Resuscitation Bay Elegy

Jorden M. Klein, MD

Listen: sometimes the seizure doesn't break. The bleeding doesn't stop. The next breath stalls and stales in the throat. Some days your spirit fungates into the realm of disappearing things, of overdoses and heart attacks and disseminated infections and children hit by cars. Some days you know only grief's soft underbelly, hear just the weak murmurous beat: not yet, not yet, not yet. Fate slithers down your spine like a drop of sweat. You reach out your hand as if to touch something beautiful and hope something reaches back. Things end. I understand this. Despite everything, I am afraid to let go; one night we crack a man's chest and compress his empty heart until it beats back into my hands—though it inevitably stops once untouched and afterward, alone, I felt the residual stillness hot against my palm until it blistered.

Editor's Note

From “Things End” to Elegy:
The Difference Diction Makes

Rafael Campo, MA, MD

The poem “Resuscitation Bay Elegy”1 is a study in the power of poetic diction, the way language's structure, syntax, and parts of speech are intentionally deployed by poets to create meaning and emotion. “Listen:” comes the poem's opening directive, and this verbal gesture plunges us into the controlled chaos of an emergency department (ED) trauma center. The poem continues with a staccato of seemingly incontestable observations, the choice of the imperative telling us over the commotion how to react (“your spirit fungates,” “you know only grief's soft underbelly,” “fate slithers down your spine”). But survival is not guaranteed, despite science's most assured clinical maneuvers and ministrations. “Things end,” we’re informed with the bluntness reminiscent of a called code.

Yet a telling change in voice unexpectedly follows. The first-person phrases “I understand this” and “I am afraid to let go” openly express vulnerability and uncertainty. The restive ED falls away to spotlight a single patient in extremis. “We crack a man's chest/and compress his empty heart until it beats back/into my hands—/though it inevitably stops once untouched/and afterward, alone, I felt the residual stillness/hot against my palm until it blistered.” The contrasting run-on, enjambed lines create room for emotion. Finally, a gaping cardiac silence, with sensory after-effects: the loneliness of death becomes tangible, the pain of loss physically inscribed.

With the poem's deliberate shift in diction from assertive to searching language, the doctor's urgent mandate to save life gives way to the poet's anguished elegy, as literally and metaphorically we touch another person's heart.

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