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Gravity Rounds

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Fifth Floor

There is a patient on the fifth floor of the hospital. Her body is falling apart in increments, and my mind and faith are falling apart alongside her, trying to understand why.

No part of her is intact. Jagged lines of sutures hold together her feet where they have been amputated. Her kidneys are shutting down. Her heart is beating too fast. The immune cells of her body are multiplying, although there is no infection to be found. If she moves, she sometimes dislocates her joints. The far edges of her body—fingertips, heels, the weight-bearing span of her back—are ulcerating and then blackening in necrosis when her body fails to heal the wounds.

We do not understand why this patient is falling apart. We give her fluids, the strongest antibiotics, we scan every inch of her body. Still, we do not know the why and wherefores of her unmaking. She is, simply, dying.

She does this with panache. She insists on finding answers for this slow decline. She refuses to entertain the idea of dying without knowing *why* she is.

She would like, at the very minimum, some help for her pain.

“I can try talking to the pain management team,” I tell her as I examine the sutures of her

foot amputations. As with the rest of her body, her feet are not healing. Despite the sutures, the skin folds of her amputation are pulling apart.

Of course, she is in pain. The mutiny in her body is cellular; no part of her wishes to stay intact.

“You just going to *try* talking to the pain management folks?” She asks. “Will you, or won’t you?”

“I will.” Of course I will. What else is there to do? I have consulted doctors in nearly every single specialty in the hospital about this patient: vascular surgery, podiatry, cardiology, rheumatology, infectious disease, nephrology, dermatology, orthopedic surgery, and palliative care. What none of us knows is *why* she is falling apart.

There is something supernatural about her unmaking; she has moved past science and medicine. Early in our acquaintance, I prayed. First, I prayed for us to find an answer and a cure. Then, I prayed for her suffering to ease. I am resentful towards all my gods for their silence. My anger is a spiky thing, growing hard and metallic underneath my sternum.

I rewrap the blunt edges of her feet, and prop pillows under her calves to ease the pressure off the oozing ulcers on her heels.

“That just looks worse and worse each day,” she says. Her observations about her own body are always stated with a mild detachment, like she’s wandering through a museum and reading aloud placards about the artwork on display: *The Failure of the Kidneys* by the painter known as Nephrology. *Uncooperative Amputations and Im-*

possible Vessels by the sculptor known as Vascular Surgery. “Lord, I hope you don’t have to amputate again. I can’t lose any more of my legs.”

I think about a joke a vascular surgeon once told me: Vascular surgeons don’t know people who get better, we just know people who get shorter.

I hate myself for knowing this joke, among others. I write down all the jokes I hear in the hospital. I imagine that one day, I’ll share this list with my colleagues. I might even publish it: *Morbid Humor for the Moribund*.

I reach for the silver lining—this is the problem with us faithful; our optimism is ever-god-damn-green. “Good news is that your feet aren’t infected.”

Her laughter ends with a snort. “Good news is that I’m not dead,” she says, picking at dead ends of her fingertips. She rips off a layer of blackened and dead skin and admires the pink flesh below. “Not yet, at least.”

Later, when I finally get home, I touch my fingertips to the fat, spiked edge of the aloe plant tilting towards the window. The pads of my fingers are plump, ripe with oxygenated blood. The nerves are intact. A spike pierces flesh and I watch the blood ooze out slowly—and then a clot forms, knitting the skin closed.

I heal. She does not.

Fourth Floor

My faith has a hard edge. The mind boggles at how quickly I reach the precipice.

I used to believe in the gods my grandmother named. My grandmother raised me to believe in a multitude of gods, a whole pantheon of them. They clutter the skies and my imagination. In graduate school, I learned to believe in neat rows of statistical code, finding answers in a melee of numbers using an ordered line of equations. *If X, then Y*. In medicine, I am taught to believe in evidence-based algorithms. Science, too, is a dogma, and I was among its most faithful.

I believed my faith to be endless, as deep as the oceans and as expansive the skies. Now, I lose it in bits and pieces, day by day. It rattles out of my body with each step I take during rounds—up the stairwell to the top of the hospital with the sunrise, and down with gravity to visit patients on each floor.

With each day's descent, I am startled by how quickly I am dissuaded of my own convictions.

Third Floor

There is a patient on the third floor of the hospital. She, too, is dying. Like most patients in the hospital during these dark days of the pandemic, she is dying from Covid-19. It is not the *why* of her death that is unnerving. The answer is obvious. It is the *how* that I cannot comprehend. Her dogma fortifies as her lungs harden.

Every day, she asks for monoclonal antibodies, oxygen, vitamin C, vitamin D, zinc, Ivermectin, and hydrochloroquine. "God wants me to receive this care," she tells me. Her family, chiming in from the nearby iPad on a group zoom call, agree. They have all prayed on it, and they agree this is the best course of action.

This God is strange to me. My gods, the gods I grew up believing, rarely care about any of us. Presumably, they have better things to do—comets to hurl, stardust to crumble, universes to expand.

As always, she insists I pray with her before I leave. These were the dying days, and it seemed like everyone in the hospital was finding their way to their gods.

I am sweating under layers of personal protective equipment—face shield, N95 mask, gown, and gloves. My stethoscope is heavy around my neck. Any minute now, my pager will startle awake, and the day will start its inevitable spiral.

These were the dying days, and a prayer is sometimes all I can offer. More often than not, I accommodate her prayers. Out of respect, I have disclosed to her that I am not Christian. She insists on praying with me regardless. *For we live by faith*, she insists, *not by sight*.

I sit at the edge of her bed and hold her hand. “Dear Jesus,” she begins immediately, grasping my hand.

