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Forgive Me

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Forgive Me

*Forgive me, body before me, for this. Forgive me for my bumbling hands, unschooled in how to touch:
I meant to understand what fever was, not love. Forgive me for my stare, but when I look at you, I see
myself laid bare.*

Morbidity and Mortality Rounds

—Rafael Campo

Rhonda was the first patient I'd cared for in the Intensive Care Unit. She lived as four hundred pounds of fat and flesh piled onto a bed the size of an automobile. The day I met her, the height of her girth forced me to remove my white coat, climb a step, then lay my tall yet lean body across hers to listen to her heart and lungs. As I heard the whooshes, thuds, and clicks of her tricuspid, mitral, aortic, and pulmonary valves, thick layers of adipose tissue shook and quivered beneath me. Nurses had struggled to clean the deep creases between her folds leaving spaces for sweat to fester and emit the sour stench of neglect.

When I took inventory of the lines that monitored and controlled Rhonda's physiology, I noted medical tape secured an endotracheal tube to her face—her skin the color of boiled chicken. Patches of adhesive residue flanked a wiry crop of hair that had grown across her upper lip—the same sort of hair that covered her chin, arms, and lower abdomen in patterns distinctly male. Amber-colored urine streamed from her bladder, through a catheter, into a bag that hung from the edge of the bed. A rectal tube—a plastic device doctors had inserted into her anus—collected muddy stool that stuck to its sides in clumps. The most taboo parts of her—excrement, excretions, and waste—displayed for me to witness.

Like a diligent intern, once I completed Rhonda's exam, I claimed a space outside her room to interrogate her chart. She was a morbidly obese fifty-four-year-old who suffered from alcohol-induced pancreatitis. One month earlier, she had deteriorated to respiratory failure requiring intubation and an Intensive Care Unit admission.

Various specialties—infectious diseases, gastroenterology, hematology, and surgery—documented their interpretation of Rhonda's condition but failed to diagnose the reason she languished. I sifted through complete blood counts, comprehensive metabolic panels, blood gases, coagulation tests, cultures, pancreatic enzymes, cardiac enzymes, lactic acid levels, glucose levels, chest x-rays, abdominal films, EKGs, and echocardiograms all of which identified Rhonda as critically ill yet none explained how to make her well.

But there were conspicuous gaps in Rhonda's care. Why weren't there MRIs or CT scans? Why hadn't the surgical team taken her to the operating room to explore her abdomen, look for masses,

abscesses, or necrosis? As I observed her through the glass wall that separated her from the hallway and witnessed her massive body ripple each time the ventilator blew air into her lungs, I realized the reason these tests and procedures had not been completed. She was too big. Surgery would pose more risk than benefit. Her body spread too wide to fit into normal imaging machines.

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Ten years before I met Rhonda, in high school, my father was the local TV anchor. Each night, at 6 and 10 pm, he delivered the news to the city of Indianapolis.

In addition to the fame my father garnered from TV, he also possessed a physical presence that attracted attention. Six feet four inches of long limbs, striated muscles, and tanned skin—along with an angled jaw line, dense wheat-colored hair, and manicured hands—made my father handsome and evocatively vain.

The readers of *Indianapolis Monthly* voted him the most-attractive and best-dressed man in Indiana. Then, to my teenaged horror, our newspaper named him the sexiest man in the state. But his appeal ballooned beyond mere aesthetics—he exuded an intoxicating personality, often serving as the master of ceremonies for high visibility events. And when he stepped off the stage, men and woman jockeyed for his attention.

My mother was equally as attractive but lacked my father's confidence and social stamina. Her physique matched his—slender and tall. She dressed in beautiful but revealing clothes. During the summer, I was often embarrassed when she wore small bikinis showcasing her dark and muscular contours.

My father paid attention to my mother's body. Not infrequently, he groped her, or commented on how sexy she looked. Once, he even took me to buy lingerie for her at Christmas. To be sure, I hated all of the sexual tension they openly displayed. Their sexuality pushed me into a space that was involuntarily voyeuristic—a place that felt dirty. But I appreciated that my mother felt loved and beautiful when my father admired her. Some part of me hoped my body and beauty would garner the same attention one day.

My parents' marriage deteriorated when I was in 6th grade. When they split, my father's confidence grew while my mother's withered into a place I already occupied—a place where we felt alone, awkward, and ugly.

