

## A PIECE OF MY MIND

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## Trauma Comes Home

Ever since I was 12 years old, I've associated the shrill ring of the telephone with the delivery of bad news. In January 1987, the phone rang with the news that my paternal grandfather had been killed in a car crash. Six months later, his wife, my grandmother, died as well. Eighteen months after that, the phone rang again with the news that my maternal grandfather had died suddenly of a newly diagnosed cancer. And in May 1992, the phone rang with the news that my maternal grandmother had been found dead in her apartment. Finally, in October 1993, the phone rang with the news that my father had been shot dead by a terrorist.<sup>1</sup>

Having lived through 5 sudden deaths in 6 years, I had, foolishly, prided myself on knowing all I needed to know about grief and trauma. Yes, I knew a pain so sharp that it hurt to breathe, a sadness so vast that it hurt to laugh, and an emptiness so wide that it hurt to simply exist. But this fall, I quickly realized that while I knew some about sudden death and complicated grief, I knew almost nothing about the fear, frustration, angst, and anxiety caused by watching a loved one suffer.

The phone rang twice on September 28, 2020, before I surfaced from my postcall coma. The previous night at work had been brutal: 10 consults and performing 4 surgeries, each more challenging than

hovered over my partner, shouting questions at him. Dressed in pajamas, I watched silently as Brandon recoiled from both the light and the sound, struck by how different this felt from my usual interactions with this crew. I was used to meeting EMS workers in the trauma bay, where, dressed in scrubs, I stood confidently at the foot of the bed, waiting patiently for their report to be completed so I could step into my role as trauma attending. Now, standing at the foot of my own bed, I felt utterly powerless.

Brandon was taken back to the emergency department and so began a month-long second admission to the hospital and inpatient rehabilitation. Each morning, I awoke with a start, a surge of cortisol ripping through me, terrified about what the day would bring. Time became a cruel and capricious mistress. Rather than Brandon improving as the weeks passed, new symptoms continued to present themselves. One week after the accident, Brandon's vestibular symptoms acutely worsened, leaving him unsteady on his feet and unable to lie flat; he still can't sleep in our bed and even bending down to kiss me goodnight leads to pain, nausea, and vertigo. Two weeks in, he developed a tremor and a stutter—both continue to manifest when he is exhausted or overwhelmed—and lost his sense of taste and smell. Three weeks later, just days after being diagnosed with moderately severe sensorineural hearing loss in his right ear, he awoke confused and completely deaf in that same ear. "Where am I?" he asked, a look of bewilderment on his face. "I can't hear and my face is numb!" After years of silently judging family members for not coming to visit their loved ones, I suddenly understood the desire to avoid the hospital altogether; the pain of witnessing Brandon's suffering and my inability to control it left me feeling both desperate and defeated.

For me, each new symptom was accompanied by a mix of anger, fear, and dread. I was furious with myself that, despite all of my phone calls, requests for favors, and unrelenting fact-finding, I could not control the trajectory of his illness. I was constantly terrified that I—and his doctors—were missing something, and I was left wondering, despite my education and experience, if there was yet another laboratory test to draw or another scan to order. I became convinced, and unfortunately remain so, that no one clinician has enough time, energy, or interest to fully grasp the whole picture, particularly because Brandon's problems involve several different organ systems that, though intimately related, no physician wants to claim as their own. And I was overwhelmed with sadness for him as I thought, "Is this the best life will be?"

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the next, left me completely exhausted. So when I answered the phone and heard that my partner Brandon had fallen off a ladder, had a seizure, and was currently in the emergency department with a temporal bone fracture, an epidural hematoma, and scattered subarachnoid hemorrhage, my first question was, "When can he go home?"

After 4 days in the hospital, Brandon was discharged with retrograde amnesia and a relentless headache. The ride home was torture for both of us; with every bump in the road, he grimaced in pain while my stomach twisted into a tighter knot. Once inside the house, he stumbled into the bedroom and fell into a deep sleep while I retreated to the couch. Seven hours later, I was awakened by a loud moan. I rushed to the bedroom to find him sitting up against the headboard, holding his head in his hands, a crazed look in his eyes. "My head is going to explode. I can't take it," he howled.

Terrified, I called 911. Minutes later, several burly, masked emergency medical service (EMS) workers

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Up to this point, I had, falsely, prided myself on my ability to maintain grace under pressure. Among other things, I had managed to make peace with my father's murderer, and I had emerged from the experience with my heart open and my spirit intact. But now, faced with the reality of my partner's disabilities and my inability to fix them, I descended into a dark pit of depression.

Yet grace has continued to present herself to me, in often beguiling ways. During one of my many moments of impatience and frustration, Brandon—once very quick to anger—took my hand and simply said, "Please stop. You're hurting my feelings." When I broke down and admitted how alone I had felt for the past 3 months, Brandon placed his hand on my heart and simply said, "I'm alive. I'm right here." And just last night, while I was sitting on the bathroom floor and drying the spaces between his toes before putting on his socks, we looked at each other and laughed out loud.

I've been hesitant to claim this story as my own. My memories are still wholly accessible to me. My sense of taste, of smell, and of hearing remain completely intact. I can bend down and lie flat without vomiting while the world tilts upon its axis. My head does not exist within a vice-like grip. My life has not been irrevocably changed.

Except that it has. It is my heart that quickens, my throat that constricts, and my stomach that churns every time I walk past the multiple rooms that Brandon inhabited during his admissions. It is I who waits anxiously for the results of the next blood draw and I who frets about prescription refills and physician follow-up visits, all while taking care of many trauma patients with the same injuries and the same issues.

Like many physicians I know, I have used work to escape my life and have used life to escape my work. Now, however, the 2 have become inextricably linked, and relief is hard to come by. At home, Brandon begs me, "Please, Red, treat me like your partner instead of your patient." But as I watch him cradle his head to ease the pain and close his eyes to still the never-ending

nystagmus, I am overcome by a fetid mixture of rage, grief, and deep despair, coupled with a very shameful urge to run. Though I know that my close attention and physical touch offer Brandon a great deal of comfort, the fact that this comfort provides only temporary relief maddens me. Interacting so intimately with his pain leaves me feeling both sick and powerless, while Googling yet another article on the treatment of occipital neuralgia or vestibular disorders provides me with a sense of distance and offers me at the least the pretense of hope.

Work is no better. Up to this point in my career I had, fallaciously, prided myself on being attuned to my patients' physical, emotional, and spiritual suffering. But after sitting with Brandon in the hospital for more than a month—seeing him wince in pain from his IVs every time he moved his arms, listening to him describe the relentless drip of normal saline down the back of his throat, witnessing him grasp the bed rails until his knuckles turned white, begging me to hurry up and remove the EEG glue from his hair despite the agony caused by my scrubbing atop his skull fracture—I have become exquisitely aware of the discomfort that each patient, often times due to my own orders, is experiencing. On rounds, I can picture Brandon lying in each bed. Interventions I once had considered mundane, like IVs and catheters, are now potential sources of torment for every patient. And so the questions arise: How do I balance this newfound empathy with the equanimity required to remain effective? How do I maintain enough professional detachment to avoid clinical paralysis? And, perhaps most importantly, how can I reliably slice through skin or cut into chests without these traits?

For more than 30 years, trauma has lived in my head and in my heart. But now, trauma has invaded my home. And though I want to run, hide, and slam the front door shut tight, I know I must embrace this unwelcomed guest, for the sake of my patients, my partner, and myself.

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1. Hoffman MR. The sound of silence—when there are no words. *JAMA*. 2019;322(2):117-118. doi:10.1001/jama.2019.8385