Black. Icy. Realization mounting through the fog. My thoughts slowly returning to consciousness. OK, I’m alive but now what? I quickly run through a checklist: can’t open eyes, can’t move limbs, oh God, can’t breathe—I am forced to wait for the ventilator to initiate my respiration. Pause, two, three, inhale; pause, two, three, exhale. The experience is frozen in my mind; just thinking about it brings back that sensation of being lost between consciousness and the abyss. I am helpless, lying in the cardiac ICU with two personal nurses to my care and millions of dollars of high-tech equipment, but I can’t get anyone’s attention because my brain recovered faster than my muscle control.

Can someone please pull this tube out of my throat? I’m sure it served a purpose but now it’s just irritating, and I’d like to breathe on my own. If I concentrate relentlessly maybe I can convince my arm to move so I can wave someone down or maybe just a pinky wave will get their attention. OK, here we go—move! It was only my third week of medical school, and I had been admitted to the hospital for acute bacterial endocarditis that required immediate open-heart surgery. Come on—move!

Did it work? It’s difficult to know for sure, but I guess there was little or no movement achieved. I need to keep trying. I don’t want my breathing done for me all night. I try many more times to move, each time failing. But yes! Someone just told me to relax and that they would get the tube out as soon as possible. Ha, that’s easy for them to say. They’re not counting time by the breaths. Why haven’t they come yet? Finally, my savior has come to remove the burden. OK, on the count of three I’m supposed to exhale. One, two, three exhale. Well, that wasn’t too bad.

At last! I have achieved independent breath, normally brutally taken for granted. This is a good sign. Apparently I’m “stable.” The surgeon just came in to congratulate me on my (our?) success. The infection is gone, the valve repaired, and my heart started back up all on its own. “Good job!” he tells me. Oh, but I’m tired now. That was a lot of work. Is this the pain medication working? I think I’ll go back to sleep now; no thanks, I don’t really want breakfast just yet.

It was a chilling experience. Such a small fraction of time to be conscious yet without control of my faculties, probably seconds, yet even now 2 years later the intensity of those seconds are with me. Being a patient is taxing. But being a patient without any medical knowledge, a typical patient, must be insufferable. Almost without effort, we order labs, take blood samples, push drugs, and insert tubes. For the typical patient, however, these are the events that often define their medical experience. By taking a few extra moments to talk with a patient about what to expect, and I don’t mean just obtaining informed consent, but what really to expect, we can provide them with superior care. Now more than ever, I truly appreciate the effective power of such a simple service.