After September 11, 2001, Cheryl McGaffic, PhD, RN, CCRN, wrote a compelling essay, which we reprint here with her husband's permission, to honor Cheryl, Barbara Monroe, and Robin Rogers (her colleagues at the University of Arizona, Tucson, Arizona), who ironically, given the circumstances of their deaths, leave us a legacy of passion, commitment, and caring for humankind.

~ Christine A. Tanner and Janis P. Bellack

My Heart is Naked

It is 2:00 a.m. I cannot sleep. This has happened a lot since September 11. Just like everyone around me, I go on with my daily life, but in the back of my mind, I know that the world has been forever changed and that my world has been forever changed. Last evening on the news, a 9-year-old girl named Sarah read a letter she wrote to all the nurses who cared for those who were injured at the World Trade Center. She thanked them for their work and wanted them to know she was grateful that they were there caring for the sick and injured. I wept as I listened, for myself, for the world, for the patients I saw that day with my students.

My Heart is Naked

Sometimes I question the wisdom of continuing on in a profession that is under siege and undervalued. I am aging, I am tired, and some days I don’t know how I can continue to teach the newest and brightest of our profession. I started my day with Vicki who is taking care of a 74-year-old man named Fred who is critically ill with cardiogenic shock. He is receiving six drips, mechanical ventilation, and has an arterial line and pulmonary artery catheter. Vicki is overwhelmed. Her preceptor is overwhelmed. Fred is overwhelmed. All I see is a naked man save a pillowcase thrown over his groin with a fan blowing on him. Fred looks like my father. I ask Vicki to help me put a gown on Fred. The nurses explain that Fred has a fever and that they don’t want him covered up. I explain that he has the fever due to systemic inflammatory response syndrome. He has had this fever for 4 days; I explain the hypothalamic set point. I explain the science of fever management in critically ill adults. I explain human dignity and that most of us don’t want to be naked in a room full of strangers. The charge nurse removes the gown and places a cold fan and cold towel on Fred. Fred is naked again.

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I move on to the next unit to see Jeanette. Jeanette is always calm. Her patient has just developed SVT [supraventricular tachycardia] at a rate of 140. He has endocarditis. He is hypotensive. Her preceptor is coming unglued. I suggest we put him back in bed and place oxygen on him. I have to walk the length of the unit to find an oxygen adapter. I am short of breath. He almost passes out. The preceptor leaves us because Jeanette and I are handling this. The preceptor is a float nurse and has to go assist with a cardio version. I can see on this patient's face that he is afraid. We stay with him. I hold his hand. Jeanette speaks to him in their native Navajo language. He converts on his own to sinus rhythm. Jeanette is sensitive, and she comforts him. Jeanette is a healer. The preceptor later asks me “what Jeanette did” that caused the man’s SVT. I remind her that the patient is on a cardiac unit being monitored and that Jeanette responded appropriately and well. I worry that our profession will eat Jeanette alive because she is kind and quiet and genuinely cares for people.

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I see the rest of my group. I go to the library to get an article on the state of the science of fever management. I share it with Vicki and her precep-
tor. Fred is still naked. I take two students to work with Jennifer's patient. He has a tracheostomy, chest tubes, a midline wound from a gunshot wound \( \times 8 \) related to gang violence. He is 21 years old. I remember him from last week when he was in the ICU. Now he is "better." Now his eyes look vacant; he is almost catatonic in his responses. I ask him if he feels sad. He blinks twice for yes. We talk about what has happened to him. He cries. We do his dressings, his trach care, we clean his mouth, and we rub his back. Tracy, his nurse and a former student of mine thanks me. Tracy wipes the tears away and wipes his brow. She now has six patients; five are as sick as this young man. Faith is crying in the supply room because she feels so badly about this young man whose life has been irrecoverably altered. Faith tells me that she will pray for him.

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There is a patient who is actively dying of cardiomyopathy. She is my age. I see her two young daughters in the waiting room. I ask Rosie, who is 14, how she is doing. She says, "Not too good, my mommy is dying." We talk about death. We talk about her mommy. Three of my students have cared for this patient and her daughters during the past 7 weeks. I go get Phyllis who bonded with the girls and her mother. I tell her she could go say goodbye if she wants to. I talk to the nurses who are also grief stricken. I encourage them to support the girls and to talk with them. I go in to see the patient. Phyllis is there stroking the patient's brow. Phyllis will be an awesome nurse. Rosie tells me her mother is seeing angels now. She is talking to their grandmother who died several years ago. I explain "nearing death awareness" to them. Phyllis and I say goodbye, I know that this patient will be dead by tomorrow. Phyllis and I cry on our way to postconference.

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We review a case study about multiorgan dysfunction syndrome. The students are tired. They have worked very hard. They have done very well. Tomorrow is their last day of clinical. I lead them through a guided meditation on healing. Some weep. Others talk about how much they have learned about themselves this semester. They are wonderful. They will all be great nurses. I finish checking them off on their skills after postconference. I meet with another student to help her with pathophysiology. She brings me home-baked chocolate bread because she heard that I was sick and that she was worried about me. I am deeply touched by this deliberate act of kindness.

**My Heart is Naked**

*Cheryl McGaffic, PhD, RN, CCRN*