



# Finding other ways to communicate: A journey with a patient and his very special wife

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> **Brittany is a fourth-year medical student. Her hobbies include trying to find a hobby. The only one she has managed to maintain over her university years is a stable long-term relationship with Netflix.**

It was Wednesday, week one of general medicine. I was with my registrar admitting patients down in medial assessment. He was holding the resus pager. It went off. "Are you coming?" he asked. As we raced through the wards he told me that a woman had collapsed while tending to her baby on the neonatal ward. I'd never followed someone to a resus event before and felt both excited and nervous. When we arrived, the room was full of people. I hung around the edge of the curtain, trying to stay as out of the way as possible. Next moment we were on the move down to resus, and I raced after my registrar desperate not to get lost. On arrival at resus, the pager went off again. "She's going to be okay", my registrar said to me as we walked across the ward to another room.

This room was also full of people. Through a glass door at the back of the room I could see an ambulance unloading an unconscious man. A woman was with him, hysterically holding on to his hands as they pushed his bed through the door. "That's his wife. She's already performed CPR on him twice", a paramedic told my registrar, as they transferred the man onto the resus bed.

"Now who do we have here", the ED doctor in charge asked the paramedics. They explained that the man and his wife, who were in their mid-fifties, had been on holiday from Korea. The couple had been travelling around New Zealand in a rented car for the past few weeks. They were due to fly back to Korea tomorrow, but a few hours ago the man had collapsed on his hotel bed. He had a known history of heart problems, but the couple had decided to go ahead with the trip anyway, as he managed with medications, and was otherwise fit and well.

"The husband speaks some English, but the wife speaks very little" was the next set of information provided. When the ambulance had been called, the husband was still conscious and somewhat able to explain their situation. Now he was lying on the bed unresponsive, and his wife was looking around desperately for help. One of the house officers who spoke Korean was called into resus, despite not holding a pager. He acted as the sole communicator between the wife and the medical team looking after her husband.

The protocols and procedures of what happened next went over my

head. ECG strips lay across the bed, monitors screeching for attention whenever there was a moment of quiet. My eyes stayed with the wife, who had been sat in a chair in the corner and looked petrified. At one point it was requested that I hunt down a pharmacist called Peter\* who spoke Korean, to come and look at the husband's medications. As though this were my one mission in life, I charged down the wards to find him. On returning, within the next few minutes we were rushing to CCU (coronary care unit). I gravitated towards the wife, grabbing her bag and ushering her along with the big group. Her expression remained that of a deer caught in headlights. She grabbed onto my arm and asked me "what is happening?" When we arrived at CCU the crowd of people barged through the doors, including the house officer who spoke Korean, and suddenly we were on the outside.

A sterile waiting room was the end of the road. She sat on one of the black chairs and seemed to fold into herself. A few minutes later my registrar returned. "What's going on?" I asked. "He's become unstable, but they're doing everything they can" he said. "Who's waiting with her?" I asked. "I have to go back to admitting. You can stay if you want, but it's 4.30 so you're free to go home." I sat down on one of the black chairs, telling myself I'd wait for a while. "What is happening?" she asked me again. I pulled out my phone and brought up google translate. We struggled to communicate with the app. I still don't know what I said to her, or if it gave her any comfort. We also figured out how to connect her phone to the hospital Wi-Fi, and she used WhatsApp to contact her children.

After half an hour, I swiped through to CCU and asked one of the nurses what was happening. They told me that he was stable, and that they were planning to transfer him to ICU. I went back out and told his wife. She nodded, and we waited for another half an hour. I put my head back in and was told the same thing. We were both reassured but wondering why the process was taking so long. Some children came and sat on two of the seats. The older girl did her homework while the little boy played with a toy plane. Then they left.

Sometime later a flurry of people came in and out of the doors. One more time, the woman asked me "what is happening?" "I don't know", I

said again. Then two important looking doctors walked out of the doors, with the house officer. Their pace had changed. Anyone entering or exiting the CCU in the past few hours had had a focused, urgent walk and look about them. The pace now was somber and slow. One of the men crouched down next to the woman and put a hand on her knee. "We need to tell you something. Can we go somewhere to talk?" The house officer translated this, and the woman looked at him and at me. She stood up to follow, then turned back and took my hand. "Is it alright to come?" I asked, and the man nodded.

We went into a small room with more comfortable seats and tissue boxes. There wasn't an official translator, so the house officer translated for the man. "Your husband has passed away. I'm so sorry. We did everything we could." The woman was not looking at the man, but instead at the house officer. Afterwards we found out that she had already asked him if her husband had died when they were walking into the room, and he had said yes. Erupting into tears, she sunk to her knees and grabbed the house officer's hands. "Why, why, why?" she cried, rocking, burying her eyes in her hands. Then she turned to me and asked me, "why?"

The next step was for us to congregate to the 'cath lab', where her husband was. Any amount of mental strength had left me by this point. It was a dizzy and blurry situation. I didn't mean to cry, it wasn't about me. But the house officer cried too, and some tough nurses came and gave us both hugs. The woman went and sat next to her husband. She tore at his hands, grabbing him, howling. Sobbing the word over and over again, "why?" The important man who had brought us in said some compassionate and meaningful words to me and the house officer; but I will never remember what they were.

And then the house officer had to leave. And the man had to leave. And the translator and embassy representatives would not arrive for a while yet. So, I stayed with the woman, and a nurse Shelly\*. It was so nice to have Shelly there, someone to talk to. We hugged each other and sat next to the woman, rubbing her back, offering her tissues and sweets. Shelly told me that she had had a brother who died while overseas, and that it was the worst thing in the world to be the solitary person with someone when they died in another country. She said that even though it might not feel like it, staying with this woman so that she was supported was the most important thing that we could do.

Eventually, the translator came. I was finally able to communicate with the woman, to tell her how sorry I was. She told me through the translator that she could tell from my face how sorry I was. Having me had been a blessing, like an angel, because I reminded her of her daughter. Her thanks touched my heart, and I was so grateful to have been able to talk with her properly before we parted ways. The translator then took her to speak with the embassy. We hugged tightly, and she touched my cheek before she left.

Then Shelly told me that she would stay with the body, and that I should leave. I asked her how late she would stay, to which she told me she'd just wait until the husband's body was moved to bereavement care, so he didn't have to be alone. Then she'd do a clean-up and head home. I asked her what time she was supposed to leave that afternoon, and she said 4pm. When I asked if she had someone to talk to about this stuff, she said her husband wasn't that good at understanding. But maybe she'd ring her sister: "You're very good at looking after other people, but you need to look after yourself." I told her: I felt terrible to leave her; but I needed to get out of there.

That night I caught the train home in the dark. I imagined Shelly sitting in the room alone with his body. The house officer down in admitting, trying to get on with his late-night shift. I imagined the woman sitting in a room with people she didn't know, with them trying to 'organise things'. I don't know if a family member flew over to join her. I hope so.

The next morning, I went back to the hospital. Ironically, I had a teaching

session at 10am in the CCU. But I didn't go. I couldn't. I don't know what happened to the woman I sat with. But her story has touched me forever. It still makes me feel sad to think about it. All I can hope is that the wonderful efforts of Shelly and the house officer; as well as me being there next to her; made a small difference to her during such a terrible event in her life. I will always remember her.

*\*Names have been changed to preserve anonymity.*

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## Acknowledgements

The other people who were involved in this story.

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