



## Linda Brodsky Memorial Journal

*“Medicine may help to treat not only the personal plague of disease but the pestilence of moral indifference that seems, like a cultural plague, silently to have possessed our spirits.” -*

*“Humanism and The Physician,”*

*Dr. Edmund R. Pellegrino*

### **In Death, We Learn**

*Tiffany Ramos*

Many of us will encounter, if we haven't already, life-changing moments that permanently affect how we view the world and how we live our lives. Mine arrived on July 27th, 2020 in the form of a notification on Facebook messenger. “Tiffany. Luci is dead.”

Ten days prior, on July 17th, he called me in the middle of the night. He was in Brooklyn, withdrawing from heroin and terrified by the simple truth that he needed

more. He struggled to believe in an alternative to shooting up in the street. We managed to get him to a clinic where he was plugged into care and received methadone. He was then sent home, back to a world that took place behind a screen. I pleaded with him to speak up before it got that bad again. Within the confines of quarantine, I had no choice but to pray and trust that he would.

We spent several hours on FaceTime the day that he died. He was inexplicably bored. With a mind fervently in need of stimulation, a brilliant brain belonging to an artificial intelligence engineer, whose motivations were to use AI in healthcare to save lives, there was only so much fulfillment that he could garner from coding and coursework in isolation. In fact, Luci was a social butterfly. He much preferred to share what he did with those he loved over a drink or a coffee. He would derive excitement for his work, perhaps most potently, in the opportunity to share it with others. He made us so proud.

We made plans to meet in Prospect Park with our rescue pitbull Mochi, who we adopted together in 2018 and co-parented. I

was hopeful that she would bring him joy. He was unusually sleepy, and I should have known. His pale skin—or was it just the backlight of my phone— foreboding death. He asked me to come over instead. I was only comfortable with meeting outdoors because of the pandemic, so I dismissed the suggestion without question. He asked me to wait for him to take a nap before meeting there. He died shortly after we hung up the phone.

People ask questions in casual conversation like “how are you coping with the pandemic?” and I wonder how many times he answered dishonestly. Without rewarding activities to substitute use and cope with cravings, individuals with substance use disorder may return to using, as was the case behind closed doors for Luci. I understand why he hid his use and avoided asking for help. In the instances that Luci’s drug use was exposed, he received scorn, stigma, and dismissal in response. I remember the gnawing sensation in my chest when he was kicked out of our high school in the 9th grade for having amphetamine pills in his locker. I scheduled a meeting with the principal and assistant principal to advocate on his behalf, to demand compassion. He needed help. Why were we punishing him and pushing him out

instead? At the age of 15, I feared for his life. At the age of 26, I lost him.

My sister, my pillar of support, answered my calls in grief with words to help me cope.

“Luci was a drug addict, Tiffany. That’s what happens to drug addicts.”

She too had been infected with the sickness of moral indifference: the capacity to label, “other,” and dismiss another human being. His death began when people stopped believing in him, merging his identity with his use, considering him to be reckless, dangerous, and beyond help, sentencing him to ~~the life of an “addict”~~ death.

For Thanksgiving, I wanted to thank him. I wanted to thank him for teaching me that life is a privilege, and that social distancing can be as much of a death-sentence as the Sars-CoV-2 virus. In the face of severe disruption and change, healthcare providers and medical students alike are expected to remain resolute and determined to care for patients. Our vulnerability clashes with our call to serve. We want to retreat from the virus, to protect our loved ones, to hold them closer, especially those who are immunocompromised or elderly, whose lives seem ephemeral. Instead, we run towards our patients and away from our

families. We live and breathe alongside the virus, unable to see it, but it sees us, in the hospitals and clinics of the largest city of the United States of America, scrambling for PPE and successful treatment in the patients we admit. We cannot go home and hug mom and dad. We must maintain six feet distance, with masks, and we know mom and dad wouldn't tolerate that. We avoid them, quiet our dismay and need for love and interaction, and report to duty. We encourage social distancing, support remote learning, and watch as lives, including our own, are disproportionately impacted by occupational hazard, financial insecurity, chronic illness neglect, and loss. Preventing the spread of COVID-19 and treating patients into recovery are critical and meaningful endeavors for those of us in healthcare. When would we view solitude as an ailment to prevent and to treat?

Today, I walk through Prospect Park to the oak tree we planted in his memory—all that is left of him for me to hug and to hold. We need the will and the empathy to welcome those who suffer, in the face of stigma that encourages us to dismiss them. We must challenge the silent cogs in our rhetoric that keep the gear of discrimination in motion. We cannot forget the perils of solitude. You do not need an

MD to save a life. Our humanity is our only expertise.