HEALING ARTS

Shoe Lady

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I entered the hospital elevator with three other physicians and a petite woman with short cropped gray hair who appeared to be a visitor. Two of us were wearing Danskos, a favorite among medical people.

“Are those Danskos?” the visitor asked a female physician to her left.

“Yes they are.”

“Good shoes, I have some, but if you want a really comfortable shoe, try Alegrias. If you’re interested, come by room 916. My husband is a patient here, and I can show you the shoes. We’re from Lankston, it’s about 3 hours away. It’s too far to drive every day, so I stay here all the time.”

“How do you spell Alegrias?” I asked. “Are they only for women?”

“A...l...e...g...r...i...a,” she spelled out. “I think that’s how you spell it. I’m not certain if they’re only for women. Stop by and I’ll show them to you.”

By the time I arrived at the 10th floor, the elevator was empty. I stood alone and thought about the fleeting moments on the ride up—the moments where we catch a glance, return a smile, notice a tear, or as with the shoe lady, listen to a brief conversation. I’m certain my elevator companions gave little thought to her banter, but her reason for being at the medical university moved my curiosity, especially since she lived three hours away and there were excellent hospitals closer to her home. And besides, I was interested in the shoes, in spite of being a “Dansko man.”

I moved on to my consults, but later in the morning, found myself on the 9th floor, and proceeded to room 916. I knocked and entered, and sitting in a bedside chair was a bearded man, his heart rhythm and vital signs prominently displayed on an elevated monitor. His hair was disheveled, a hospital gown covered his body, and he wore the crust of a hospital stay. Standing next to him was his wife. “Come on in,” he said.

“Remember me?” I asked looking at his wife.

“Yes,” she said, and then began to tell her husband why I had stopped by to visit. She bent over, picked up a shoe,

turned it side to side, and handed it to me. “This is an Alegria. Most comfortable shoe there is.”

“Looks like it’s made for a woman, do they have shoes for men?” I inquired, forgetting I had asked the same question in the elevator. She then mentioned several shoe stores in various towns where I could find the shoes, and suggested that I inquire as to whether there were any other styles.

The shoe lady was animated, moving about with precision, her words articulate and flowing at a quickened pace. Her husband was composed and sedate, yet smiling and sociable. I mentioned that they seemed to be opposites, to which her husband said with a big smile, “Do you think?”

“Opposites attract,” I responded. We all smiled.

As our conversation unfolded, I found out that they were native South Carolinians and had been married over 40 years. I then asked what brought him to the hospital. His wife answered that six months prior he had suffered a stroke, and was now admitted with seizures. “They forgot to tell me you can have seizures after a stroke,” she politely scolded.

I then asked how they met, and what he did for work. His wife responded that they had met in school and married after a brief period of dating, and then went on to describe her husband’s career. She was very proud of him, and I believe, happy that someone had asked and allowed her to revel in his story. He was more than a patient—he was a husband, a father, and a grandfather. He was also a lawyer, a family court justice, a law school professor, and most recently, head of the juvenile justice system for the state of South Carolina. I was taken aback. I had always taught medical students and residents that we are obliged to look beyond the exterior to the person within—who that person is, their personhood, not what we perceive during our limited interactions when we seem to opt for technology over communication and clinical foxholes over the bedside. But this man, sitting there disheveled and a little worn, with a southern twang lacing his words—well, I was just surprised. To be honest, I had pictured him as a horseman

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(he lived in an area of the state known for raising horses), or perhaps a cattleman, both respectable careers of their own, but not a lawyer, though I'm not certain how a lawyer is supposed to look. But disease does that, it strips away our veneer, taking away what was, and exposing what is.

His wife continued recounting his remarkable career. I stood there and took it all in. He was a man of integrity, always striving for fairness and justice, something we all struggle for—but something he actually accomplished. I was in awe. And then, after spending what seemed like an inordinate amount of time in their room, I excused myself, wished them well, and trusted that he would get home soon.

As I left the room, I reflected on the elevator ride earlier in the day. This shoe lady, so animated and outgoing in the elevator, had captured my heart. She had a story, though I feared that the other physicians accompanying me on that ride had no interest in finding out the story, or even wondering if there was a story. To them, she might have even been annoying. How sad that would be, for as physicians, our discovery is through story. Without story, there would be no diagnosis, no treatment, or even more important, no healing. We need to ask of these stories, these memoirs of life, if we are to be skilled and artful physicians. And once we ask, we need to listen, really listen. Even in elevators, for the riches of story, the intimate substance of narrative, make us better physicians.

I walked down the hall to the elevator, pushed the button, and waited. My mind wandered to the shoe lady and her husband, and how life can literally change in a second, when I was suddenly nudged by the muted whooshing of hydraulics as the elevator arrived. The doors opened and I looked inside. Three doctors, two nurses, three adult visitors, and a child of five or so years welcomed me with their crowded presence. I smiled and stepped in. With a jerk, the doors closed, and we began descending. I noticed the doctors talking with the nurses, but the visitors remained silent, staring straight at the door. Perhaps they felt uncomfortable, perhaps they were intimidated, or perhaps they were confused by the betrayal of the human body. I wondered what had brought them and the young child to the hospital, and whether their stories would be happy ones or sad ones. As I was thinking, the elevator door opened, and we emptied to go our own ways. I stood there for a few seconds as nurses, doctors, and visitors refilled the elevator. Within seconds, the door closed and they were gone, their stories tucked safely in their pockets. I wondered if there was a shoe lady amongst the visitors—and hoped that there was. After all, every person has a story—if only we would listen.

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