~

I spent a week caring for Rhonda before I asked the chief resident if she would get better. "We've created a new breed of people in the hospital, Whitney," he said. "We can keep them alive but they'll never get better." Rhonda, I realized, would leave the ICU as a corpse.

Occasionally, her sisters visited. I discussed Rhonda's grave condition with them and teams of doctors explained the futility of the treatments they had to offer. But her sisters insisted on continuing care, employing every effort to keep her alive. If her heart stopped, they wanted us to restart it. If she acquired an infection, they wanted us to administer antibiotics. If her fluid filled her lungs, they wanted us to put tubes in her chest. We had to honor her family's wishes, rounding on Rhonda, drawing her



labs, adjusting her ventilator settings, rotating her heavy body, and shooting x-rays, but it was all useless. Thus, my role in Rhonda's care became meaningless and I wrestled with my ego. Hadn't I become a physician to heal people? To save them? What was my role? Why was a working so hard? What the hell was I doing?

Now, sixteen years later, I understand that while I couldn't extend Rhonda's life, I could have held her hand, talked to her, listened her family. I could have sat with her sisters to devise a plan, work together to employ the treatments best for Rhonda. Instead, I stood with my arms crossed over my chest and spoke down to them in a medical jargon they could not understand.

In high school, my body grew tall and thick. At sixteen, I expanded to my largest size. None of my clothes fit. My thighs bulged from the bottoms of shorts. My jeans were too tight—the waistbands dug into my skin—my flanks spilled over their sides. Sleeveless shirts highlighted the skin that lopped into rolls at my armpits. At school, I compared myself to the thinner, smaller girls coveting their slight frames and clothes that fit.

Early in my junior year, the athletic director stopped me in the hallway. He placed his hand on my shoulder. "Look how big you are," he said. "At that weight, you'll be a powerhouse on the court." But, by then, there was no court. I'd quit playing sports.

Once, in the hall, a boy yelled, "Hey Sasquatch, scoot. You're in my way." Another time, while I shopped for groceries, a little girl, pointed at me. "Look, Mommy, a monster."

After a month of examining Rhonda, I entered her room, stood at the foot of her bed, and wrote her vital signs on a piece of paper. I moved to her side then held her hand in mine. I pressed on her fingertips and watched them blanch counting the seconds it took for blood to rush into her capillaries. Her face was puffy, eyes swollen, and grease matted her hair. But feeling the warmth of her palm in mine, seeing my fingers wrapped around hers, I thought about the work of those hands. What toys had they held when she was a child? Did she paint her nails? Play the piano? I imagined her washing dishes and wondered about her plates and bowls. Did she own tea cups? Tend a garden? Did a man ever place an engagement ring on her finger? Even though I knew every inch of her body, this was the first time I saw her as a human being. Her hands were the most intimate part of her—the part not distorted by her illness. Now, I understand that I ignored the rest of her body because the shape, weight, and ugliness terrified me.

In high school, I was a mediocre student. Grades were not something that interested me. I never believed I could excel academically but that did not bother me until the end of eleventh grade, my chemistry teacher, Mr. Schulenburg, sat with me in an empty science room during lunch. His breath

smelled of stale cigarettes and burnt coffee. He told me I was failing to perform to my potential. For years, teachers had suggested I should be better at school because of my famous father—an argument I recognized as irrational even at a young age. But he did not mention my father. Instead, Mr. Schulenburg scolded my failure to follow directions, my missing assignments, and paucity of studying.

He told me I'd never go to college with my grades. He told me to work harder, take more difficult classes. "Whitney, gain control of your life," he said. Then, he insisted I sign up for his Advanced Chemistry class the following year.

The first day of that chemistry class overwhelmed me. Mr. Schulenburg wrote equations on the board and other students maneuvered between rows of desks, picked up the chalk, and solved the problems in front of the room. I quit writing the equations in my notebook because I struggled to understand the questions posed. That night, I went home angry. Humiliation, inadequacy, and ego bubbled and brewed. My mother insisted quitting the class was not an option.

I quit spending time with my best friend, going to movies, and watching my favorite TV shows. I studied, read and reread the chemistry textbook, practiced problems, created flashcards, and memorized equations earning an "A" on my first exam. The elation the achievement was intoxicating. Then, like an addict, I craved more.

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On my last day of the ICU rotation, I arrived early in the morning. Doctors and nurses swarmed in and out of Rhonda's room. The chief resident gave orders with a stern but controlled voice.

