HEALING ARTS

Materia Medica

Team Player

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I was learning how to insert a Foley catheter — a long rubber tube — into a patient's penis. The man had come to the hospital with a huge swollen belly and was having trouble urinating.

"Grab it, hold it up straight," the burly resident said, handing me the lubricating jelly. "That's right, then you just shove it in."

I apologized to the patient for having to put him through the procedure, but not for my lack of experience. I was a third-year medical student on my surgery rotation, and at that moment, it seemed more important to inspire confidence.

I squeezed the jelly onto the head of his iodine-swabbed member, stifled a grimace, and, as quickly as I could, pushed all sixteen inches of the tube through the thin slit at the tip of his penis into the bladder. The resident left and the patient and I were alone. The dark yellow urine gushed into the attached bag. Then we chatted.

He was a retired truck driver who'd grown up on a farm out west. Though he was only in his sixties, the gray skin stretched tight over his cheekbones made him look twenty years older. His stomach pain had started a few months earlier and now it was unbearable. Twenty-eight years ago, he'd had several polyps removed during a colonoscopy; it hadn't gone well, and he had stayed away from doctors ever since.

The next morning the team reviewed his x-rays. The chief resident pointed out the classic apple core sign: a mass — it had to be a colon cancer — girdled a section of his colon. Not a big surprise, he added, in a patient with a history of polyps that were never followed up.

The operation that afternoon revealed cancer; indeed, cancer so far advanced that clumped metastatic gumballs floated in the thick pus that filled his abdominal cavity. The surgeons cut out the obstructing mass, pulled out part of the colon through his skin to provide an exit route for fecal material, and sewed him back up. There was no point in removing the gumballs.

I stopped in to visit each day during the next week as his wound healed. He admitted that he was still uncomfortable with the notion of a nice young lady being one of the surgeons, according to, as he put it, his age and social customs. I realized that he was referring, though he was too embarrassed to say it, to the rather indelicate insertion of the Foley catheter.

Think of me as part of the team, I said. Rather than being assigned to one doctor, who might be in the operating room or busy with a post-op patient, he benefitted from our collective knowledge and responsibility: the residents, the interns, and the medical students. Teams like ours, I told him, had the intricate precision of a football team, each player with his (or her) own role and an appreciation of how it all fit together. Just saying it made me feel better, too.

Each day, I'd press his belly gently and he'd wince, just a bit. I would apologize for asking him to roll onto his side so I could listen to the mucus rattling around in his lungs. I'd review his most recent blood test results. And before I left, I would adjust his sheet to cover his feces-stained colostomy bag. I often wondered how he was handling his dismal diagnosis, but he never brought it up. He probably — understandably — preferred to chat about other things.

And so when he asked me one day if he had cancer, I was stunned.

I stared at him, panicking. Somebody on the team had fumbled big time. Sure, it was possible that my patient had misunderstood a well-meaning resident's medical jargon or received the news while in a fog from pain medication, but I doubted it. I mumbled something about not having the official results, fabricated an urgent meeting, and promised to return soon.

I found the chief resident, who admitted he'd forgotten and assured me that the team would take care of it.

When I stepped into my patient's room a few hours later, I knew they had told him. The lid of uncertainty that had capped his roiling agony was gone. His face contorted, he was coughing to the point of dry heaves, his bloated abdomen straining through the rubber T-shaped retention sutures.

"I can't take it no more...give me enough to put me out," he pleaded, and at first I thought he was asking for something so he could sleep. And then I realized he meant more. If ever it were right to help a patient die, I thought, this might be it. His disease, he knew now, was incurable, his pain unrelenting. What does a physician do in such a

situation, I wondered, where death seems the only humane option?

I knew what a medical student would do, in any case: beat a hasty retreat. I ducked out of the room and found one of the residents hunched over a desk cluttered with medical charts.

“The guy with the colon mets?” he said, scribbling a note. “He’s written for pain meds, he just has to ask for them. Didn’t somebody tell him?”

In all the complicated plays, the team forgot the patient. Twice.

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