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*Stephen T. Harvey, M.D., Editor*

# Bearing Witness to Anger and Loss

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*"When we speak, we say only what we know already. When we listen, we may learn something new."*

—Dalai Lama

The boy's nurse had gone on break. As the attending intensivist in the pediatric intensive care unit (PICU) that day, I popped into his room to check over some of his labs. As I sat quietly, a large man entered through the sliding glass doors and immediately shouted at me. "Nurse! What the hell happened last night on the phone to my wife?" His face was screwed up and red with emotion, and he towered over me as he stared down at me. I had not been on duty the previous day, but I was aware that yesterday there had been some difficult conversations. The boy had been referred two weeks earlier from another institution for a second opinion and for multidisciplinary team review. All consults and investigations had now been completed and only palliative care could be offered. This small boy was dying and this had been communicated yesterday to his parents in a meeting that had gone on for hours. His wife must have rung into the PICU late last night to ask a question or request a kiss to be passed to her baby. Parents often make these calls throughout the night.

"Nurse! You guys have given us false hope and then kicked us in the teeth!" the man thundered, getting closer to me. I felt like yelling back, "I'm not his nurse! And none of this is our fault!" I felt anxious as he railed on about how useless we were, how his son had been exploited and abused, how the doctors were all liars, and how his family had been tortured. I took slow, deep breaths and tried to be present. I did not try to fix the situation.

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Instead, I tried to listen, to absorb, and to bear witness to his volcano of emotion." I nodded, I agreed with some of what he said, and I reflected some of it back to him. But mostly I just listened. It felt like it went on for hours, but it did not. The nurse in the adjacent room opened the door to see what the noise was about. I gave her a little nod to say, "I'm okay," and she left.

After a long while, the man stopped shouting and he slumped on a chair beside the bed and wept. Listening to his cries was different than hearing his fury. I felt less threatened by his grief. I moved my chair closer to his, but didn't attempt to stop his distress. The air in the room felt humid and thick.

I became aware of the boy's nurse slipping into the room. He discreetly updated some of the vital signs on the computer, left the room, and moments later returned with a glass of water for the boy's dad. I hadn't thought of breaking the tension with such a simple and humane gesture.

Later that day, I relayed my experience in that room to some of my nursing colleagues. Their comments in reply acknowledged their role in bearing witness to the difficult emotions of grief and anger, and how personally demanding this is. My nursing colleagues agreed that anger is the most challenging emotion to manage in a parent. The doctors in PICU do not always get to see this side of a parent's reaction to terrible news. That day remains in my mind each time I walk into a dying child's room to talk with their parents.

By staying in the room and listening as the boy's "nurse," I learned a few things:

Parents express their emotions differently to nurses and doctors.

Being that nurse is immensely draining, occasionally terrifying, and deeply fulfilling.

Anger boils up, and then down. Grief and loss remain like a stain behind. Anger and its verbal and physical expression are far more frightening than the expression of sorrow.

When people cannot be fixed, they can be held in respectful silence.

Knowing all of these facts on an intellectual level is incredibly different to the actual emotional activation experienced by living it. Being mistaken for a female pediatric critical care nurse is an event that was ultimately a positive one for me as a doctor, and as a human.