The Bridge

They said it was a bridge to nowhere, she mentions as an offhanded remark one afternoon when I ask how she feels after a dialysis session.

With a grin bright as firecrackers and the personality to match, this woman well into her eighties had quickly turned the hospital room into a temporary home. Taped-up photographs adorned the walls and sat propped up on the bedside table, the glittering smiles of her children and the memories of hugs keeping her company while she awaited rehabilitation placement. It was only a minor mechanical fall that brought her—tripped over the cat, snuck right under me!—but she was recommended a few weeks of building up her strength before returning home.

She adjusts the beanie, carefully crocheted from thick red yarn, perched on her curls of gray hair and returns to knitting. The long wooden needles click softly together as she turns bright blue yarn into a pair of socks. I wasn’t always into knitting, she explains when I compliment the socks. I started thinking up new hobbies to keep me busy when I got started on dialysis. The first time she had a session, she brought with her—so she tells the story—a bag of carrots and a hand grater to get a head start on the carrot cake she planned to make that evening. The staff didn’t sound too welcoming of that idea—didn’t even change their minds when I offered to bring some cake for them during my next session!—and she was left to cook up another hobby. With a formidable array of grandchildren to clothe, she settled on crocheting hats to keep their heads warm and knitting colorful socks. Now she has become a routine contributor to charity events and local organizations. It’s no wonder she seems to be working on a new knitting project every day when I come to visit.

The next morning is no exception. I pause at the door while a nurse helps her hobble to a chair facing the window. She lowers slowly into the chair, taking a moment to settle in, and leans her head back with closed eyes to smile up at the warm sunlight pouring through. Then she gets to work sewing buttons onto a blouse with surprising dexterity given her arthritis. But it was already clear from chart review she wouldn’t allow her medical conditions to hold her back from anything. She is the kind of patient who would challenge her peers to walker races in the hallway. And hardly anyone giving her a glance would know of the comorbidities reducing the squeeze of her heart or requiring a stringent regimen of inhalers for her lungs.

A chart review tells the truth of her story. For many years, her gradually slowing kidney function was observed while she showed no associated symptoms. Then came the tired days and bitter metallic taste that overpowered any seasoning she tossed into her meals. She was in her early eighties at the time, and the documentation speaks of the statistics of survival, with cited studies showing that starting dialysis may prolong her life by only a few years. There are many months of notes and clinical communications, long discussions with the patient and her family weighing pros and cons to starting on the dialysis pathway. Her comorbidities ruled her out for a kidney transplant. Was she prepared for the reality of long sessions several times per week that would likely leave her exhausted? Did she recognize and understand the data surrounding quality of life for those patients starting dialysis at her age and with her comorbidities? It was of those days she spoke when she mentioned what she was told about dialysis: that it may be a bridge that would not lead anywhere meaningful enough for her to pursue.

It might be a bridge to nowhere, she remembers when I ask about her comment from the prior day. That’s what they said. We talked about all the choices. Maybe watching some more to see how I did. Maybe deciding to not do anything. But I knew what I wanted.

The discussion of whether to begin dialysis is a bridge to an essential conversation. Each choice is deeply personal and individual. There are those who love gardening at home and can’t stand stays at the hospital, and others who simply don’t want to spend their days sitting at long sessions when they could be sitting on the beach. Starting dialysis can mean fatigue and travel restrictions. But dialysis doesn’t have to be defined by impaired quality of life. She has already traveled to see family in far-off cities with careful planning in advance and arranging dialysis at local centers. When she isn’t baking at home, she crochets clothes during dialysis sessions for her family and community. And on the tired days she will simply accept it and take a nap in the afternoon, knowing there are many days ahead, many more chances to enjoy quality in the life she has been given. Starting dialysis only opened more opportunities for her; she was determined never to allow it to control her possibilities.

The next day a friend comes to visit, and I find them sitting together on the edge of the bed with morning light poured all across the room. She laughs and ties a ribbon into her hair, the radiance of her...
smile echoing the words she speaks: this morning? I just feel so good to be alive.

She knows she may not get a decade out of it. Maybe not even a few years. Some days will be spent at dialysis centers. Other days may carry the weight of physical exhaustion. And dialysis may not be a bridge to kidney transplant. But for her, it was a bridge to more time in which she can turn seeming obstacles into opportunities and find personal meaning and great value in each day she has. For her, dialysis is a bridge to life.

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doi: 10.1053/j.ajkd.2021.06.003
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CALL FOR SUBMISSIONS

“A doctor, like a writer, must have a voice of his own, something that conveys the timbre, the rhythm, the diction, and the music of his humanity, that compensates us for all the speechless machines.”
—Anatole Broyard, Intoxicated by My Illness

In this space, we hope to give voice to the personal experiences and stories that define kidney disease. We welcome nonfiction, narrative submissions focusing on the personal, ethical, or policy implications of any aspect of kidney disease in adults and children (acute kidney injury, chronic kidney disease, dialysis, transplantation, ethics, health policy, genetics, etc). Submissions from physicians, allied health professionals, patients, or family members are encouraged.

Types of submissions for this feature include essays of up to 1,000 words; short poems; or original visual art accompanied by 1-2 paragraphs of text. In submissions that refer to real patients, the patients must either be unidentifiable or approved by the patient(s) described.

Items for consideration should be submitted online at www.editorialmanager.com/ajkd.