

LIFE + TIMES



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On call and I was just referred a patient I first met as a medical student in this same emergency department. I've seen this patient and his wife at every stage of my training - as an inpatient, as an outpatient. We've crossed paths in so many serendipitous ways. I've visited him on the wards when I've glanced at the whiteboards and seen his familiar name. I know his medical history, but also that he loves the ripe tomatoes that his wife picks from their garden, that his favorite pastime is playing UNO with his six grandchildren, and that his fondest memory is meeting his wife over their mutual passion for Italian soap operas and freshly baked garlic bread. He was the type of patient who was grateful for every encounter, and knew how to make light of life's misfortunes, however big or small.

As a third year medical student, I once caught him sneakily sifting through a picnic basket of the saltiest Italian meats and cheeses during a heart failure admission. That same admission, he would lie patiently as I tried to convince myself of the height of his JVP, fumbling with rulers every single time. As a fourth year medical student, he would let me practice the precordial exam just

so that I could perfect my auscultation technique, recognizing that in a few months, I would be on call at night as a real doctor. I learned through him and with him as his progressed through the time course of chronic disease, and through all of this, he trusted me. He trusted my clinical judgment and novice expertise, even if it meant taking away his favorite snacks because of his puffy feet, even if it meant keeping him in hospital just a little while longer to take the fluid off, and even if it meant being away from his six grandchildren, whom he loved the most. He trusted me, he said, because I was his doctor.

That night on call was the most challenging of our encounters: seeing him and his wife in that same emergency room we had met in three years ago. He was referred to medicine because his heart failure had progressed, and he was dying. That night, I happened to be the resident on call, and I was tasked with having a very difficult conversation regarding end of life care for this very special patient of mine. In that same room we met in three years ago, I explained the consequences of a failing heart, feeling his grasp grow tighter with every word. He cried with his wife, and struggled to pause for breath. With every word, I felt increasingly committed to alleviating his pain in the best way that I knew how. With his teardrops on my hands, I promised him and his wife that I would do everything I can to make sure he was comfortable. He trusted that I would do so, he said, because I was his doctor.

After I left the room, my eyes filled with tears. As objective as I can be, I can't stop being human. This experience reminds me of the end of one of my favorite John Donne poems: "any man's death diminishes me, because I am involved in mankind. And therefore never send to know for whom the bell tolls...it tolls for thee."