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OPINION | COMMENTARY

## *Doubt, Faith and a Strange Grace in the Critical-Care Unit*

I managed to track down a dying man's reluctant health-care proxy. His gratitude surprised me.

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By Michael P.H. Stanley

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“Did you get the health-care proxy for Mr. Jay yet?” the social worker asked. Embarrassed, I shook my head. Mr. Jay had been in the critical-care unit for two days, and I'd failed to check this important box. “It's a matter of time before he codes,” continued the social worker. “Who's going to tell you guys when to stop?”

Mr. Jay had been dodging the question. Because of his elusive responses, some of us even began to speculate about his competency. True, his peculiar embellishments might be mistaken as pathologic. But really, he was a man of parts, worn down to spare parts, riveted together with Spaghetti Western allusions and Bible verses.

I sat down at the foot of his bed. “People think you don't make much sense, Mr. Jay.” He chuckled.

“I probably don't make sense, but that's because they don't know what I'm talking about, not because *I* don't know what I'm talking about.”

“I'd like to pick up on our discussion of code status,” I said.

“Oh I don't know. Do everything, CPR, tube down my throat. Do it all for a while!”

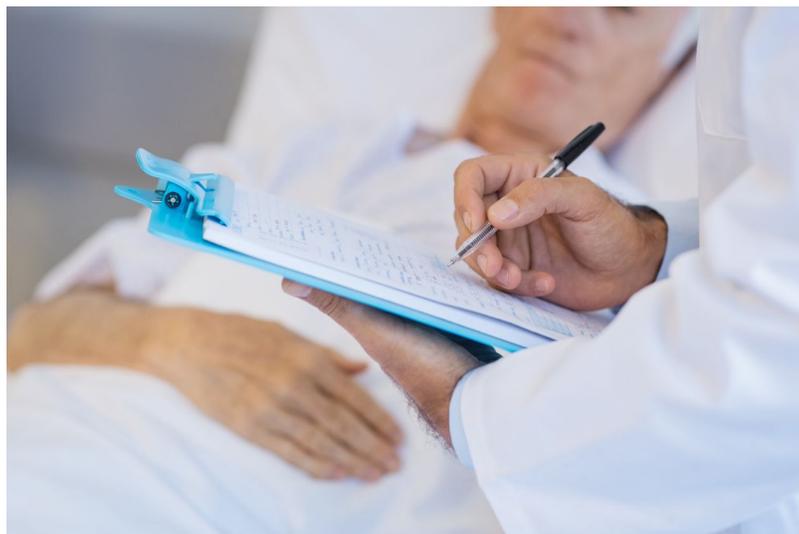


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“OK, for a while, but who’s going to decide how long?” This was going to be harder even than I expected. “Mr. Jay, you’ll be unconscious, unable to tell us when to stop. If you couldn’t make a decision for yourself, who knows you best to make decisions on your behalf?”

“Can’t you do it? You’re my ‘dear and glorious physician,’ after all,” he said.

“Quoting Taylor Caldwell?” I asked. He nodded, happy I had recognized his reference to her 1959 novel about the conversion of Luke, the physician-turned-saint. His allusion expressed trust. Feeling far from saintly, I swallowed my discomfort and began to make an excuse, “The system doesn’t trust us to . . .” I couldn’t finish the sentence. A “system” doesn’t have feelings like trust or belief. Physicians do. Patients do.

“Do you have any family?” I asked.

“I’m the last one.”

His Caldwell reference offered me a path. “Do you have faith in anyone to do what’s right for you?”

“I guess I would pick Rev. Albert,” he sighed.

“What’s his telephone number?” I pulled out my phone.

“I don’t know it. I’ve lost my phone moving rooms in this hospital!”

“Where does he live?” I asked.

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“I don’t know. I usually see him at church.”

“When’s the last time you talked with him?” I was growing suspicious.

“Not too long ago.”

“Well, if I needed to ask him a question, how would I find him?” Mr. Jay then shaped his fingers into the nursery-rhyme “here’s the church, here’s the steeple” configuration. I believed he could make a decision but doubted whether I was being given a straightforward answer. So I sought a backup. “Just in case, is there someone else?”

“Whoever’s the rector at the church,” he said, and deferred any more questions. The next morning his respiratory status crashed, and after intubating him, I began my quest.

I made some calls and eventually found a church that knew of the Rev. Albert. He did exist! I asked to speak with him.

“He’s in his 90s,” said the parish secretary.

“But is he sound?”

“He’s a very active 90.” I took his number.

“Could I speak with the current rector?” I asked, just in case.

“Don’t know Jay from Adam, son, but God bless,” said the current rector. The call came in the evening.

“Rev. Albert, do you know a Mr. Jay?” He said he’d known him for 20 years. I sighed with relief.

“When’s the last time you saw him?” I asked.

“Twenty years ago,” he replied.

“Well,” I said, “he’s picked you as his health-care proxy.”

“I never agreed to that. I don’t really know him that well. I’d see him now and then at church. There must be someone else.”

“You’re the only soul in the whole world who knows him, and he has faith you’ll do right by him.”

It was 9 p.m. when a slim, tall man in crisp white collar entered the unit with a sure, quiet step. I led the Rev. Albert to the bedside. It felt like a procession, with so many of the unit staff peeking in to see the apocryphal padre. I asked of his life, and he asked of his case. He came to a decision about what to do if Mr. Jay didn’t improve in the next three days. Then he looked about the busy room. “Can someone assist me in the Sacrament of the Sick?”

Medical staff departed, as they usually do—as I usually do—when this request is made. But after believing in my patient’s competency, then doubting his decision, then coming to have faith in it, I felt compelled to stay. He dipped his thumb into the holy oil and gave a blessing. He prayed, and by my presence in this moment, so did I.

“Thank you for acting as his health-care proxy,” I said. The elevator was taking an eternity, and, feeling afloat in an unfinished awkwardness, I wanted to let him know something I wasn’t even sure how to say, so all I could muster was: “Thanks for your ministry, too.”

The Rev. Albert searched my face for a moment. As he did, I recognized in his eyes a lifetime’s worth of bafflement and doubt, praise and awe.

“No, thank you for your ministry. What I do in God’s house is not so different from what you do in this house.”

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