

Medical Maze

By Josephine Ensign

Wayfinding

I work in the world's largest university building: the Warren G. Magnuson Health Sciences Building at the University of Washington (UW) in Seattle. The building, which includes the 450-bed UW Medical Center hospital, has close to 6,000,000 square feet of space, the equivalent of more than thirty Walmart Supercenters under one roof. The building is comprised of over twenty wings, whose hallways are connected, but in an Escherian, disorienting way. Besides the hospital and its associated specialty clinics and administrative offices, the medical complex is home to five health science schools—medicine, nursing, dentistry, pharmacy, and public health. Ten thousand people work or are hospital patients in this building; many spend at least some time lost in the medical maze.

The UW medical complex is sandwiched between two busy streets and one busy ship canal. The building's courtyards are covered in concrete, with a few scraggly rhododendrons in containers. There are numerous entrances and exits to the building. Inside, the hallways have exposed guts—tangles of wires and pipes—and metal carts filled with glass test tubes, flasks, boxes of fruit flies, and cages of rats. The air is uniformly cold, with an acrid-medicinal, disinfectant smell. The bathrooms are tiled—floors and walls all the way to the ceiling—and are painted a jaundiced yellow. Some of the oldest rooms retain remnants of the original pale “hospital green” so popular in the twentieth century.

“Spinach green” is what Harry Sherman, a surgeon in a San Francisco hospital in 1914 named his invention. Using color theory, he distilled this green to counterbalance the hemoglobin red he encountered in his operating room. He claimed that this particular tone of green helped him discern anatomical details, resulting in better surgical outcomes. At around the same time, a leading American hospital architect, William Ludlow, advocated the use of color therapy: “...the convalescent needs the positive colors that nature has spread so lavishly for her children...soft greens, pale blues...but above all, the glorious golden yellow of the sunshine.” (p. 511). Perhaps the pale yellow tiles and paint in the UW medical complex bathrooms started off the shade of sunshine, but they have not aged well.

Color-coding of medical center hallways and units helps people navigate the complex physical structure of the modern hospital and clinic. It is a form of wayfinding, which is a dynamic relationship to space, a continuous problem-solving process: knowing where you are and where you are headed, knowing and following the best route to get from here to there, and knowing when you have arrived at your destination. Large hospitals are a modern urban common space like no other. The closest are probably busy airport terminals. But in hospitals, the business is not simply travel; the business of hospitals is life, illness, and death. Susan Sontag points out that we all hold dual citizenship, “in the kingdom of the well and in the

kingdom of the sick.” (p. 3). In hospitals, she states, patients are “emigrating to the kingdom of the ill.” (p. 3).

The first time I entered the UW medical complex was in February 1994. I was visiting Seattle from Baltimore, where I was finishing my doctorate in global health. As a single mother of a seven-year-old son, I needed a stable, well paying job—something global health did not offer. On a whim, I contacted the UW School of Nursing about a tenure-track academic position they had advertised. Teaching nursing was far down my list of desirable careers. I have long viewed nursing as old, stale, and a hindrance to my ambitions—yet when I am feeling more humble, I can’t imagine a higher calling than being a nurse. I was, and still am, a nurse. Despite what I term my nursing ambivalence, I was curious about this job possibility. It helped that Seattle was as exotic as a foreign country to me.

“There’s a courtyard on your right. You’ll see a sculpture of people hanging on the outside wall of a brick building—go past that and enter the doors to your right.”

These were the directions given to me by the professor with whom I’d set up an informational interview. I found her office, had a series of interviews, was offered and accepted the job. So in December of that same year, after moving across the country to start my new job and new life in a new city, I went to my first official day of work. I parked in the cavernous underground S1 parking lot behind the medical complex. I followed the cute little tooth signs out of the parking lot, through a tunnel, and into the Dental School entrance. Knowing the general direction I needed to go in order to get to my new office, I took the stairs up one floor, and then decided to take a shortcut through a small internal courtyard. I suddenly found myself locked inside a 10’x10’ barren cement courtyard that was surrounded on all sides by six stories of brick walls. I stood there for several minutes, gazing up at the walls, contemplating possible escape scenarios, contemplating the possible deeper meaning of this space, awed by its quiet peacefulness, before a woman passed by and opened the door. I have never been able to find that courtyard again—it doesn’t exist on any map.

