

A Foreign Concept

The soft purr of the bedside telephone changes its cadence precipitously, and the shrill noise throws me out of my dream. Shaken out of a deep and tired sleep, I leap for the receiver.

"I am sorry, but there is an asthmatic girl who looks as if she will arrest. I have tried . . ."

I slam the phone down; the other hand hastily scoops up my stethoscope, identification, and pen; and I sprint to the emergency department, racing to beat the dire tones of the code siren that will resonate through the building at any moment.

I almost fall inside a cubicle, which holds an 18-year-old girl, heavily tattooed and excessively made up. She was out smoking marijuana when she felt the onset of an asthma attack. So she got her friend, an unlicensed driver, to rush her to hospital. She is surrounded by a coterie of giggling teenagers, all looking remarkably fresh for the time of the night. It takes me a few moments to assess the situation.

"Stop hyperventilating," I say tersely to the patient, "And all of you, get out now."

In silence, I finish my examination of the subdued girl whose purported respiratory distress has dissipated to a mild wheeze. I walk out of the cubicle; snatch a sheet of paper; and proceed to write emphatically in large script, double-spacing to stress my annoyance at this unceremonious awakening. The resident who called me stands penitently behind me.

"I am really sorry . . ." he starts.

A chance glance at the clock, recollections of previous unnecessary calls, the thought of another long day ahead, and the sound of teenage mirth floating through the corridor provoke a surge of venom within me. Before I snap, I storm upstairs to my cold bed. The next morning, I receive a call from the same physician. The words tumble out before I have a chance to speak.

"The patient said she didn't want to see a doctor with an accent and then started acting very sick. I was afraid." Embarrassed and mollified by the explanation, I tell him to put the matter behind him.

A few weeks later, he timidly approaches me to help him practice for upcoming examinations to gain registration with the Australian Medical Council. Eager to restore amity, I readily agree. We start with common scenarios that candidates are examined on. I pretend to be an elderly diabetic whom he must counsel as my general practitioner. He makes a positive start, telling me what having the condition entails. He discusses optimal blood glucose levels and a healthy diet. He relaxes a little and hazards the advice that diabetes is not such a dangerous thing to have after all,

then, ignoring the emerging doubt on my face, proceeds to tell me all about foot care.

"Your feet will become dead if you don't care."

"That sounds dangerous, Doctor," I hint.

"And you can get bad infections."

"Oh no!" I voice, in mock horror.

"And for that, you must prevent the crackles in your toys."

"What?"

"Ah, I will make you a picture." With a few deft strokes, he draws a shapely foot with a skin break between 2 toes. As he points proudly to his sketch, my pursed lips burst open with laughter.

"Crackles in the toys," he repeats, waving the paper into the air, puzzled by my response.

"Oh, oh, cracks in the *toes*, I mean," he corrects himself sheepishly.

"Let's start again," I say, grinning.

Weeks go by, and we continue to work on dozens of case studies. Sometimes I am the hypertensive, neurotic businessman; other times, a young woman with reflux. Sometimes I am the grateful and adherent patient; other times, the aggressive nightmare. Many of these sessions are dominated by criticism.

Mindful of the demands of my beeper, I can spend only short times tutoring, and I want to teach him much in the snatches of free time we have. So I press him to think about what the examiner wants, to prioritize information, show empathy, make eye contact, and say and do all the things that I determine he must bring naturally to these encounters if he is to pass.

Some days he is receptive; other days he cannot contain his woebegone expression. He wistfully mentions the great divide between my medical training and his own, but my beeper usually precludes elaboration. One day, he accompanies me to see a patient who has had a stroke. After assiduously examining the woman, I come unstuck at the constellation of neurologic signs that await a concise interpretation. While I gaze at the computed tomography scan of her brain, I suck on the end of my pen for inspiration.

A respectful voice appears at my side, "It is in the left cerebellopontine junction."

I turn around, surprised.

"I used to be a neurosurgeon," he adds, almost apologetically.

At our next meeting, I put aside the demanding practice session in favor of finding out about the physician I teach but the person I barely know. A remarkable story unfurls before me.

The morning after a grueling night operating on a young girl injured in a terrorist attack, he woke up know-

ing he had to leave. Three months of unpaid salary aside, the guileless expression of his 5-year-old son sealed his conviction. He fled secretly the next week, promising to find his wife and son a better life, secure from the drudgery of war.

Five years later, although he has discovered such a place, it has not proved easy for his family to immigrate. So he lives alone in the hospital quarters; the tenuous phone lines are his only link to the people left behind. His eyes shine as he speaks of his hopes for his son. Then I catch a glint behind his glasses, "I cannot forgive myself for not being there for my sister. She died during childbirth—I just wish I could have held her hand."

He could not return for her funeral for fear of being arrested. An unheralded image of my own family spread across continents crosses my mind, and I feel my throat constrict. Across the table, I sit still, entranced as the details of his existence emerge, like unshed rain, finally relenting. Suddenly, he makes a rising motion.

"I should let you go back to work."

I sense the aching urgency of unfinished business.

"Stay," I plead.

His father remains stoic about his son's move, but his ill mother's words of support are left stranded on her trembling lips when they speak. His wife frets, and the growing vagueness of his 10-year-old son over the phone hovers agonizingly over his days.

"It is as if he doesn't know his own father anymore."

A real fear of persecution, extending to his family, prevents him from returning home. So he holds on, with frail reserve, hoping for a better tomorrow. Neurosurgery seems a mere indulgence, once relished but now beyond the grip of circumstance. He is realistic about his options in a country that practices a different style of medicine.

He stares directly ahead for a few seconds as if summoning courage.

"You see, sometimes at work, I cannot forget about all these things, and I make bad calls to people like you because I don't think."

I am speechless. I feel like an impetuous storm, raging at an order of Nature it scarcely understands. Five years out of medical school, amid the heady days of youth and with the luxury of being able to gaze straight ahead without any real distractions to divert my focus, I have been blind to the trials that lash someone 15 years older, displaced from country, profession, and family and straining to simply find a hint of solace in each passing day.

The hissing sound of the general dissatisfaction shared over the performance of many so-called foreign doctors echoes sorrowfully in my ears. For so many of them, the initial sweetness of escape has been soured by the bleakness of starting anew.

I feel his curious glance on me, awaiting my response.

"I had no idea," strikes me as a pathetic rejoinder to his cheerless tale.

So I ask him what I really want to: "Is the struggle worth it in the end?"

Unblemished radiance lightens his pensive expression.

"If my son lives to become a man and these struggles are just stories to tell his children, yes."

The beeper trills, demanding acknowledgment for its impeccable conduct over the last 2 hours. I have never been more grateful to hear its sound.

Postscript: Three months later, I received an exuberant call. He passed the examinations with distinction.

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