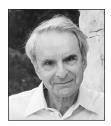
The question

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did some terrible things." Werner* fidgeted with his sleeve.

"I was in the Hitler Youth," he continued, "then, during the war, I was a soldier in the Wehrmacht."

The German army.

I froze.

He was a new patient. Before taking a full medical history I'd only said, "Tell me something about yourself—a bit about your life story." It was just an opening, to start to get to know him, but he'd launched into this.

He looked at me straightforwardly, unaware of the irony of choosing a doctor who had family members murdered in the Holocaust.

I tried to concentrate on what he was saying. Something about pain in his upper arm, a pinched nerve in his neck. He looked at me bitterly.

"The pain is terrible. It never goes away."

I looked back at him. Just a tired old man, I thought. But when I examined his upper arm, the image of a Nazi armband intruded there. Red, with a black swastika.

I worked to snap myself out of it; I needed to focus on his complaints.

Over the next months Werner returned to see me for various problems: psoriasis, an irregular heart rhythm, a stomach ulcer. It continued to be hard to shunt my thoughts aside; as he talked to me during those visits, I felt distant, distracted.

I'd wonder about the "terrible things" he had been involved in. My mind filled with images. The starved, skeletal prisoners behind the barbed wire. The gas chambers.

What had he carried out personally? I had been born during that war. What if I had been born in Europe?

I'd read an account by a survivor describing German soldiers herding a group of Jewish civilians. She watched as a soldier ripped an infant from its mother's arms, tossed it into the air, and shot it as it fell, for sport.

I, too, was a baby at that time. Werner would have been 22.

Dr Newman's story is the winning story of the 2021 Mimi Divinsky Award for History and Narrative in Family Medicine sponsored by the Foundation for Advancing Family Medicine of the College of Family Physicians of Canada. This award is named in memory of the late Dr Mimi Divinsky for her role as a pioneer in narrative medicine in Canada. It recognizes the best submitted narrative account of experiences in family medicine.

*This is a true story. The patient's name and certain details have been changed to protect privacy.

At a visit for his neck arthritis, I watched him methodically straighten his cuffs, then fold his x-ray requisition so that the edges lined up perfectly.

I wondered if he would have spared me.

But I take on the care of whomever walks through my door. I can't choose whom I will treat. A doctor copes with all comers.

At his next appointment he was particularly agitated.

"It's really terrible, Doctor," he said in a strong German accent. "I have to get out of bed 6 or 7 times every night to pee."

"That must be pretty unpleasant."

"No, it's not unpleasant." His voice roared. "It's bloody awful." His face was red with frustration.

The angry blast brought an unbidden image that was scorched in my memory of a grainy, black-and-white photograph I'd seen in high school of Nazi soldiers mowing down a line of civilians. They stood in front of the ditches they'd been forced to dig for their own graves. I wrestled the image out of my mind.

"I'll check your prostate gland," I said. "That's the usual cause at your age."

It was very enlarged, as expected. An ultrasound confirmed he couldn't empty his bladder. I prescribed medication that helped a little, and eventually he had surgery; he was grateful, and he calmed down. But now and again his bad temper still flared, and he'd shout when he lost patience. In these moments I saw his jaw clench, and felt my own neck muscles tighten.

On a visit for an eye problem, he took off his glasses so I could examine him. The frames were black, wide, old-fashioned. I stared for a moment, remembering a photo taken at the liberation of Auschwitz. The interior of a warehouse filled high with eyeglasses, colossal piles of them, thousands of pairs. Efficiently removed from children and adults before they were gassed.

I blinked, took off my own glasses to examine his eyes.

In all the visits we had together, Werner never spoke again about what he'd done during the war. And I fought the urge to ask him. For if my fears were confirmed, my situation would be impossible. I'd be torn between disgust and the need to be kind and caring.

A decade after our first visit, I came into the examination room where Werner sat waiting for me.

"Hi, Werner, good to see you." I needed to force it a little, but I smiled as I would in greeting any other patient.

He nodded but avoided my eyes, didn't return the smile. Started right into his complaints, frowning, recounting his symptoms in a bitter voice.

There's hardly a point greeting him with a smile, I thought. He is too preoccupied with his ailments to respond, to connect with me.

The next time he came to my office I tried a different opening. Sitting down, I leaned forward and looked intently into his eyes.

"Hi, Werner. How are you doing?"

I spoke those few words not as the usual, casual formula, but with slow meaning. How ... are ... you ... doing? Feeling the separate weight of each word.

This time he looked back at me.

"Pretty rotten, Doctor."

He paused. His eyes misted a little.

"I'm sorry to hear that," I said.

To my surprise, he still looked at me. Connecting, now. "Miserable, actually."

I stayed leaning forward.

"Can you tell me about it?"

He swallowed, looked down at his hands, but then back at me.

"Go ahead, tell me," I said. "I'm listening."

"It's about Penny, my nephew's daughter. She has a bad kind of leukemia. Very bad. She's only 7." He choked up. "She's starting chemotherapy."

From then on, Werner often spoke to me of his worries about Penny. He cared about his loved ones. He never married, but was very attached to his brother's family. I came to see him as human and vulnerable.

In his old age Werner softened, and I became more relaxed around him. Most of the time I could keep the Nazi-armband image out of the way. Through the 26 years I looked after him, he was a faithful, cooperative patient. I worked to treat him no differently than anyone else.

The images still resurfaced sometimes. But it felt good to keep him well.

Werner died, peacefully, at 96. Normally, if I've cared for a patient for 26 years, I feel a sense of loss, of sorrow, when he dies. Yet-when Werner slipped away, I felt only a tinge of sadness.

Was it because he lived to 96 in relatively good health? Or because, when he died, I recalled what I had wondered when we first met?

If he had come across me then, would he have spared me? Or would he have followed orders?

He would never have imagined then that someone like me might grow up to be his doctor. A person who would say, "Tell me about yourself, about your life."

And what were those terrible things he might have done? I didn't want to find out, take the chance, be pulled away from the care and connection I owed him.

Better for a doctor not to know.

Sometimes the living, too, need to rest in peace.

Dr Peter Newman is a recently retired family physician in Toronto, Ont.



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