

Nourishment

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“Good morning. How are you feeling today?”

“Soufflé — have you any idea how to make soufflé?”

“I’m afraid not,” I smile, tensing inwardly.

“It was just awful.”

“Really?”

“You know the problem with your hospital is that it tries to make things it shouldn’t even try. The fancier the name, the worse it tastes.”

“Okay.”

“No it’s not okay. What’s wrong with your kitchen?”

I take a deep breath. “I’m afraid I can’t say, but can I get you the complaints officer?”

“Yes, do that!”

I seize the win like a desperate swimmer clinging to shore.

He has bulky liver metastases from gastric cancer and has been admitted with fevers of unclear source. An exhaustive search has found no infection, and after days of watching him I’m satisfied that the fevers are tumor-related. But he is harder to convince. He knows every temperature by heart but likes to jab his shaky finger at the trace climbing to impressive heights. Since he’s 80 years old and not fit for further systemic chemotherapy, I want to talk to him about ways of controlling his fevers and discomfort. But all he wants to talk about is the food.

It was okay at first, almost an inside joke that lets doctors say to patients, “Welcome to our world. We know what you mean, some of us live on that food.” But the banter showed no sign of abating, and now, a full 2 weeks later, our culinary arguments have

escalated — my rounds increasingly begin with a battle over the menu and its personal affront to the retired chef.

“Just because the pie has a covering doesn’t mean you can fill it with anything you like,” he says. “People can taste what’s inside.”

“I returned my breakfast — it was shocking.”

“One spoonful of the soup du jour was enough. That recipe should be retired.”

“Can we just talk about your cancer?” my mind screams. I’ve come to hate these mornings. If I leave him until last, he delays my rush to the team meeting. If I fit him in midway through, he gazes at me with hawkish attention every time I pass by. Exasperated, I start my round 15 minutes earlier, to get him out of the way before rounding on patients who generally listen, or at least are less combative.

Every morning I project a respectful but breezy cheer that says, “We’re willing to move past yesterday’s menu disaster if you can,” but he’ll have none of it.

The team has taken turns leading the conversation, in case he simply dislikes me — but no, he dismisses everyone equally. So the task falls back to me.

“I understand” doesn’t work. “I don’t control the kitchen” backfires. “Could someone get you outside food?” is unworkable because he’s a widower whose only daughter has her hands full with young children. “File an official complaint” invites the cynical repartee, “I’ll be dead before they read it”; “I’m the doctor, not the chef,”

the doleful reminder that doctors should care about patients’ quality of life.

I feel the hospital managers breathing down my neck as the patient’s length of stay grows. “Why is he still here?” I’m asked. Because we’re trying to figure out why the soufflé doesn’t rise. And why the eggs are runny. And how the kitchen gets every single thing wrong every single day.

I fantasize about handing over his care, ameliorating my ire and poor statistics in one fell swoop. But what would I say to my busy colleagues? “Do you mind looking after a cranky old man who wants to argue over the food every single day? His medical issues? Don’t worry, you’ll never get to those.”

“We need to talk about a discharge plan,” I say one day, ashamed at having to raise my voice above the predictable gripe.

He has other ideas. “I can’t go anywhere while I feel weak. I tell you, it’s the food.”

But it’s not only the food. His liver is now palpable, his skin tinged with yellow. Empirical steroids have eased the fevers, done nothing for his appetite, and made his blood sugars shoot up. I ask if he’ll consider a transfer to hospice. No, he wants to go home but is too weak to manage alone and doesn’t want to burden his daughter. He would consider a nursing home if he were just that bit stronger, which brings him back to the food . . .

I privately mutter to my resident staff that I’ve given up on him, but of course I haven’t. In fact, I’m restless trying to break the impasse. I try to solicit his

daughter's assistance. Twice she's backed out of a trial day out — she has two children under 5 and it's been a cold winter.

Another unsatisfactory encounter later, I return to the outpatient clinic, where I see an old favorite patient who beams at me as he enters. No longer requiring active surveillance, he returns annually because “you make me feel safe.”

We dispense with the medical questions quickly before he tells me about his grandchildren. The entire encounter takes about 7 minutes, he talks for 6 of them, and I hold on to this pleasure steadfastly because it's therapeutic for us both. Today as he leaves, this former pastor says, “The gift of silent communion is the greatest gift you can give someone.”

That evening, I go back to the ward, aware that I'm courting trouble at dinnertime. The intern offers to come, but I want to do this alone.

My patient is lying on his side, staring at his yellowing hands. The food tray has been pushed away. Drawing the curtains, I sit at his feet.

“What are you doing here so late?” he asks.

“I was just thinking of you,” I say.

“The food was awful.”

I keep quiet.

“I think they get the macaroni from a can.”

Outside, the chatter of visitors is growing. What might it feel like to have no visitors in 2 weeks except doctors with an agenda?

“It's such a shame that I came here to recover and you've made me weaker.”

Let it go through to the keeper, a psychiatrist once said of personal accusations, invoking a familiar cricket term.

He turns to face me.

“I never thought I'd end up in no man's land. I thought it would be a controlled process, packing up my home, moving out. Then, all of a sudden, the cancer grows bigger. I wonder what the doctors got wrong. Maybe the chemo leaked out of my arm.”

This I yearn to normalize. It isn't anyone's fault, I want to say. Let me tell you about the hun-

dering their expectations of what modern medicine will do for them. But every now and then, someone throws me a challenge that reminds me that medicine is a vocation.

Night has fallen by the time he stops. Having managed to stay silent for a half hour, I now search for a fitting acknowledgment to cap the occasion. And since I hadn't been thinking about a

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dreds of times this happens. Still, I keep silent and he doesn't seem to mind.

His poignant reflections are mixed with factually wrong assertions. The rational doctor in me springs out like a jack-in-the-box, but I feel this is my final chance to get things right. So I let him take me through a potted history of his life, losing his beloved wife, learning to appreciate gourmet cuisine, the shock of his cancer diagnosis, the sorrow of leaving his daughter. He almost seems oblivious to my presence, so though I'm tempted to join in with nods, sympathetic noises, or a light touch, I sit there wordless and virtually motionless.

Instead of listening in order to reply, I listen to understand, shielded temporarily from the pressure of performance. I reflect on how much of routine medicine turns on performance — performance for residents, hospital bureaucrats, other patients who are watching. Patients who suspect that it's all something of a show protect themselves by low-

clever reply, I say what comes naturally. “It must be tough to lose all control.” He looks at me with the kind of gratitude I didn't believe him capable of, his belligerence replaced by tears.

The next day, an amazed intern triumphantly announces, “He actually wants to go home to his daughter!”

We round on him one final time, moving aside the uneaten breakfast tray.

“The toast is cold,” he grumbles.

“I'm glad you're going home,” I say, with a newfound understanding and no urge to say more.

Two weeks later, his obituary appears in the newspaper, and I receive a note from his daughter. “Dad wasn't the easiest patient, but thank you for getting him home. He was happy here.”

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