

Reflections

A finger or tube in every orifice

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The alarm was set for 4:30 AM, and by 5 I was in the hospital racing to see patients. It was a difficult time for me and not just because I lacked sleep. I was also challenged academically as never before in my medical training. I was slaving away full time under the tutelage of the infamous Dr Rathke, the busiest critical care doctor in the city. I was 4 weeks into the dreaded rotation, and I could not fathom how I too would one day tell junior residents that it was a "great experience."

On most days there were 20 very ill people to see and a note to write on each chart by 7:15. Dr Rathke would then casually show up with his coffee and newspaper and spend an hour reviewing charts with me. We did not see patients. Dr Rathke hated talking with families. He had been known to sneak out the back door of the intensive care unit to avoid talking with someone. His bedside manner was not all bad; he just did not care to explain things to uneducated and emotional people.

Exhilaration to exhaustion

It was my third year of residency training, and I had full responsibility for the patients in the intensive care unit. When Dr Rathke sauntered off down the hall, I was left with orders



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to be written, blood tests to check on, and dictations to do on half a dozen new admissions. The demands from nursing staff were incessant. My pager beeped 10 times in an hour, and it was never a simple problem: "Dr Allen, did you see this critical potassium on Mrs Jenkins?" "Dr Allen, Mrs Martin doesn't feel good and refuses to go home." The first few days in demand were exhilarating, then it became annoying, and finally it was downright exhausting. "Dr Allen, Mr Wood is having chest pain again. Could you come over here?"

One evening, a patient's granddaughter caught me just as I was leaving the room. She wanted to explain why grandpa insisted on having a magnetic resonance imaging scan of his back. It was 7 PM on a Friday, and grandpa was my fifth new patient since I left the clinic at 5:30. *Does this woman have any idea how exhausted I am?* I thought. I was headed into my 15th hour of the day and was about to miss the cafeteria closing.

"You see," she said, "my husband had an MRI...."

"Your husband is not 84," I said mechanically.

She went on as I stood there clicking my pen impatiently. My body was half turned away from her, my feet pointing down the hallway.

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I used to enjoy visiting with family members. I once cherished the moments when I stood as the respected physician and shared my medical knowledge. Then it became frustrating. How could she possibly understand all the studies I have read about back pain in the elderly? As I stared at the logo on her shirt, my mind wandered. I started adding up how many years I have been in school and training: almost 11 years. That is a lot of years. Grandpa groaned from within the room.

"We'll see what the tests show in the morning," I said.

I had learned to use these non-committal phrases as a way to escape from people. I walked away before she could reply.

She wanted to die

Dr Rathke called me from his office where he was doing paperwork. He told me to go see Mrs Williams so the nurses would stop paging him. I left the dictation room and went to the intensive care unit. Mrs Williams was a patient who wanted to die but could not; we would not let her. We did everything possible to keep her alive, knowing she would never recover.

I entered her room amid a barrage of beeps and bells and buzzers. She had a "tube in every orifice," a situation these doctors pride themselves on. I put my stethoscope to her chest to hear

the rumbling of ventilated lungs and the faint beat of a heart. I looked up to her face. Her bulging eyes, which before seemed to be staring off into space, were now suddenly looking very clearly into mine. Her head and neck were hugely swollen, and sticky tape covered half her face to hold the tubes in. But now her eyes were fixed on me, seeing me for the first time, almost seeing through me. I was held frozen there for several moments. She fixed me in her gaze, pleading with me for release. It had been a long time since I recognized that pleading. I once felt the suffering of patients, and it moved me. But now I was immovable. I had fallen so far. I was efficient and smart but cold as stone.

"Mrs Williams," I yelled to her, but she was not really there. Her soul stared at me through those eyes. "Mrs Williams, we want to help you." The hypocrisy of this statement shattered the moment, and I stepped back. She blinked and no longer appeared to be staring so intensely. I stood alone there looking at the floor, at the bed, and at her. I was so far away from my dream of being a doctor I didn't recognize myself. I was becoming Dr Rathke. The thought was unexpected and suddenly sickening to me.

I left Mrs Williams and slipped out of the intensive care unit down the back stairway. I walked through

basement tunnels to the old hospital, an abandoned building where I had a hidden retreat. On the third floor, just off the old surgery office, I entered the deserted room and sat in my lounge chair. Pulling a blanket over me, I reviewed the day in my mind. *Where did I lose the ability to feel?* I wondered. Again the thought of becoming Dr Rathke came to me, and the heaviness of my fall pressed down on me. It was mixed with hunger and fatigue and brought to the surface anger, regret, and sadness. My tears flowed easily, and there was nothing but a worn blanket to catch them.

Love and care for my patients

An hour later I went home to my wife and three daughters. The next month I was done with Dr Rathke, but his effect has never left me. It has been many years since Mrs Williams caught me in her glare (she died the following morning). I still see her eyes, swollen and pain-filled, accusing me of heartlessness. And even now, years away from the intensity of medical training, I am still sometimes haunted by my loss of caring. *Where did it go?* I wonder to myself. I struggle to emerge as the physician I dreamed of becoming: to love and care for my patients, who are now neighbours and fellow church members in a small town. But still I feel Dr Rathke's sting and the coldness that is difficult to escape. *