Unbefriended | *Michael A. Williams, MD*

He was brain dead (almost) when I came on the ICU service Monday morning. A man whose name we knew, and whose history and medical records we had, and yet, he had no one with him. "Homeless" is how most people would describe him. "Unbefriended" is how my closest ethicist colleague termed it.

He was transferred from another hospital to the NeuroICU on Sunday to have his severe intracerebral hemorrhage treated. By the time he arrived, it was too late. He was herniating. The ICU team and the neurosurgeons made every effort to save him, including emergency surgery. It was too late.

The ICU team from Sunday was frustrated, even angry, that because there was no family or friends to get permission from, they had to go through the whole process of brain death determination instead of withdrawing life-sustaining therapies. "What a waste," I was told at changeover, hearing the contempt in their voices.

"What a waste." As if his unbefriended-ness was an imposition on us. That is how he was presented to me when I took over as the ICU service attending. After rounds, I examined him. Nothing. I knew we would pronounce his death later in the day after a second, confirmatory brain death examination. I directed the team to seek out family or friends. No luck.

The transplantation coordinator came and went. He was not a candidate.

Hours passed and I performed the second brain death examination, and then pronounced his death. The ventilator breathed. His heart beat.

We waited longer, hoping someone who missed him would appear. The ICU got busier and busier. Finally, we could wait no more; we needed his ICU bed for another patient. We withdrew the ventilator, and the pressors, and all the other therapies.

As his last breath escaped, his nurse and I quickly turned off the IV pumps, disconnected lines and tubes, put things away, and started to make him presentable, as we always do, for the family.

We stopped suddenly and looked at one another, shaken out of our rituals by the unspoken simultaneous realization, "Family?"

"I'll stay," I said.

She nodded her head. We finished attending to him, cleaning his face and straightening the sheets and blankets, and then waited quietly together at the bedside.

We didn't have to stay. He was already dead. I had pronounced it. I teach others about brain death, and know what it means, and why. He was already dead.

It wasn't denial, or cognitive dissonance. My memory was flooded with images of the many times I had stood in sadness at the bedside with families as we removed the ventilator from patients who were brain dead, and waited and watched for the heart to stop, and the family's grieving to start a second time.

I stood in sadness again, and it was different. Worse. Sadness not only for his death, but also for the absence of family or friends. No one who knew him . . . knew. No one who knew him . . . grieved. How long had he been unbefriended? As easy as it would have been to walk away, something wouldn't let me. Respecting in death a person who may not have been respected in life.

I stood at the foot of the bed silent. No breaths. No movement. EKG still bouncing and blood pressure waning. I placed my hands on the tops of his feet. He was warm, and getting cooler.

The ICU whirled about me. His nurse was called away. Someone came in the room and took the warming blanket for another patient. Someone else came in and took the IV pump. Each of them paused and gave me a curious look, then shrugged and turned away wondering, I was sure, "Doesn't he have something more important to do?" I glanced back, remembering the morning and thought to myself, "What a waste? No. What a shame. No one's death should be unwitnessed in the presence of so many."

Finally, his heart stopped. And although unbefriended, he had not died alone. Removing my hands, I let him go, and hoped he would find reunion.

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