

Send Me a Miracle

David M. Harmon, MD

Miracles were the gossip of my private Christian school in Texas. “Did you know Mr. Guthrie’s cancer just disappeared after doctors told him he wouldn’t make it?” “Did you hear about an angel who appeared and saved Darren’s mom’s friend from a car crash?” Each story made the rounds at least a few times over the years. In my youth, I ached to see a miracle for myself. In what circumstances would I see the divine intervention, the unexplained results, appear before me in a pillar of clouds?

My faith weakened, though, after the grief of a classmate’s sudden death overcame my small high school class. The pain of his death soured my naiveté. Later as a medical student, watching the young die from violence and other tragedies in the emergency room trauma bay, each pronouncement of death triggered the still-fresh memories of that high school funeral. As the months in various intensive care units added up, my hands became familiar with the sensation, ribs cracking and lungs screaming, of one’s last moments before soul and body separated. I attempted—wished—to accept the trauma of shock and tragedy as the norm, but each day, with each resuscitation, my tired soul craved different outcomes: this recalcitrant ounce of hope for a miracle plagued me.

On New Year’s Day of my intern year I was back in the emergency department. A man with abdominal pain, chronic for years, was on my list. Though somewhat irked by the family’s 1:00 A.M. request, I reviewed the 50 pages of medical workup which preceded this patient’s emergency room presentation. After my review and initial labs, I figured a CT scan would provide the reassuring evidence for both the patient and myself with respect to our dismissal planning. It seemed unlikely that this chronic abdominal pain after multiple abdominal surgeries was anything new to be concerned about.

Large hypodense mass of the pancreatic head with vascular involvement, consistent with malignancy. Multiple lesions throughout the liver consistent with metastatic disease.

The disheartening news fell from my mouth onto the patient’s ears. After an eternity of silence, I asked

the dreaded, seemingly obligatory, question: “Is there anything more I can do for you, sir?”

“Send me a miracle,” he said.

These words never left my mind. I never forgot my dismissive preemptive diagnosis of functional, post-surgical pain. Even today, reflecting on my hubris still shatters me.

I taunted whatever higher being existed, or didn’t, during the following year. I tattooed the words “send me a miracle” on my ribcage to satisfy my juvenile cynicism and personal brokenness. I carried this message on my body, but slowly I turned my spiritual middle finger toward the sky as I gave up the search for the “miracles” from my childhood.

Even with this absence of faith, my soul still craved an explanation. A palliative medicine rotation pried open poorly healing, ignored wounds. Care conference after care conference filled the air with empathetic statements of “I wish” and “If only.” Even the dreaded M-word, “miracle,” made a few guest appearances throughout each week. Families greeted death head-on with tears in their eyes, and pain became a diagnosis rather than a symptom. I had never used the word “existential” in a medical document prior to this experience.

In a matter of a few short weeks, young patients gasped for air, and family members had to organize their limited visiting privileges with their dying loved ones amidst a pandemic. I watched one of the toughest men I ever met cry out for “one more summer” with his grandchildren as bladder cancer ate away at his body in the cold Minnesota fall. I watched each patient, as if they were my own parents, detail their last goals and wishes while still on this beautiful earth. Of the prescriptions I had available to offer my patients, time was not one.

The palliative care team chaplain addressed my soul directly, albeit unintentionally. I had mentioned that a patient of mine was “waiting for a miracle.” She offered that, “asking for a miracle, in part, represents the patient’s understanding that a disease or circumstance is severe.”

For the first time, I did not shudder. I finally realized the utterance of the word “miracle” is not necessarily a call upon the supernatural. Rather, this plea is a sobering realization that the circumstances described are so severe that only God himself or herself could repair them. It is a prayer that has no

expectation to be answered, a plea or bargaining chip for just a few more precious moments on this earth. Drinking coffee alone as the first rays of morning appear. Traveling to that favorite cabin and breathing in the crisp mountain air. Spending one more summer with those you love.

Faith and belief aside, a peace settles in my soul. These patient encounters and interactions with the chaplain etched away at my hardened spirit. I am only somewhere in the beginning of truly understanding my own existential philosophy. The simplistic miracle of my childhood does not exist; but, as I've watched young patients find tranquility in their souls and

families reunite, I can't help but wonder if I was searching for the wrong "miracle."

I know it's out there.



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The author would like to thank Rev. Caila Rinker, MDiv, BBC, from Mayo Clinic Palliative Medicine, for her counsel and contributions to patient care which made significant impacts on both patient and provider.

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