Today, I am a tenured Associate Professor in the Department of Psychosocial and Community Health in the UW School of Nursing. No one knows what ‘psychosocial’ really means, including me, so I tell people I work in the Department of Community Health. As of December 2014, I have officially worked here for twenty years. My office is in the ugliest wing of the medical complex. The wing’s hallways are painted the same sick yellow as the bathrooms. There is a 6-inch wide grey rubber seam that bisects my office. It runs up one wall, across the ceiling, down the other wall, and across the floor. This rubber seam is the building’s earthquake shock absorber. I often wonder what it would be like to stand on the rubber fault line during an earthquake. Would I be safer there rather than under my fake-wood desk or trying to find my way out of the building?

The particular part of the Health Sciences building I work in, the T-wing, was built in the late 1960s and is a prime example of Brutalism. It is also a prime example of why Brutalism is not an architectural style suited either for Seattle weather or for being attached to a hospital. Brutalism was an architectural movement that espoused the use of exposed concrete and other functional elements. It focused on the ideals of a better future through the use of technology.

Outside and inside the T-Wing, the building appears to be made of crumbling, damp and moldy concrete. In one staircase I use frequently, there are arm-sized stalactites on the ceiling, with liquid perpetually oozing from their pointed ends down into a black and green puddle on a stair landing. It has a bizarre beauty. Every few years, someone from the

maintenance crew removes the stalactites and paints the ceiling. I watch as the stalactites slowly return.

The land that the UW medical complex is built on had been salmon fishing ground for the Lakes Duwamish people before white settlers claimed it as pastureland for cows. As the town of Seattle grew, and the UW moved from its original downtown location, north to its current location, the 40-acre parcel of land became a nine-hole golf course, then the 1909 Alaska-Yukon-Pacific Exposition's Pay Streak section with carnival rides, then briefly the site of a WWI Navy training camp, and finally it became the site of the expanding Health Sciences and University Hospital. On October 9, 1949, Governor Arthur B. Langley laid a ceremonial cornerstone for the official opening of the Health Sciences Building. Inside the cornerstone was a lead box containing a stethoscope, a set of false teeth, a nurse's cap, and a mortar and pestle: artifacts representing the Schools of Medicine, Dentistry, Nursing, and Pharmacy, which were housed in the new building. The box with the artifacts is still there, buried in the side of the building.

Cornerstone, foundation stone, quoin-stone: the first stone set for a new building. The stone that all others are placed in reference to. The stone that determines the strength and future stability of the building. The stone that holds the *genius loci*, the guardian spirit, of the place.

Threshold

The modern hospital traces its roots back to Greek temples of healing, which were often caves set near streams or pools of water. There was an elaborate set of initiations that ill people went through in order to enter the sacred space of healing from the outside profane world. Bathing and the donning of clean, flowing robes. Going barefoot and ridding oneself of rings or other jewelry. Then, being given a pallet in a large, communal sleeping space, an *enkoimeteria*, where patients slept side by side as they were to do centuries later in open hospital wards. The Greek temples of healing had stone tablets, *iamata*, set outside the entrances. The tablets were inscribed with healing narratives—testimonials—in the form of poetry or brief prose, all written in third person. Ancient Greek healing practices included bathing, exercise, special diets, dream divination, and bloodletting. Prayers at an altar at the threshold, the entrance to the healing space. Sacrifices of animals and offerings of food.

