On Being a Doctor

Nobility

Some years ago, my wife and I conducted a study of medical patients who were disliked by their physicians (1). The hardest part was getting the physicians to admit that they harbored any such emotions. “I like all my patients,” was a frequent reply.

Not me. I have never had trouble disliking patients. One could say that I have a highly developed sense of dislike, so acute that I sometimes use it as a diagnostic tool. When confronted with a patient I dislike, I screen for depression and alcohol abuse because I’d otherwise invariably miss those diagnoses, and I am likely to react negatively to such patients.

Whatever my initial emotional reaction to patients, it is difficult for me to dislike any of them for a prolonged period. I get to know them too well. They become far too interesting.

Mrs. Smedley was 77 when I first met her, accompanied by a long-suffering daughter-in-law as I have ever encountered. Mrs. Smedley, newly arrived in Galveston from rural Texas, was carrying a list of diagnoses that would choke an HMO. She had systemic lupus erythematosus and discoid lupus (her italics, not mine), along with osteoporosis, several varieties of heart disease, arthritis, emphysema, a bad stomach, and chronic headaches. And she was miserable. My initial 90 minutes with her were as exhausting as a marathon.

I reeled from one symptom to the other in total confusion. It was a battle; as soon as I began to pin down one set of complaints, she would switch fields and bring up a whole new set.

On the second visit, she told me that she had five daughters and they all had fatal diseases. It was during this recitation that I had a flash of intuition. Proud of my insight, and lacking self-control, I immediately blurted out, “You’re bragging that your five daughters all have serious diseases. You’re actually bragging about it.” Out of the corner of my eye, I caught the first spark of life emanating from the daughter-in-law. She suppressed a smile and straightened up in her chair, clearly now an interested observer.

But what really surprised me was that Mrs. Smedley also brightened up. She denied my accusation vociferously, but for the first time, she seemed involved, interested—even, dare I say it, happy. A while later, I made a joke about her huge load of medications, and she actually laughed.

This became the basis of our relationship. She would come dragging in, complaining about her many somatic ills, and I would make fun of her. I would like to describe my ridicule as gentle, but that would not be accurate. It was heavy handed, enough to occasionally make me feel guilty. On the other hand, my behavior had an obvious positive impact on the moods of Mrs. Smedley and her daughter-in-law. The real guilt for me came later.

Thus, our relationship progressed. I deprived her of most of her cherished diagnoses: The two types of lupus and the several forms of heart disease were no more, and her medication list was whittled down to a fourth of its initial length. Thinking the somatization was a marker for depression, I half drowned her in a sea of antidepressants, but to no beneficial effect. The pattern of our interactions did not change. Never once did she answer “Okay” to the question, “How are you doing?” Her review of systems was always 100% positive. The only thing that kept me from going mad was making fun of her. Then she would smile, be mollified, and leave my office talking to the nurses about how funny I was.

She became an octogenarian. One day while I was out of town, Mrs. Smedley saw the nurse practitioner with whom I work. My colleague performed a complete physical examination, something I had not done for some time, and found a 2-cm mass in the right breast. By the time I returned from vacation, Mrs. Smedley had been evaluated, diagnosed with breast cancer, and scheduled for surgery.

I was devastated. I had been seeing Mrs. Smedley every 3 months for 4 years, constantly ridiculing her bodily complaints, when all along I was allowing a ductal-cell carcinoma to grow unnoticed in her right breast.

I saw her 2 days before her surgery. “Hi, Mrs. Smedley. How are you getting along?”

Before I could begin to commiserate about her dread disease, she boomed back, “Fine, I’m fine, Doctor.”

Fine? She was doing fine? I had spent many hours with Mrs. Smedley, and never once had her self-assessment of her health gotten within sight of “Fine.”
The rest of our conversation proceeded as if she had come across a script for the perfect patient. She discussed the coming surgery and radiation treatments calmly and rationally. She understood the risks, understood that not everyone with early breast cancer is cured of the disease. She understood everything.

And there was absolutely no whining. Mrs. Smedley was an adult, accepting that sometimes bad things happen.

This was not an act; this was real. She obviously had undergone a genuine, if miraculous, transformation. Almost as stunning was the change in the daughter-in-law, whose eyes now revealed a clear admiration and love for Mrs. Smedley.

Over the ensuing 6 months, Mrs. Smedley was a study in nobility. She was realistic in her expectations and modest in her requests. I could only admire her. Certainly, I could no longer make fun of her. Nevertheless, I would occasionally feel as though our interactions were part of some made-for-TV medical drama. She had been practicing all her life to be seriously ill, and life had finally provided her with the right script. She gave a flawless performance.

I told her how sorry I was that she had breast cancer.

“That’s okay. There’s a lot of people worse off than me.”

I told her how sorry I was that I had not found the cancer earlier.

“Doctor, nobody’s perfect. You’ve always done your best.”

A year after her cancer diagnosis, she began to slip gradually back into her old self. What is the proper metaphor? Cinderella and her coach at the stroke of midnight? The man rendered catatonic from Parkinson’s in Oliver Sacks’s *Awakenings,* who experiences a dramatic but tragically evanescent recovery by using levodopa? No, it was not that bad.

At first, I resisted the inevitable. It seemed that she was better off with her nobility, that she was happier. But was that really true? Nobility can be exhausting for all concerned. Maybe she was not really unhappy as her former self. After all, she always had the ability to laugh at herself.

Mrs. Smedley has returned to giving a 100% positive review of systems, but she has become a bigger person for me, far too big to fit in one of my neat categories. Indeed, she knocked me out of my world view about good patients and bad. Was I right in depriving her of her dread diagnoses? Maybe I should have been validating the ones she had. But that would have been dishonest.

We have reached a new steady state, Mrs. Smedley and I, but it took a while. It became clear that it was still my responsibility to make her laugh. It was important to both of us. However, I could not ridicule her with my former zest; I had witnessed her nobility. The targets of my humor have expanded. I find that we are every bit as happy laughing at me as we formerly were laughing at her.

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