My thoughts are still, my heart empty.

Second Floor

I tell my sister that my faith is dwindling. Send me happy videos of babies and puppies and sea otters holding hands, I beg her.

My sister obliges, as sisters are wont to do. She sends me a video of my niece, still a toddler. My niece clumsily lifts a cup of water, but it is canted at an angle. She remains unmindful of the water dripping down the sides, focused solely on the task of bringing the cup closer. When she finally

brings the cup to her lips and finds it empty, she looks surprised.

I find myself sympathizing.

First Floor

There is a patient on the first floor of the hospital who is dying from Covid-19. At one point, everyone is dying from Covid-19 (except, of course, the patient on the fifth floor; no one knows what she's dying from.) He thinks I look like his daughter. He thinks I have the same laugh.

He tells everyone who walks into his room that he has a doctor who looks and sounds and laughs like his daughter. No one has the heart to tell him otherwise. No one even points out the obvious fallacy of his logic: He doesn't even know what I look like. Between my mask, goggles, face shield, gown, and gloves, all he sees are my eyes and a small portion of my nose. The only thing that matches between us is the shade of our brown skin.

He is fully vaccinated, but it does not matter. Not too long ago, his brother gave him a kidney. He is taking medications to suppress his immune system so that his body does not reject this loving gift. Not too long ago, he had his leg amputated because of an infection that wouldn't heal. His body does not have the capacity to survive this infection.

I press the stethoscope to his lungs and hear the crackles of airways popping open. He is the last patient on my list and his lungs always sound the worst. Imaging shows his lungs are getting worse. Labs show that his transplanted kidney is failing.

I update his family every day. Our conversations are wrought with guilt and grief. His brother does not understand why the kidney is failing; he blames himself for giving a weak kidney (I tell him the kidney is working just fine; this virus just wreaks havoc). His granddaughter, who recently visited him for dinner is wrought with guilt over his death. She blames herself for giving him Covid-19 even though she did not test positive. She is convinced she is the reason for her grandfather's death (she is not the reason; I cannot convince her of this).

The daughter who looks nothing like me says that her father will survive this. She is praying. They are all praying. I tell her I am praying too. I do not tell her that I doubt any kind of god is listening to any one of us anymore.

The patient tells his brother, his daughter, and his granddaughter to get a grip. He's dying anyway, not much to do about it. Mostly, he is pissed that he has to die in this hospital, alone.

Every day, when I walk into his room, he says by way of hello, *Daughter of mine!*

As the days go by, it gets harder and harder for him to say this sentence. On the day he barely makes it to *daughter of* before having to take a breath, I tell him, "You have to sleep on your side or stomach to help with your breathing."

He points to his amputated legs. "It's funny when I try to roll onto my stomach."

"A hoot and a holler, I'm sure." He is incredibly frail, so it is easy for me to help him roll onto his stomach by myself. He grumbles the entire time about how uncomfortable the bed is. I grum-

ble right back and tell him he is becoming more of a curmudgeon every day. This is our routine: we grumble at each other. “On the count of three.”

On *three*, he settles on to his stomach. “I’d better not die on my stomach. As if this bed wasn’t uncomfortable enough. How are the beds in the ICU?”

Out of instinct—out of what remains of my faith—I correct him. “You’re not going to the ICU.”

“God strikes down liars and sinners, child,” he chides.

It’s empty skies overhead. I’m sure of it. I make a show of looking towards the ceiling. “I’m waiting.”

He tuts under his breath, disapproving. “Now, I *know* you know better than to be disrespectful like that.”

I put my hands on my hips, tap my foot in exaggerated impatience. “Is this supposed to be a literal righteous thunderbolt, or a metaphorical striking of my conscience?”

“Nothing to make fun of,” he chastises.

I’ve seen him reach for the Bible on his bad days. His faith fortifies with each passing day, while mine diminishes in tandem with his plummeting oxygen saturation. “It was a bad joke, sorry.”

“I’ve got a good joke for you. What do you call a bad amputation?” A long pause (a wheezing breath). “A rip off.”

It’s a bad joke. I laugh anyway. “That one’s going on my list of jokes.”

He adjusts the oxygen mask over his face and takes another deep breath. “Any amputation jokes on that list of yours?”

I sit down at the edge of his bed. “A vascular surgeon told me this one,” I begin.

He laughs so hard, his oxygen levels plummet.

* * *

I return to the hospital after a day off. The patient on the fifth floor is quickly dying now. While she had been slowly dying before, now she is unraveling at a speed that is no longer sustainable under my team’s care and has been transferred to the ICU. The patient on the fifth floor has died after a brief stay in the ICU. Her family had asked to speak to me over the weekend to thank me for my daily prayers. The patient on the first floor is also in the ICU. He has been intubated; he is unlikely to survive.

I contemplate calling the family of the patient on the fifth floor to offer my condolences on the loss of their matriarch. I also contemplate calling the daughter who looks nothing like me to reassure her that I am praying for her father.

But then I remember having a loved one—multiple loved ones—in the hospital. The mind unravels, with or without the helpful thoughts and prayers of strangers. What use am I or my slowly eroding faith in this time of their loss?

I call no one.

Instead, I print out a new patient list for the day and fold it in half lengthwise, so that it fits into the back pocket of my scrubs. I draw a circle next to the names of the sickest patients under my

care. With each circle that I draw, I fortify myself with the knowledge that although the universe favors entropy, this amount of death and despair cannot stand. It is too great a disequilibrium. I pray that today, there will be respite.

And then, I climb to the highest floor in the hospital to begin my day.

About the Author

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