The business of hospitals, in Ancient Greece as well as now, is life, illness, and death. Everyone who enters the hospital as a patient emigrates—at least temporarily—to the land of the sick. It is a shadow-land, a liminal space where tides ebb and flow, a place that offers glimpses of the abyss. As the surgeon Richard Selzer points out, a hospital is alive: “The walls palpitate to the rhythm of its heart, while in and out the window fly daydreams and nightmares. It is a dynamism that is transmitted to the hospital by the despair and the yearning of the sick.” (p. 33).

Arrival

Late one November night in 2000, I drove myself to the ER at the UW Medical Center. I had left my twelve-year-old son sleeping at home. Still a single mother, I had called my boyfriend to come over and stay while I was gone. My legs had been tingling and getting progressively numb over the past week. The numbness started in my toes and now reached my butt and groin region, plus my toes were turning blue. I had no idea what was wrong. The weekend before I had run up the 2,400-foot Mount Constitution on an island in the Puget Sound. It had

been cold on the mountain, but I hadn't fallen or gotten frostbite. I was forty and in decent shape, was rarely ever sick, and had no primary care doctor. I worked as a nurse practitioner at a nearby community health clinic; I was used to diagnosing and treating other people's health problems, but not my own.

"Take off all your clothes except your underwear and put them in this bag. And tie the gown in the back," the ER nurse said, as she handed me a cotton gown and white plastic bag marked 'University of Washington Medical Center: Patient Belongings' in purple. *Why did I wear black thong underwear to the ER?* I thought, as I gazed down at my mottled blue toes.

My personal mantra at the time was, *I can do this; I can do anything!* I didn't see the danger in that saying. I worked three jobs, trying to pay off school debts and save for a down payment on a house, as well as for my son's future college education. I had been running on the tenure track, applying for and getting research grant after research grant, publishing a string of papers, collecting teaching and peer evaluations. The faculty had recently met to decide whether or not to grant me tenure. I didn't yet know the outcome. If I did not get tenure, I would lose my main job. So there in the ER I did as I was told, stripped to my underwear, donned the gown smelling strongly of bleach, and then endured a series of tests and examinations. At some point, although I don't remember when, a plastic hospital ID band was strapped to my left wrist over the spot where my silver bracelets had been.

Covered by a white sheet up to my chin, I was now lying flat on my back on a black plastic-encased gurney, *perhaps one that has recently delivered a dead body downstairs to the morgue. Can I feel my legs? Are they still there or have they been amputated? Or is it just that they are frozen, because I'm so cold? What time is it and why are we going through all these hallways?*

The air around me was cold—refrigerated morgue cold—and filled with the low murmuring of disembodied voices, accompanied by white noise whooshing of the building's ventilation system. Overhead, flashing, blindingly bright rectangles of fluorescent ceiling lights marched along in single file. I began counting them, memorizing the pathway so I could find my way back out again. Lines of closed doors whirred past on either side. No windows. No wall clocks. *I can't feel my legs. What time is it?* I tried to lift my head up off the thin pillow to look at my legs, to look for a clock, but I was too tired. *Have they given me medication to knock me out?*

A burly male orderly was behind my head, pushing my body on the gurney through the hallways. I could see long nose hairs in his cavernous nostrils and smell occasional wafts of stale coffee breath. He didn't speak. As we passed people in the hallways, white-coated and blue scrub-wearing staff members, they all stopped briefly, turned sideways, backs against the walls, in order to let us pass. They furtively glanced down at my face, but their eyes always flitted away, never making eye contact.

I thought of Kafka's *Metamorphosis* as I lay flat on that hospital gurney being wheeled through numerous hallways, then wheeled into an extra-wide elevator lined with rubber bumpers, and then upstairs to the neurology floor of the hospital and checked in by a sweet young nurse who greeted me as Dr. Ensign and I realized she had been one of my students in a health systems course taught the previous spring in a large auditorium I think I was rolled past on this gurney on my way up here—*but that can't be right*. I had started thinking in run-on sentences. This young nurse, my student, handed me a tiny plastic cup filled with lilac-colored liquid. I looked at her, trying to remember if she was the sort of student I could trust to give me the right medication. Then, I swallowed the sick-sweet syrup with a metallic aftertaste. I

awoke in a darkened room with a spotlight directed at my right arm, some young man thumping my veins and then drawing tube after tube of dark red blood.

