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Author(s): Beverly Dyck and Patricia Benner

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DIALOGUES WITH EXCELLENCE

THE PAPER CRANE

BY BEVERLY DYCK WITH COMMENTARY BY PATRICIA BENNER

Sometimes being a nurse means having the grace to be silent and to shed tears.

The morning coffee still hadn't hit my system as I walked down the hallway trying to organize my day mentally. Just then, I heard a cry of panic coming from Room 604.

"I can't breathe!"

I quickly entered the room and saw a feeble Asian woman gasping for air through her trach tube. Her hands frantically searched for the suction equipment. Moving rapidly, I grabbed a catheter and quickly suctioned out the mucous plug that threatened her life.

The frail woman struggled for a

moment to regain her composure. "I was so frightened," she exclaimed.

"I couldn't breathe and my suctioning equipment was so far away. I am so grateful for your help."

Her name was Midori. She was a 64-year-old Japanese woman who had lived in the United States most of her life. She had never married, and she lived with her nieces and nephews, who treated her as if she were their mother. She frequently mentioned how grateful she was that her family took care of a "crippled woman." It was her

strength, however, that was Midori's distinguishing characteristic.

Midori's hospital room was decorated with several small plants, one of which had a paper crane standing parallel to the plant's green stem. "In Japan, the crane is a symbol of strength and courage," she told me. I later thought about how aptly this crane had come to symbolize Midori.

That morning after her episode of apnea, several respiratory specialists visited her to discuss the various treatment options for her tracheal stenosis. Midori listened earnestly to each of their opinions and to their advice. How calm she looked as she sat in bed, facing her uncertain future.

Following one of the doctors out of Midori's room, I asked about her prognosis. He looked away from me as he explained her options. The progressive tracheal stenosis had left her with only a pencil-sized passageway to her lungs. Watchful waiting would lead to certain suffocation within 6 to 12 months. Her other option, a risky surgical dilation, offered at best a one-in-three chance of survival and could leave her ventilator-

Beverly Dyck, RN, BSN, is a staff nurse on the telemetry unit of Daniel Freeman Hospital, Marina Del Rey, CA. Patricia Benner, RN, PhD, FAAN, associate professor at the University of California School of Nursing in San Francisco, who developed the concept of nursing exemplars, is the coordinator for this column.



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dependent for life.

After listening to the physician's report, I began to realize that Midori was dying. My own sadness and fear were less important than my being with her.

Entering her room, I sat at the edge of Midori's bed. Her breathing was shallow and rapid. With each labored breath, her neck muscles strained and her abdomen protruded. We looked at each other, searching for the right thing to say. Only our tears came. Then silence.

"Before I die, I just want to go home, pack my things, and clean up my room so my family won't have to worry about it. I just want to spend a couple of weeks with them, without their knowing that I will die soon."

Her eyes focused downward as she clutched at the bed sheet. "To be honest, I would rather die while under anesthesia than suffocate to death."

Then she looked at me. "I am being so selfish, burdening you with all of this. I should be strong."

"You are such a beautiful person," I told her. Then again we sat in silence and tears.

The next morning, I was relieved to see her resting comfortably, breathing with little difficulty. During the day, she had many visitors. She had asked me earlier not to mention to anyone the seriousness of her condition. She seemed to forget the gravity of her prognosis as she unselfishly entertained her friends and family.

I went in to check on her after all had left.

"All my friends are so wonderful," she said. "They all care about me so much. I told them I was going home tomorrow. I didn't tell them everything."

She gathered her energy and asked me to help her wash up and take a walk. As we stood together at the mirrored basin, I saw the reflection of her small contorted

body. She stood less than five feet tall—her spinal column curved to the right, an adaptation her body had made over the years, allowing her to breathe more easily. I reached for the warm, soapy washcloth and gently scrubbed her back. I could feel Midori beginning to relax as the water cleansed her body. Glancing at her reflection in the mirror, I saw a woman who suddenly looked so frail and helpless. Her body was straining, using every means to survive.

The hospital I work at is an enormous, overgrown monster—towers of steel and concrete with endless labyrinths of hallways and people scurrying in every direction. There is one place of solace, however, where a large window overlooks the city. During the day, it is like any other window, offering a view of the city's architecture, traffic, pedestrians, and an occasional helicopter. At night, however, it becomes a magical opening into the darkness where a thousand lights come alive.

I suggested to Midori that we take a walk to the window as the sun was beginning to set. Her eyes lit up when she saw the view.

"How beautiful!" she sighed.

I put my arm around her, holding her close, protecting her. I knew that this was the one place Midori could leave her illness behind.

"I just hope to go home and spend a few weeks with my family and friends."

I held her tighter.

"You know," she said, "these last two days have been the most important days of my life. I am grateful that you have helped me through them."

I left the hospital that night overwhelmed by the impact this woman had made on my life. She helped me to see nursing from a new perspective. We all get caught up in the daily routines of nursing—giving drugs, changing linens, charting. After six years in nursing, I suddenly realized what it *really* meant to be a nurse. □

COMMENTARY BY PATRICIA BENNER

This exemplar illustrates the privileged place nursing has when a person is facing death. Sometimes nurses forget that their role is more than one of problem solver. Nursing deals with significance issues, with listening and being present as people confront life and death and human choices.

Nurses are invited into patients' most private thoughts and moments—when they are contemplating how they want to face impending death. Individual nurses do not have to earn this position; it is culturally given. Because of her busyness or insensitivity, a nurse could be excluded by the patient. But if, like Ms. Dyck, a nurse has the grace to be silent and share the sorrow, she can help patients face their choices without "burdening their families."

Silence and tears—I suspect they are essential to the caring practices of nurses. Ms. Dyck steps inside Midori's moral community and is strengthened by her courage and concerns. She feels appropriately renewed as a result of sharing and facilitating Midori's extraordinary strength and courage. The two days spent with Midori are laden with significance. Midori has faced her death and made choices. Ms. Dyck has borne witness, interpreted, comforted, kept confidence and spent time in silence and tears.

In telling the story, Ms. Dyck reconnects us all to the wordless, private places in nursing that sustain our caring practices and keep us true to the cultural place we are given. □