

# Doctors Need Doctors Too

**A**LTHOUGH I HAVE DELAYED SEEING HIM TILL LAST, IT IS still early morning when I tiptoe into his room in the hospice. Stopping by the bedside, I gaze at his placid expression, debating whether to wake him for a desultory conversation or allow him his much-needed rest. His pale, smooth-shaven face is tinged by a shade of yellow that grows deeper by the day. The bed sheet adjusted carefully over him does little to obscure the gross edema of his legs and scrotum, now weeping their contents onto the mattress. The urinary catheter has taken on a fluorescent hue, a contrast to the bag of dull saline that has almost dripped away. Yet, despite the signs of discomfort, he breathes peacefully and I decide against waking him. As I quietly pick up his chart, the hard plastic clangs against the metal bed frame, and before I know it, he is awake and I am sorry.

"I didn't mean to wake you," I apologize.

"You are early," he greets me weakly, letting his eyes adjust.

"How are you feeling today?"

"My leg has almost no pain. It's amazing," he says, shifting cautiously but not really moving at all. His eyes divulge his pain.

He was about to start teaching a new batch of medical students when he experienced abdominal discomfort. Having just returned from a holiday, he went to his family practitioner, suspecting hepatitis. His physician sent him for an immediate ultrasound. By the end of the day, he had been diagnosed with disseminated bowel cancer affecting his bones and liver. He tolerated chemotherapy poorly and opted for palliative care.

Last week, as he was about to go home from the inpatient hospice after a period of respite and optimization of analgesia, "I heard a crack as my legs crumpled underneath me." It took him all his presence of mind to push the alarm as he hit the bathroom floor. He was bundled to the local hospital to have his femur internally fixed. "You should look at the x-rays—the femur was twisted at a 90-degree angle."

It is now a week since the operation on his femur. In this time he has developed acute renal and liver failure and has returned to the hospice for terminal care. The change in his condition is dramatic. Folds of dull skin hang limply from his frame, and his hands shake as he reaches for his eyeglasses. His green walker, a constant presence of late, is gone. In its place are many fresh flowers, whose bright colors do little to obscure the bleakness of his outlook.

He breaks into my reverie.

"Can I trouble you for a bottle?"

"Yes, of course." I hand him the urinal. I want to be useful before he tests me.

Once he is finished I turn to face him, and there is an awkward moment of silence between us. He is an eminent and, until recently, active physician with incalculable wisdom behind his 80 years. I am 50 years his junior, my career gap-ing with inexperience, and I am suddenly not sure how to interact with him. Will he grill me on the latest studies? Does he wish to know his numbers, awful as they look? Does he realize how long, or will he ask me? I suspect that like many other patients he will offer little resistance if I look busy and adhere to the predictable checklist. Pain, nausea, bowels, spirits . . . but it somehow does not seem right to seek such an exit. Within him I sense an eagerness to talk; within myself, a desire, and perhaps an obligation, to listen. I pray that his questions aren't tough.

As I pull up a chair, he smiles invitingly.

"Doctor . . .," I start.

He holds up his hands momentarily. "Please, *you* are the doctor. I am only a patient in your hands."

"Don't you want me to call you 'doctor'?" I ask, genuinely surprised. The last thing I want to do is rob him of the deference his position deserves.

He grimaces.

"After my ultrasound, I was waiting for my wife when a young lady came into the waiting room waving a sheet of paper at me saying this was going to take longer than they thought. The report said, 'The liver is replaced with innumerable metastases.' I had not even suspected I had cancer, and the realization fell like a guillotine on my head."

His eyes cloud at the recollection.

"Who receives a diagnosis in the waiting room? Is that how you do things these days?"

"That would have been difficult," I sympathize, privately aghast at the insensitivity. "Did she think you might want to know quickly because you are a physician?"

His eyes seek me out before he replies. "Sometimes, doctors need doctors too."

My first reaction is to wonder whether his uncharacteristic admission is born of weakness or truth as it dawns on me that I cannot recall ever hearing it outside of a well-meaning lecture in medical school.

Between eager sips of water, his words tumble out urgently.

"When I broke my femur, I was in pain and upset at what it prognosticated. The treating teams followed the checklist—

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drugs for pain, x-rays for checkups, but there was a maddening blindness to my needs as a human being. Every list was checked, yet no one cared. As I lay in bed, I thought that if I were able, I would rather kill myself than suffer the indignity of being a mere object.”

He is unforgiving in his assessment of the medical system that strived to fix him but never succeeded in identifying his real needs. His voice drops and he looks momentarily asleep, as if he had never spoken. As I absorb the weight of his words, he is awake again.

“Why did the hospital need to do bloods every day? What is the point?”

“Do you want to know what they show?” I inquire. My fingers are ready to flip to the page, my lips eager to combat his many existential questions with but one concrete answer.

Exasperation returns to his face. “No, no. I *know* I am dying. I have liver failure and renal failure. Just because I understand the numbers doesn’t mean I *need* to know them.”

I sit back, contrite at my alacrity to heal his wounds with a Band-aid solution. I revolt against a sudden suspicion that this may be the only way I know.

“I just want to talk,” he says, a firm but kind teacher.

“I am listening,” I promise, an errant but determined student.

So, steering away from medical subjects, perhaps what we both know best, we talk about his grandchildren, especially the one with Down syndrome, who has done him proud by growing up into a gentle young man. He cries about his wife’s impending widowhood but expresses relief that the mortgage is paid. He tells me how he found his first job as a physician 50 years ago.” One day they just knocked on the front door and asked if I would consider a hospital

appointment.” There is a brief twinkle in his jaundiced eyes, “I hear these days it’s a bit harder!”

He expresses regret and frustration at the fracture that made him spend an emotionally taxing week in hospital but returns to his positive experience at the hospice. He explains that he never felt a sense of entitlement from the establishment he has served for half a century but neither did he expect abandonment during his time of need. Now tiring, he berates modern medicine for becoming so enraptured with cure that it often denies care. Several times, I open my mouth to speak, but his compelling words return me to silence. There is no bitterness in them, only sound reflection, and gravity, and lessons never so eloquently taught.

Soon the hour has passed and my hand has grown warm in his. As his eyelids flutter under the weight of a uremic sleep, I realize how unfounded my fears were about treating another physician at the end of life. While I feared the onslaught of medical questions, all he wanted was to be a patient, no different from others, equal in their need for comfort, hope, and understanding, delivered not as an optional extra but as a core mission of medical care. The difference perhaps lies in his ability to bravely express a sentiment that many others suppress for fear of alienating their doctors.

I rise from my chair to leave, taking care this time to be quiet. In my anxiety to treat him differently, I almost did him a disservice. Fortunately, the teacher in him had the last word.

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**Editor’s Note:** The patient described in this essay provided written permission to publish his experience.