bit swollen. Softly and slowly, he looked straight at me and said, “Any day I spend with Mom or Arabella is what matters to me. How can I stop drinking, Doc? I need help.”

There it was. The long-awaited answer. When Sally heard, she lowered her head and cried. I looked back at Joshua and nodded. Recovery was now possible, and this had all unfolded at his bedside together with the family and medical team playing their pivotal roles.

The process of healing, even when cure is not possible, must be lived one day at a time and parsed out one moment at a time. Joshua revealed to me later that the villainous voices of his addiction told him that asking for help was weak. In truth, of course, it’s the exact opposite.

“Medicine at its finest” is not only about correctly titrating medications or acing a spinal tap. It is not only about dialing-in the right-sized breath, adjusting the dialysis bath, or running safety checks on an extracorporeal membrane oxygenation circuit. It is also about seeing the person in the gown and knowing him for who he truly is, despite jaundice, bruising, resistant pathogens growing in his bloodstream, or his body’s inability to get oxygen across a membrane.

What I learned from Joshua was that I became better as a healer if I saw him as Sally saw him. If I tuned his care so that I was serving him, all of him, and specifically him with each decision on that one day.

For Joshua, that meant getting him into contact with the people who shower him with the most love. These are the people who draw him forward from one second to the next and help him remember his “why” to live. Joshua’s path to a future day with Arabella or Sally could only be paved through the present. The best prescription included ample eye contact, human touch, and mobility.

I watched closely as Joshua began to balance a decades-long desperate inhalation with his own long-awaited exhalation. Moment by moment, the elements of a young boy’s late life redemption came into focus for Joshua, Sally, and me.

Throughout the pandemic, something went missing. For too long, Lisa and all our colleagues felt like we were gasping for air and afraid to breathe out. I lost sight of what grounds me in medicine, but it’s coming back into focus. Whether in ICU rooms, wards, clinics, nursing homes, or even home visits, my bearings come from finding the person in the patient who needs me to see her. Just her. And for us to work together with those she loves to achieve healing for even the most complicated injuries. Lisa thinks it is coming back, and I do, too.

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