

Lessons Learned From Helplessness: Reflections Volunteering as a “Cuddler”

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Helplessness and control are perceptions paradoxically bundled up with each other, especially in the world of medicine and patient care. Many physicians feel a sense of energy when they step onto the hospital floors, enjoying an environment where they feel the fate of the feeble is in their hands, dependent on their ability to diagnose and heal. However, during my intern year of family medicine residency, I quickly realized I needed a stress-relieving activity that got me out of the medicine wards. I was exhausted by patients upset that they had to wait 30 minutes for a pillow, oblivious to the fact that the patient in the room next to theirs had coded. I was also discouraged to readmit the same patients over and over again, knowing they would likely be back next week due to lack of resources or a stressful home life. I needed a place where I didn't feel responsible for a patient's outcome, where I could reflect and learn to establish some healthy boundaries regarding my role.

I decided to sign up to volunteer in the Cuddle Club at another hospital's neonatal intensive care unit (NICU). Cuddle Clubs are groups of volunteers who simply cuddle fussy babies in the NICU,¹ the idea being that human touch helps keep the babies calm so they can use their energy to grow and eventually be discharged home more quickly.² This hospital was not mine, so despite being a resident physician, to the medical staff and families there I was just a “cuddler.” In this new environment, the most vulnerable humans were in my hands, literally, but I was not responsible for their medical care; I was not privy to their medical information; I wasn't allowed to be a part of their treatment plans, not even feeding them or changing their diapers. While swaddling a baby, I would attempt to put my doctorly instincts aside, but inevitably, I would find myself trying to figure out why a baby was admitted, using only my physical observation skills and the date of birth recorded on the side of the crib.

I recall one newborn specifically, who had been there only for a few days. He seemed to be of normal size and didn't have any lines hooked up to him, so I

figured he probably wasn't born preterm. His high-pitched cry warned everyone in the ward he was agitated, and he was moving his arms around so much that he had even scratched his own face multiple times. My human connection calmed him down a bit, which brought some relief to all the nurses and families on the ward. Crying was simply his only way to express his discomfort.

Suddenly the tranquility of being lost in my musings was interrupted with a rumble and a loud “SQUIRRRTTTT.” The baby's diaper became heavy and squishy.

“Anus patent. GI tract not obstructed,” I thought and crossed a few differentials off my list. I would have gotten a diaper and changed him myself, but I remembered this was not my ward, and that wasn't the role I was supposed to play.

While humming a little lullaby, I would often marvel at the spirit of peace that bathed the air in the NICU. You would think that, with all these parents feeling so powerless to protect their newborns, they would be demanding faster attention from the nurses and unrealistic predictions from the neonatologist. However, it seemed the families were all patiently waiting their turn, showing respect and gratitude toward the medical staff, and trusting in the ability of their higher power for the outcome. Maybe this difference could be attributed to the NICU setup, where all the cribs are lined up in one big room. With this arrangement, perhaps parents received comfort from seeing how hard their nurses and provider teams were working as they rounded on each baby. It was also more obvious when another baby in a more critical condition needed extra attention.

“Achoo, achoo, achoo!” The baby I was holding sneezed. He just couldn't seem to get comfortable.

While cuddling these little ones in the NICU without any other responsibilities, I would see one parent strike up a conversation with another baby's parent. They chatted about their experiences, exchanged numbers, and offered mutual support. This atmosphere stood in contrast to my medicine ward, where patients were isolated in individual rooms, apart from others undergoing similar experiences. The families in the NICU had a different sense of

community due to the shared ward. They were consequently better able to handle their emotions by channeling their energy to constructively encourage one another during this time of stress. This realization connected me to these parents. In the same way, removing myself from my work to volunteer with these babies was helping me cope with the stress of residency, accept my limitations, and press on in my training with joy.

“Waaaaaaa!” The baby I was holding had begun another episode of screaming. I couldn’t figure out why. His nurse had just finished feeding him an hour ago.

I oftentimes found myself wondering what these newborns would become. I intellectually knew I was not in control of their futures any more than their present. However, I would pray for them, hoping with all my might that my prayers would cast into the future some sort of cosmic energy or blessing that would shape their rough beginnings into a bright life ahead.

The door closest to the NICU ward opened, and the smell of cigarette smoke filled my nostrils as a thin, exhausted-looking woman approached me. She was the mother of the baby I was holding and wanted to hold him. Suddenly, many questions received answers—the agitation, the diarrhea, the sneezing. One differential emerged to the top of my list. I put the baby in his mother’s arms, as she started some small talk about being late because she was working on “getting into rehab” to ensure custody of the baby. Her chatter seemed like its own coping mechanism for a life grasping for any sense of control. I realized at the root level she and I were the same, both struggling

with how to manage that sensation of powerlessness that comes with humanity.

The irony of my experience was realizing how little control of health outcomes we physicians actually have. Over time, this practice of embracing the lack of control acted as my own exposure therapy. I hope I helped some of these babies with my cuddles, with my love. They certainly helped me remember my limitations—that I am responsible to be faithful to do my best along the journey, but that ultimately, I cannot influence fate or predict what will happen for my patients or for their families. I must leave that to my higher power; that’s his ward, not mine.

References

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