The Man Who Would be Doctor

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Before entering medical school, I had an artist friend who, like me, distrusted the so-called “respectable” professions. A few years prior, when I had mentioned the possibility of pursuing international business, he scoffed. Now, on the brink of medical school, I believed that I could, despite my vocation, remain the same middle-class fellow who had to scrape for change to buy a Hostess pie out of the vending machine. I would acquire skills and a license, but I would never let the role get to my head—never even *assume* a role, in fact. “I’ll go to medical school,” I proclaimed, “but I’ll never become a doctor.” I was both cocky and naive.

Because of distance, I visited my friend just twice during medical school. I can’t much recall the second visit, but our first visit occurred in the middle of my neuroscience class and he’d already noticed a change. “You seem so mechanistic,” he said. Though his comment stung, a full recognition of my own transformation did not occur until my second year in practice.

Floyd was a bull of a man, with intense eyes and great, beefy hands. My partner was on vacation, and all I had for his past history was the report of his sister, a nurse. To this point, cardiac enzymes and a CT scan had demonstrated that his presenting chest pain was not cardiac; rather that his cancer “in remission” had invaded his liver. “The oncologist said that it’s futile,” the sister whispered. “I don’t think he’d understand, anyway.” Floyd suffered from paranoid schizophrenia and mild mental retardation. Frank discussion of prognosis, she thought, would just make him anxious.

Still, one feels the duty to report facts. He was sitting up, eating a pork chop, when I told him about the liver.

“Whatcha’ gonna do?” he replied. “Ain’t ya’ gonna fix it?”

“There’s nothing we can do to make it go away,” I frowned. He examined his lap while I offered a diuretic, an opiate and no further explanation.

Three days later Floyd stood in the center of the exam room. My partner’s return flight had been cancelled due to weather. Generally, I lead by extending a handshake or offer a pat on the shoulder. But this professional gesture was cut short by a sharp blow to my epigastrium. Like the martial arts master of lore, Floyd had nearly taken my breath with a jab of the index finger. Too stunned to respond, I froze, a professional grin plastered to my face. “You’re too skinny,” he boomed. For the next half hour my terminally ill patient would vie for the role of doctor.

At first it appeared he might succeed. Caught off guard by his initial jab, I took several seconds to regain my bearings. During this time, he sized me up: he looked down at my belly, as if to assess damage, then panned up my torso. “How come you’re so skinny!”

But Floyd, in this foreign environment, played with a handicap. Around us were the tools of my trade—the otoscope, brown vinyl patient table, and silver refuse canister with a foot lever. Their familiarity worked on me like smelling salts on a boxer, serving to remind me that I, not he, was in charge; sure I was skinny, but he didn’t wear the badge.

Strengthened by this recognition, I fought back with a gaze of my own. If medical education had taught me one thing, it was the objective view of the human body. I took in Floyd’s smell, the appearance of his face, hair, and shoes, and the pace of his speech. Not manic, I concluded, and as my mind fell into the familiar rut of medical thought, my confidence soared.

And with this confidence came a second doctorly quality—sympathy. Placing my hand on Floyd’s shoulder, I directed him to a chair in the corner, the usual starting point for a visit. “How’s the pain?” I asked, gesturing at his abdomen.

“Not so bad.” His voice had dropped in volume.

“Are you taking the pills?”

“Yes, Doctor, just like you said.”

“And your legs?” I lifted the hem of his jeans. “How is the swelling?” I pressed a single digit into his shin. “Are you taking the water pill?”

“I take the pill, just like I s’posed to,” he returned.

“How you feeling, otherwise?” I said vaguely.

Floyd tilted his head.

“Are you sleeping OK?”

“Yeah.” He narrowed his eyes. Why?”

“Oh, I don’t know.” I wondered if his sister was wrong about his ability to grasp mortality. “Sometimes a person has thoughts, you know.” He pressed his palms together, puckered his lips. It seemed he didn’t like where this was going. How does one reverse the current of a conversation?

Squaring his shoulders, Floyd didn’t bother a segue. “Whatcha’ eat for dinner?” he started in. I looked down at my belt line as unwanted images flashed through my mind. Greg Hill across from me at the fifth grade lunch table:

"You eat like a bird." A woman at my high school gym, clamping a caliper on my triceps: "Three percent body fat." And what about my liquid stool? What did I have—Crohn's disease? Tropical sprue?

Floyd's knees were nearly touching mine now.

"I guess we eat a lot of chicken," I replied, "stir it up with vegetables, eat it with rice." Was I better in Japan? Was I gluten sensitive? What was the proper study?

For Floyd, my dietary history was suspect. "Why you look like *that*, then?" he said, pointing down.

"I don't know."

"You eat breakfast?"

"Yeah, most of the time." Just peanuts in the car, to be honest.

"You eat lunch?"

"Yeah, sort of."

"Dinner?"

I scooted my chair back and turned it a little, to make space between us. "I don't know why I don't gain weight, Floyd." Probably, I thought, it was a simple matter of genetics.

Floyd didn't waffle, however. He shook his head with paternalistic concern. "You gotta eat more," he said with finality. I nodded, trying to recall the sensitivity of the anti-gliadin antibody.

For a moment, each avoided the other's eyes, as the baton passed between us. I'm not sure if he extended the baton, or if I reached out and pulled it away. Perhaps Floyd realized that despite his greater fat and muscle reserves, he indeed was dying. Or maybe I knew only one way to wear the white coat—as the strong one with metered intelligence and sympathy. Wasn't it I, not he, who was called to relieve suffering; he, not I, who must now be vulnerable?

As I pressed my sympathetic agenda on Floyd, his voice went and stayed flat.

I pulled up his pant leg once more, pressed firm evidence into his shin. "Are you wearing the compression stockings?"

His thick brows edged together. "What are those?"

Had I neglected the order on discharge? "They keep the water out of your legs."

I pulled out my prescription pad as Floyd fidgeted in the undersized chair.

"Keep your feet up," I admonished, leading him out toward the lobby.

We stopped at the counter, where Mary, a cheerful woman with big, ovoid glasses, smiled. "Floyd already has his next appointment," she said.

He pushed through the door, where his residential caregiver would be waiting. "Bye Floyd!" Mary called after. He didn't respond.

Just outside the door, however, he turned to nearly face me. The last half hour he'd fought for the right to play doctor, but home court advantage, the stethoscope slung about my neck, and the reality of his diagnosis conspired against him. Big hands limp by his sides, he muttered, "Bye, Doctor."

As my heart dropped, I looked across at the secretary. For a disturbing moment, I pictured Floyd in a bed, skinny and weak, being spoon-fed by his sister. Then against this image I smiled broadly, and told her the comedic story about the mentally ill patient who had just tried to diagnose me. She accommodated, even laughed at his audacity.

Four weeks or so later, my partner told me that Floyd had died. He thanked me, and said that Floyd's sister was grateful as well, for the care I'd rendered. I nodded calmly. "You're welcome," I said. Then on the drive home through the early spring hills, I cried at the wheel.

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