When I asked what was happening, he explained that Rhonda's liver had failed. He reached into the pocket of his white coat and handed me a sheet of paper where he had scribbled her lab results. Her liver function tests were ten times the normal value. The cells were bursting and spilling their contents into her blood. An infection was consuming her body and her organs were dying.

The intern on call the night before paced outside Rhonda's room. He explained he had ordered the labs overnight but then went to sleep—he never checked them thus blaming himself for her acute deterioration.

"There was no saving Rhonda," I said.

As Rhonda's body started to decompensate, a nurse attempted to contact her sisters. I wanted permission to not resuscitate her. Soon bleeding, liver failure, and a leaking bowel would release more bacteria and acid poisoning her tissues. There was no way I could reverse that process.

The nurse called the phone numbers on Rhonda's chart. No one answered. Without consent to let Rhonda die, we had to continue to keep her alive. But every doctor, nurse, and respiratory technician in the room knew that effort only meant further destruction. With chest compressions, Rhonda's ribs would break and her lungs would bleed. Trying to save her would only hasten her death.

Slowly, the pattern of Rhonda's heart rhythm changed. She was going into cardiac arrest.

Because she was so big I had had to climb the stool next to her bed—the one I climbed every day to examine her—and prepared for the Code Blue. I placed electrical pads on Rhonda's chest and my hands between her breasts preparing for CPR.



My freshman year of college, I developed obsessive behavior when it came to academics. And my desire for control extended beyond my grades to my weight. I went to the gym for two hours every day and spent many more hours behind a desk.

Willpower defined me. Instead of commenting on my size, my classmates noticed my persistence and discipline. Friends worried I had an eating disorder because I built strict boundaries around my diet. I denied this accusation. Though I understood my behavior was extreme, I justified my odd eating habits as promoting health—my best self.

Once, while home for spring break, I went to a nail salon. The manicurist saw me and said, “Wow, Whitney, you look like a super model.” It was the first time I heard someone notice my body as beautiful and not big.

Over the next three years, I continued to shrink and my grades improved. I rose from the middle of my class to the top. The discipline it took to stay thin was the same discipline that allowed me to wake at 5 am and study the entire day. I studied until the dining hall opened. I ate breakfast with a book in my hand. In class, I took pages of notes. Between classes I compared my notes to the textbooks. After my last afternoon class, I went to the gym where I studied while I rode a bike or an elliptical machine. Then I ate a meager dinner with friends. At the end of the day, I retired to my room to continue studying. I ate the same breakfast, lunch, and dinner every day. When those foods were not available, I felt paralyzed with indecision. I never tasted dessert, french fries, or Hersey’s kisses.

One night, I dreamt I ate reckless pounds of donuts, cake, and pizza. Another night, I dreamt I had gained twenty pounds. Yet another, that none of my clothes fit. These dreams appeared alongside others about missed Latin, Calculus, or Physics exams. In my dream state, I became fat, lazy, and useless.

Just as we were about to start chest compression on Rhonda, her family arrived to the Intensive Care Unit. The resident explained the situation and Rhonda’s family decided it was time to allow her to die.

The resident told me to stay with Rhonda and the team would continue rounds without me. The nurse covered Rhonda’s body with blankets, peeled the electrical pads from her chest, and reached up to the monitor above Rhonda’s head and turned off the alarms.

Rhonda lingered near death for several more hours. I waited in a chair at the nurse’s station outside her room and wrote an order to increase her pain medication to assure she would not suffer.

I am certain Rhonda’s family stayed with her while she died, but that detail has slipped from my memory. In my recollection, she died alone.

Witnessing a person die, it is common to formulate grand conclusions about the meaning of life and contemplate what follows death. But neither contemplation nor philosophy swirled in my brain that day. What I saw in Rhonda was myself. Her death portended my own. Her massive body became a mirror. What separated Rhonda from me was not a white coat or layers of fat, not a wall between patient and doctor, but a journey we walked separately but together too.

Eventually Rhonda's cardiac monitor registered no activity. That was it—no drama or chaos or last words or eye contact. Everything just stopped.

After Rhonda died, I left the ICU.

That evening, I skipped the gym and drove home. When I walked into my house, I put my gym bag on the floor, took off my shoes, slid down the wall in my entryway, and put my head in my hands. Then, for the first time since meeting Rhonda, I cried. I whispered, "I'm sorry." In that moment, I was apologizing to Rhonda. Now, I understand I was also apologizing to myself.

