

The Other Side of the Bed

Anonymous

ABSTRACT

The author shares their experiences as a clinician caring for a young patient who attempted suicide and as a parent of an adolescent who attempted suicide.

It's an unnatural feeling, waiting for a child to die.

I'll never forget "Tom," a teenager whose death by suicide didn't come quickly. His father found him in his room and called for medical care as fast as he could, but the damage was devastating. With no possibility of a meaningful recovery, we removed life-sustaining treatment, and I did all I could at the bedside to keep him comfortable for more than a week.

Ordinarily, the current of time feels constant, but one night in Tom's room it simply stopped. I sat on one side of his bed, his dad on the other side. The room, usually warm and natural, echoed. Every surface became sharp and dry. Every so often, Tom would gasp or convulse, and I would administer more medications. It went like this all night, sitting at his bedside across from his dad, trying to keep up on his

discomfort. His father thanking me; how odd being thanked felt. Tom died a few days later.

Caring for patients day to day becomes such a part of you, so routine even when it's chaos, that the edges of reality often feel dull—so natural, so fluid, but dampened. It can feel like you're an actor in a TV drama when the script is already written, or you're an observer, or you're drifting on a river where you can make small strokes toward one shore over another, but the current is in control.

And then without warning, like waking from a dream, the current stops. The sharpness returns, and you are reminded of the reality in front of you. You're not just an observer. This isn't a drama. This is where I am. This is what I'm doing. This is happening to someone. I am washing Tom's body, wrapping it up, taking him to the morgue, and feeling that unnatural feeling of leaving a child, a body, in a dark room on a hard table.

These moments of intrusive reality stick with me. It's an odd sense I find difficult to describe. What I have since discovered is that this feeling also happens on the other side of the bed.

I remember everything. I had sensed something was off, and out of caution had started my child in therapy. Although I had known

The author of this article—a clinician and a parent—would like to share both experiences and remain anonymous.

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something was going on, I didn't know the extent. I remember the call from my child's therapist saying I needed to drive them to the emergency room. I remember calling my partner. I remember sitting in my child's room, next to their bed, looking at a shell of my child, flat with no emotion. Then I was back at the bedside of that dying teenager, administering a medication, looking across at his father. I walked my child to the car and began driving. One second I was driving in silence, in shock. The next I was back at that bedside, the father thanking me, I could

child's depression. How the family lived with a constant anxiety of knowing it was there, but having to balance living and the fear of harm, of suicide. How the father and mother had received the text message. How the father drove home quickly, walked up the stairs, and found his son, had to lower him down. That image now became my image, a preview of my potential story. Every walk upstairs to my child's room is split between the reality of my feet hitting the steps, the creak of each step, and the image in my head of what I might find. Will I be back on

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hear his words like he was in front of me, across the bed from his dying child.

And suddenly I was in his chair. And it was my child on the bed. The intrusive reality was back, the sharp edges now constant, and there was no current to make this feel procedural. My child was right here in hospital-approved attire that I knew signified that the patient was here for mental health reasons. The room felt sterile, hollow, sharp. I felt as if I didn't fit in, in a place I normally felt was like a second home.

Now I could smell the strangeness, dusty and clean at the same time. I could feel the awfulness of being in a place I shouldn't be, didn't want to be, but also needed to be. The floor and the walls seemed unwelcoming. Every sound felt harsh and unfamiliar. I felt off.

My child had contemplated ending their life, this was my life now, there is no going back. My child is forever now this child, the same child, my child, but with a new story I wasn't prepared for. I pictured that father, staring at me, across the bed from his dying child. My child, who I now felt guilt towards, was still flat in affect, seemed to not have any grasp of the seriousness. I felt both frustrated and devastated.

I remember that father telling me their story of living with the chronic illness of their

the other side of the bed? I think back to that night, with the father on the other side of his son's bed. I picture myself on that side, stuck as if inhabiting two places in time at once.

I think back to the many tragedies I have witnessed. Those have played out in a sort of participant-observer way, moving between the scripted drama of caring for patient and family, assessments and interventions, with the moments of reality bursting forth only to subside later. The end of my shift marking the end of a chapter.

There is no natural demarcation in the story for those on the other side of the bed. Staff members come and go, they try to help, many do. I remember those that sat with my child, with me. I can sense their purposeful interruption into the reality in front of them; their break from the soft edges of the scripted story. They intentionally sit with me and my child, taking in the sharp edges, the cold and empty feeling of the room, the reality of both what is happening and the beginning of a story that is now uncertain.

For staff, their side of the bed is a part of their normal story; for parents on the other side it is a new story, one of fear, sorrow, anxiety, and potentially more tragedy, a new reality.



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