

The Heart on the Window

by Jeffrey Thomas

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The place to start when you don't know how to start is where you are: In a hospital room in the Acute Cardiac Care unit. My first night there, I woke up sometime in the night to go to the bathroom. The instant I sat up a really loud siren or something went off, there was thundering in the hallway, and three nurses burst into the room. "What'd I do?!" "You're a fall risk," one of them told me. "There's an alarm on your bed that goes off if you sit up." After everything settled down and the nurses had left the room I said to myself, "You are soooo busted." The nurses, still outside the door, laughed. This story really begins, though, earlier: nine miles into what I thought would be a short bike ride, when I went into an extended episode of ventricular tachycardia (or VTach) and came close to dying.

Climbing an easy pitch after a good effort up one of Seattle's short steep hillsides and a nice descent, I started feeling really tired, with a heavily buzzy feeling in my limbs and my head. I tried stopping to rest a couple of times, but felt no better, so laid my bike down at the side of the street and sat down, then stretched out on my back. A couple driving by stopped and asked if I was okay. I must have said I didn't know, because they parked and sat down with me. They didn't have any medical knowledge at all, but said they'd call 911 if I wanted. Then they waited for me to decide whether to call. Their simply sitting on the pavement and waiting with me still seems one of the kindest acts of compassion I've ever received.

A cyclist also stopped. While the couple called 911, I asked the cyclist to call my sister Pi on my phone, as my wife, Isabel, was out of town. Firemen arrived, but couldn't find a pulse, even on my neck, although I could feel my heart bashing around like some caged, maddened beast. The firemen never could get a pulse. The helplessness with which the last one who tried let his hands drop told me things were not good. The blood-pressure bulb lay where he dropped it.

The medic who rode with me in the back of the ambulance was kind. I think he gave me his hand to hold, which kept me grounded. He also gave me one bag after another to vomit into and told me to keep talking to him. For lack of other subject matter, I started narrating what I was experiencing: There was fuzziness in my vision, which got heavier and darker, coagulating into black, worm-shaped clouds that eventually grew together, and then I couldn't see anything. I reported, "I've lost my sight." I wondered if I was dying and was afraid, but there wasn't much I could do about it. Somewhere in there, I lost my ability to physically make words. I was still trying to report to the medic, but all I could hear from myself were utterly unformed sounds, like unshaped gobs of clay. The medic told the driver, "Light 'em up," and the siren started wailing. After a bit, my vision and my ability to speak came back.

Pi is an ICU and STAT nurse of long standing. She speaks of how patients fight, but when I had had cancer I didn't feel like I fought—I just let them knock me out and take a kidney—and I didn't feel like I was fighting now: I was just lying there not doing anything. At some point I started grunting, to somehow maintain myself. According to Pi, that qualified as fighting. The grunts started getting drawn out, which I suppose made them groans, though I don't like admitting that I was groaning.

When I was rolled into the emergency department (ED) at University Hospital, half a dozen people went to work on or around me, with a lot of talking. My drawn-out grunts were loud enough that one of the doctors told me, "Lower your voice." With a little defiance, I gave one more good belt, then went silent, wanting to be a good patient. The structured hubbub was really impressive. Dr. Poulin (my Electrophysiology Cardiologist) wasn't involved yet, but later told me, "There was a lot of excitement down there." My pulse when I came into the ED was 220, and my systolic blood pressure (the number on top) was 40. Apparently I had been that way since the onset of my symptoms.

Someone cut my biking jersey off, and started drying my torso, which was covered in sweat. Someone started talking about 200 Joules, and a doctor called out, "Nobody touching him" and I was thinking, "Oh no, no, please no." I had all those TV images in mind of bodies bucking up off the table when they get shocked. But I didn't say anything, and when the shock hit, it wasn't so bad. It was like getting slammed in the chest really hard with a big flat object, but it didn't hurt. As far as I can tell, I was only awake for another couple of seconds. Then everything went black.

After I blacked out, they apparently shocked me again to get my heart back into rhythm, this time successfully. My blood pressure was still way too low, so they gave me a shot of epinephrine, put a breathing tube down my throat, started me on a breathing machine, and sent me to the Cardio Lab.