After three days of hospital MRIs, X-rays, spinal taps, more blood draws, nerve-conduction tests on my legs, and totally annoying flashing light tests in my eyes, the grey-bearded senior attending neurologist appeared in my hospital room, accompanied by a fluttering group of neophyte short-white-coated medical students. He told me that the good news was that they had ruled out a spinal tumor, but that the bad news was that I had autoimmune transverse myelitis, meaning my body was allergic to itself and was causing a swelling of my lower spine.

“We’ll have to wait and see what it develops into. It can take a year or so before it progresses enough to make a definitive diagnosis,” the neurologist said, peering at me over his rectangular wire-framed glasses.

So I went home and waited. I desperately wanted a diagnosis, a unifying name for the bizarre collection of symptoms that kept sneaking up and sprouting into new signs—the concrete objective markers—and the symptoms—the soft subjective *could be all in my head; could be just female hysteria*. Symptoms such as my favorite: malaise, a general feeling of being unwell. Malaise, from the Old French *mal*= bad and *aise*= ease, space, elbowroom. I was in a bad space. I had not understood what it felt like to be in a body that betrayed me. I thought a diagnosis could bring me back into my body, bring me back into a good space.

The numbness slowly resolved, although my toes continued to turn blue, as did my fingers. Then, all of my joints began to swell. I spent the next year going to various specialists and sub-specialists, one of whom drew fourteen tubes of blood all in one visit, in order to run a panel of obscure and insanely expensive tests, of which the results were inconclusive. Another specialist drew my blood, extracted the serum and injected it into my forearm in order to measure my body’s allergic reaction—to myself. I tried complementary medicine and went to an acupuncturist who had been an internal medicine physician but had burned out on working within the medical system. He told me the story of his final days in medicine: “I told the administration that I wouldn’t take it anymore and I walked out,” he said. “Now don’t move because I’m going very close to your heart,” he added as he jammed a large needle into the middle of my sternum. A large purple bruise bloomed on my chest for weeks afterwards, taking my mind off my blue toes and swollen joints.

I was grateful for my university-sponsored health insurance, but was tired of all the medical encounters that seemed only to lead to more medical encounters. What I dubbed my ‘mystery illness’ morphed into a diagnosis of mixed connective tissue disorder (MCTD), which is really something that can’t make up its mind between being lupus, or rheumatoid arthritis, or the totally freaky-scary scleroderma, where your skin and internal organs thicken and petrify while you are still alive. MCTD is a rare autoimmune disorder that attacks the fibers providing the framework and support for the body. *Rare, as in I’m special? Or as in I’m cursed?* I thought, as a specialist explained my diagnosis, my dis-ease, my mal-aise. As he told me my diagnosis, my world closed in, like the bedroom doors closing on Kafka’s man-turned-beetle.

Today my medical chart still lists a diagnosis of MCTD, but none of the freaky-scary petrifying stuff has occurred. I no longer run the medical circuit in search of more tests, more tubes of blood, more diagnoses, more jabs to the heart, more promises of a cure. I live with it as you would live with a curmudgeonly, truth-telling friend. It tells me when I’m falling back into the inhuman *I can do it; I can do anything!* mindset. I listen to my body, even as it continues to get lost in the impossible hallways at work. Most of the time, I embrace the stalactites, the

career limbo of nursing ambivalence, and the bewildering staircases. Recently, I cleaned out my university office and recycled all my papers, academic books, and grant reports. I prepared to slow down my tenure track conveyor belt, step into a sabbatical, search for that tranquil courtyard that doesn't exist on any map.

I chose a soft, calming color for the walls of my office. Then, after the maintenance crew had re-painted the walls, I realized I had picked a version of hospital green. I've decided to live with it, and to see what fine details of life it reveals.

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