A PIECE OF MY MIND

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The Sound of Silence–When There Are No Words

My father was killed by an Islamic fundamentalist in Cairo, Egypt, when he was just 47 years old. It was October 1993, exactly 8 months following the first World Trade Center bombing. I first heard the news from my uncle; I screamed—a feral howl escaping from deep inside of me—and dropped the phone.

Terrorism was still a new word and a new concept for many Americans, so my father's death was featured prominently in the national papers and on the evening news. What does one say to a teenager whose father was just shot by a madman screaming "Allahu akbar?" Nobody knew. I didn't know. The silence was incredibly isolating.

Two weeks later, my roommate handed me a postcard. "Hello from Cairo and the Pyramids. I miss you! Love, Dad." After 16 days and 6 thousand miles, my father had found me again. Even so early in my grief, the moment was not lost on me; I was awestruck by the magic of it all, that somehow, even in death, my father was right beside me, whispering in my ear. At the same time, the question remained: What does one say to a teenager who just received a postcard from her dead dad? Nobody knew. I didn't know. Despite this connection with my father that seemed to extend beyond both space and time, I felt incredibly alone.

Four years later, in September 1997, my mother left a cryptic message on my answering machine, warning me to be careful when I read the paper that morning. Sabir Abu al-IIa, my father's murderer, had escaped from the mental hospital where he was imprisoned and had blown up a bus of German tourists. The Egyptian

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government, which had initially declared Sabir to be criminally insane, now deemed him sane and fit to stand trial. So began 6 weeks of randomly encountering images of my father and his murderer in the news, the most shocking being when I turned on CNN and witnessed Sabir Abu al-Ila jumping around in a cage in an Egyptian courtroom. He and his brother were eventually condemned to death by hanging. His response? "Allahu akbar!" followed by "Jews, Jews, the army of Mohammed is coming back."

Yahzreit, the anniversary of my father's death, was particularly painful that year. This time, I mourned not only my father, but the lives of ten other people who had also died in such a senseless and tragic way. The images of Sabir Abu al-Ila brought back not only anger and grief, but also that familiar sense of loneliness and isolation. What is the correct response when a friend shares that she just caught a glimpse of her father's killer jumping around like a madman in a cage? Nobody knew. I didn't know. Again, the silence was deafening.

In medical school, recalling my extended period of mourning, I chose to spend an elective month with the palliative care team, known to be experts in patient- and family-centered communication. I ached to somehow use my experience to support others, perhaps simply by remaining present, thereby decreasing the sense of isolation that had plagued me. From this inspiring group of physicians, nurses, and social workers, I learned that silence could also be comforting and therapeutic.

As a surgical intern on the trauma service, I again felt that familiar sense of isolation the first time I encountered a patient who had been a victim of gun violence. By the time I arrived at the trauma bay, the middle-aged man had been declared dead after several minutes of cardiopulmonary resuscitation. I stood at his feet and surveyed the wounds; he had been shot in the neck and torso, and my mind flashed back to my father's death certificate which described "lacerations of the trachea, esophagus, heart muscle, and lungs with fractures and bleeding caused by 2 gun shots in the neck and chest." But the sense of isolation passed quickly, and, once again, I was a member of the trauma team. By that time in my life, I had learned how to compartmentalize, a skill necessary for all humans, but certainly for physicians and especially for surgeons.

> I became a trauma surgeon, perhaps, in part, to bring some sense of justice to my world. My father could not be saved; was it possible I could save someone else? But truth be told, I was also drawn to trauma because I fell in love with the surgical intensive care unit. During the day, my restless brain was kept occupied by a never-ending parade of

new patients, lab results, and procedures. And then, during those long nights, after change of shift and evening baths, when the lights were dimmed and the patients had drifted off to sleep, I often communed with the 1 or 2 family members who remained, keeping a silent vigil at the bedside. During this precious, sacred time, exhausted from sadness and lack of sleep, they shared their hopes and their fears, their questions and concerns, and their stories of their beloved. I soon discovered that somehow, while working through my own grief, I had learned to sit with the grief of others.

I went on to complete fellowship training in hospice and palliative medicine and now practice a combination of acute care surgery and palliative care. And so it was that I recently sat at the bedside of an elderly

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Section Editor: Preeti Malani, MD, MSJ, Associate Editor.

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gentleman who earlier that day had pressed down hard on the gas pedal instead of the brake and had broken 21 ribs and his right acetabulum. His adult son listened intently as I recommended against surgery given the extent of his injuries and their associated morbidities and instead suggested a comfort-focused approach. After sharing his father's previously expressed wishes, as well as some rather telling stories that made it clear that his father would likely accept nothing less than a full recovery, the son grew silent.

Rabbi Lord Jonathan Sacks writes, "The silence that counts, in Judaism, is thus a listening silence—and listening is the supreme religious art. Listening means making space for others to speak and

Additional Contributions: I thank the patient's son for granting permission to publish this.

1. Sacks J. The sound of silence (Bamidbar 5776). The Office of Rabbi Sacks web page. http://rabbisacks.org/sound-silence-bamidbar-5776. Accessed June 6, 2019.

2. Kaye/Kantrowitz M. Kaddish. In: Beck ET, ed. *Nice Jewish Girls: A Lesbian Anthology*. Boston, MA: Beacon Press; 1989. be heard."¹ Today, in both my life and my clinical career, I am awed by the therapeutic value of silence. When there are no words, I sit quietly with patients and their families, allowing time and space for their stories to unfold.

And sometimes, when the timing is right and the silence has spoken, I share what I have learned: that life is both devastatingly tragic and absurdly beautiful. That humans, as I have witnessed again and again, are astoundingly resilient. That a parent's love truly never dies. And, that as Melanie Kaye/Kantrowitz writes in her poem "Kaddish," a tribute to her dead father, "if I were to mourn properly / I would not be done."²