I woke up in the Intensive Care Unit (ICU), gagging on the breathing tube, with Pi telling me where I was, that I'd been intubated, and that I had to hang with it for another half an hour of breathing on my own, then a doctor would have to give his or her okay, and then they would take the tube out. My wrists were tied to the bed frame. This was the third or fourth round of Pi's having had to talk me through that waking-up gagging fight with the tube, because the drugs they shoot into you prevent you from forming any memories that remain from waking to waking. Once the breathing tube was gone, I settled into a way of being that was where I would live during my hospital stay.

Pi had caught up with me when I was being wheeled to the Cardio Lab, and my condition shook her—this veteran nurse—deeply. She doubled over, she told me later, and “lost it” emotionally for a few seconds, before she recovered herself and asked the staff, “What do you need me to sign?”

Once my youngest sister, Lily, and her husband, Alan, arrived from Bellingham (having first stopped to feed our cat), Pi went home to sleep. Lily and Alan sat with me, and we talked a little. I realized I wanted to be quiet and went to sleep. A machine by my bed made a rhythmic rattling or flapping noise. I decided it would just have to be background. It became part of a quiet that that suited me really well.

My wife Isabel (“Iz”) had been out of town; another sister brought her straight from the airport the next morning to my bed. My world wasn't right by a long shot, but her being there made it a lot better. She brought her part of our tools for dealing with life that are so much of where and how we stand in the world and deal with events. In the following days, Isabel showed again and again her solidness and reliability in a tough situation. Mentally and emotionally, she is neither intimidated nor overwhelmed by medical crises. When doctors talk to us, she has an analytical, objective habit that doesn't let go of something until she understands it.

During the day, someone raised the blinds and remarked what a fine view I had, but I asked Alan to close them again, because I preferred the more restful, gray-seeming light of the ICU. I'm a little sorry for that; the shutting out of the brightly sunlit view in favor of the crepuscular dimness must have made that first day more depressing for my family. Sleeping made my time in the ICU seem like a couple of days. Once you're breathing on your own, however, they move you out, so I must have been taken down to the Cardiac floor that afternoon.

Isabel looked so exhausted, I encouraged her to go home and sleep. She'd had quite a time, finding out what happened the evening she'd arrived at our friend's in Idaho then hunting up the first flight to Seattle the next morning.

Pi helped Isabel and me understand what had happened in my heart. She sketched a heart on the window with a magic marker, two lumpy sort-of circles representing the atria, and two larger, rough ovoids below, the ventricles. She drew the paths that the electrical impulses take through the heart as they make your heart beat. They should originate in the right atrium, but in VTach, one of the ventricles starts firing rogue impulses at a terrific pace, overriding the impulses from the atrium.

Not much later, Dr. Poulin explained that the speed and lack of proper coordination in the heartbeats constituted cardiac arrest: My heart hadn't been able to move blood out to the body, including the brain. As she described the logic she would follow in the tests planned for Monday and Tuesday, Pi followed along on a whiteboard, turning what Dr. Poulin said into a flow chart. Over the rest of my stay, everyone, doctors and nurses included, consulted the flow chart repeatedly. All of the paths through the chart ended with Dr. Poulin's implanting an ICD—in this case, a combination pacemaker and defibrillator—in my chest. I would soon appreciate this ICD as the ultimate safety net, but it felt like an alien, jutting-cornered thing just under my skin until it saved my life with a jarring kick in the chest on a bike ride a year later.

Every morning I walked laps around the hospital wing, then later did more laps with Isabel. On one of my morning walks, I met Pi in the hall. Seeing her before she saw me, I got a glimpse of her professional self which seemed herself unadorned, her face not being shaped by meeting another. It was also very nice to see her light up when she recognized me.

Mornings before Isabel and my sisters arrived, I stood at the window and looked out. For some reason—I suspect it was the drugs seeping out of my system like groundwater, and the state of my brain, which would be recovering from its hour of oxygen deprivation for the next few months—I came to favor a sort of quietistic contemplation. My view was of the hospital's main entrance and Rainier Vista, a broad swath of lawn bordered by two copses at the bottom of the University of Washington campus. Another part of the hospital perpendicular to mine was a wall, with a simple pattern of windows. I found it all interesting, including the wall. A little self-praise that came to mind for being interested in something as plain as the wall prompted me to think I didn't want to spend time in unnecessary thought such as glorifying or mythologizing myself, superimposing narratives or constructions on events—or walls. These myths and superstructures can make up the majority of our thinking. I wanted to look at that very plain wall and just see the wall.

