Remnants

My father’s mother was a young woman when the bombs fell on Dresden, Germany, during the last legs of the second World War. Journeying from Riga, Latvia, she and her companions had somehow found themselves amid this ironic exodus through the nation whose very army they were trying to avoid, and there, hiding from the Allied firebombing in a nondescript basement, my grandmother waited. She was one of the fortunate who survived that bombing and, after living anxiously in a post-war displaced persons camp, was sponsored to move to the United States. That set her on the path by which she met my grandfather, moved to Venezuela, gave birth to my father, moved back to the United States, and became the oldest living member of our family.

Several decades after that original tumultuous journey, she lived near my childhood home while I conducted research and volunteered with hospice nurses before medical school. These were the years when her body fell apart.

In the span of 12 months, as I applied to medical school, my grandmother’s condition had stabilized, though she now spent the majority of her days in bed, either asleep or—if she was unlucky—awake. She still had trouble eating and periodically forgot who my father was. We were fortunate to have her living in a facility with caring, attentive, highly skilled nurses, who mitigated a great deal of her tumult. As a physician in-training, it was humbling and inspiring to witness how in tune the nurses were to her needs, whether it be her blood sugar management or her intense solitude. Despite this top-class care—which, frighteningly to imagine, many other patients and families could not afford—we felt helpless.

I, perhaps most of all, felt a nagging irony: an awareness that, despite those years working with hospice and geriatrics nurses, I was incapable of giving my grandmother more time or more health. Compounding that irony was the fact that I now studied at a world-class academic medical institution, receiving regular messaging that my peers and I would move medicine forward, bring healing, change lives. Not her life, apparently.

When I entered my grandmother’s room on one of my final visits of winter break, I heard her crying in a thick Latvian accent: “Mama! Mama! Help!”

Her mother was, of course, long gone.

Confused and bewildered by the call, I rushed to her bedside and asked what was wrong. Her eyes shifted their indeterminate gaze to my face, and her stroke-affected mind searched its archives for a name. “Hello!” she said, as if pleasantly surprised. “Do you like Boston?”

I smiled and asked how life had been. She gave the usual answer: a shrug of the shoulders, a raise of the eyebrows, and a middling, horizontal wiggle of her outstretched hand, the universal phrase for “so-so.” She told me, in not so many words, that life was unremarkable, mundane, that she was not at all depressed, but everything seemed so detached and distant. In her younger version of old age (she was now 90), her greatest pleasures were few and simple: walking, eating, playing the piano. The multiple strokes had swept those clean. She could no longer stand, let alone walk. All her food was now pureed. And fine motor function, especially in her left arm, was a thing of the past.
What remained?
In moments like this I thought of her as a young woman, fleeing through Europe, living in an atmosphere of prolonged and uncertain struggle. Her current situation was about as far as one could get from fire-bombed Dresden, but both represented a wholly new, wholly foreign sort of existence from what she had known previously. And if it was foreign and new to her, it was unintelligible to me.

Worst of all, I felt powerless to change anything.

After some time, I looked at my grandmother’s calm, searching face, while bars of sunlight slid through the blinds. It dawned on me that I could not give her more time or more health. But whether as a grandson, a hospice volunteer, or a medical provider, I could certainly search, alongside her, for more life.

Looking out into the golden-yellow morning, I asked my grandmother if we—the nurses and I—might help her dress, lift her into the wheelchair, and take her outside. After some brief hesitation she assented, and I called the nurses in. The morning frost had melted on the lawns and left a distinct, reflective shine, and drops from a previous rain still fell from the trees. As I pushed her wheelchair both of us were quiet, turning our heads in the direction of a birdcall, looking up at the vast blue sky spread across the horizon.

We ventured a mile and stopped to rest at a public park. I paused on a bench while she sat with hands clasped, gazing at the trees, the sky, the basketball court. The next day I would board a plane to return to medical school, learning about the various ways the body can fail and the complex maneuvers—medical, social, structural—to alleviate the resultant suffering. But here was something that could not be taught: the love, the patience, the humility, to understand the limits of my care and knowledge, and to find meaning in what remains of an older, sicker person’s world. To seek beauty in the remnants of a life.

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