

Flower Child of ICU

[Kaiser Oakland Medical Center, Intensive Care Unit]

An experience from Shobi Dobi

Tipping my hat I said, “*May I come in?*” She didn’t respond verbally - just shifted her gaze to me. It didn’t look as if her speech was impeded, so I asked, “Blink twice if you want me to stay.” She blinked twice. This was Intensive Care. This was my standard entry. The woman was about thirty years old and lying flat on her back with monitors and lights blinking. I walked in front of her so she could have a comfortable view of me. As I did she began to move her lips. I had to move in very close to hear what she was saying. I then saw her face was covered with welts almost like hives that had broken open. She said in a very faint fragile voice. “Would you please paint my face pretty like you do with all the kids at the fairs?”

I was a little speechless. Could I do this? This was ICU. And what about the sores on her face? “I’ll ask your nurse,” was my response. The nurse and doctor responded. “She is in terrible pain, and allergic to pain medication. Do whatever she wants, if it will make her feel better.”

There was still the problem of the skin. Then a design came to mind. So I took out my paints ⁽¹⁾ and I painted little flowers between all the sores and connected them with little green swirling stems. She looked so pretty!

I held up a mirror for her to see. She smiled and her eyes sparkled. “Oh! Thank you.” I think just the stroking of the face with tiny brush and applicator was comforting. It was an excuse to be with her and it is also so human.



That night on my night stand was Sogyal Rinpoche’s Tibetan Book of Living and Dying. I opened and right before my eyes was the following:

“I have often seen that people who are very sick long to be touched, long to be treated as living people and not diseases. A great deal of consolation can be given to the very ill simply by touching their hands, looking into their eyes, gently massaging them or holding them in your arms, or breathing in the same rhythm gently with them. The body has its own language of love; use it fearlessly, and you will find you bring to the dying comfort and consolation.”

From that day on, during those quiet moments with a patient, I make it a practice of trying to breathe with the patient. Somehow it is easier to keep my heart open. ⁽²⁾

See The Hygiene Mind Set for Hospital Face Painting Protocol