Somewhere in here, I had a dream: The I who was dreaming said to the I in the dream, "I am not your mother. I am you."

Probably Sunday, maybe Monday, looking down at the main entrance to the hospital, I discovered that I loved watching the people coming and going. A car drove up, a gay couple got out of either side and kissed, one went in to work, and the other drove away. Another car drove in. The passenger, an Asian woman, exaggerated swinging her arms as she walked around the back of the car, then got on tiptoe to kiss her husband goodbye. The next day this inactive way of people-watching still gave me the same pleasure. I was removed from these people, but I felt more open to the world, too.

Would this objectivity and fondness survive close up, where people's individualities can be less than cooperative with such detachment?

After my release on Wednesday, I sat waiting outside for Isabel to bring the car 'round. An obese woman in a wheelchair waiting for a van looked quite unhappy. The other patients and the people helping them all seemed to be on the struggling side of the world. Did that affection for watching people that I'd felt earlier depend on being too far removed from them to sense degrees of misery? Sitting waiting, I tried again to just see, without mental activity. Removing the internal commentary changed these sufferers from people in distress to people who were just themselves. They became different beings from only moments before. Of course it was my view that changed. They didn't become beautiful, and I didn't have to love them. They changed to become what they already were.

Back home, at my favorite coffee shop, people were in their normal days, in their normal worlds. At the hospital, we all were patients; here, only I was. I cried (trying my best to hide it). Perhaps I cried because in my separation, I still felt a connection with them, a basis for caring about them. Maybe because that basis came with a new awareness of the weakness and pathos of us all. Not long after I'd come home, as I climbed the stairs from the basement, my hand slid up the handrail tentatively, like that of an old man who knows his frailty.

In a week I was back in the ED with what turned out to be a minor issue. My doctor on this visit was married to one of the two doctors who had saved my life a week before. Those two both happened to be there that day; they were over-the-moon happy to see a patient whom they'd brought back from near death looking so much better, despite being on another ED bed.

The whole matter of recovery is a mystery to me. For a while, I didn't see that there was much to recover from. In addition to milestones such as walking the 2.8 miles around Green Lake, there were at least four points when I thought, Okay, now I'm all recovered. Then in another month, I'd have more mental energy, and think the same thing. Margaret, the nurse who monitors the output of my ICD, basically told me that recovery would be to ask as much of myself physically as I felt capable of. Which is pretty much how it went. Recovery is a time when your body does what it does and your mind is just along for the ride. For a month or so, I took two-hour naps during the day, and my will didn't have much to say about it.

What changes have stuck?

As my old energy returned and I felt like I was getting my mind back, that quietist response to what's in front of me has not been so easy to maintain. The habit of one thought's generating another and another is as rushing as before. But I am also more able to just be aware without thought, even if only for a few seconds at a time.

I wanted to think honestly about things that mattered. This begged the question of what the things that mattered were. What had actually happened? Had I almost died? And how should that change, if at all, my thinking and how I live going forward? What did this whole experience show me about dying? All that cogitation is so full of effort, and none of it, at least as expressed in those questions, seemed quite real. What Margaret said about recovery suggests a more casual, less determined—and, I think, truer—way: To let one's progress through life go as it goes, not determining so much to find the right way and the truth as to let understanding evolve on its own.

I did learn about dying. Dying may not be what we think it is. We think of it in the abstract, even when we imagine it very concretely. I had always been terrified by the idea. But when dying is suddenly right in front of you, terror doesn't really have a place. In the ambulance, wondering if I were dying, I didn't want to die and was afraid, yes, but being unable to do anything about it, I was also calm. Or maybe that was my brain's not being fully functional, due to oxygen deprivation—that is, my calm may already have been a function of dying.

A month later, I walked up Rainier Vista, now one of the people I'd watched from the window that Pi drew the heart on. That afternoon, I rode my bike again for the first time. Every bit of prep felt weighted. I had to remind myself to get back on the horse. Since I didn't have a heart monitor yet, I stopped after a block to take my pulse. A woman walking by said, "Are you still alive?" I thought, "Oh, honey, if you only knew."

Author's note: I would like to express my gratitude and love to everyone in my two families, who were all great in their support, love, and indomitability. Whether mentioned here or not, their help and devotion were far more than I had room to tell.