

On becoming a doctor

Like all physicians, I have regrets. Still, my career choice, in retrospect, seems to have been predetermined. Recently I uncovered a picture in my parents' basement: "My daddy is operating on a patient. He is very sick. STEPHEN WORKMAN." The picture, which I drew in grade one and the teacher captioned for me, shows my father, consisting of little more than a poorly articulated skeleton, wielding a large and frightening saw. From the wretched appearance of the patient, rendered with ample amounts of red crayon, I doubt he survived. My father has since retired

after 30 years as a general practitioner, 20 of them spent behind bars as a prison physician.

I was the first member of my medical class, the class of '89, and I have the photos to prove it. In 1969, "Nana" Workman knit two Queen's Meds sweaters after carefully working out the years my older brother and I would graduate. Somehow, although he was one year older than me, my brother is wearing the Meds '90 sweater in the photograph, and I the Meds '89. Twenty years later I received my medical degree from Queen's University — as fate would have it, in 1989. My

brother, a good deal smarter than me, wisely decided to forgo the family business and became an electrical engineer.

Despite such an auspicious beginning, I now find myself amazed at the extent to which my medical training succeeded. For it is only in hindsight that I realize just how little my clinical skills teachers had to work with. What I see, what I know, what I understand have all irrevocably changed from the days of my first "clinical encounter." I had to take a history from a young and healthy-looking university student only a few years younger than I, who was in hospital receiving high-dose intra-

venous steroids. She had gone blind in one eye several weeks before as a result of optic neuritis, and her vision had only recently begun to return. Facing the possibility that she could go permanently blind in one or both eyes at any time in the future, and that she stood a 40% lifetime risk of multiple sclerosis, she was extremely distressed. But I didn't get it. I couldn't understand why she was so upset. And so instead of addressing her concerns I attempted to dismiss them.

Three years later. As a medical resident I lived in a small apartment building owned by an elderly man named Orville. The building was Orville's last property — he had once owned many, and, as he once told me, in his late 80s he was still worth over a million dollars. Orville was an eccentric character and, as for many people who had survived the Depression, money was enormously important to him. He had become a rich man. A rich man whom I made a little richer every month. Each month when I dropped my rent cheque off at his house, just across the road, he and his wife would invite me in, proud to have a visit from “the doctor.”

“You've got the odd ant in your building,” I understated one day after a column of the carpenter ants that were busy devouring his building ventured into my kitchen to transport honey from an open jar back to their catacombs. I vacuumed most of them up.

“You must be a diagnostician,” he said. I looked at him blankly. “The ants, you said they were odd. I was making a joke. Never mind.” Another time he said to me, “Do you go to church? Every man has to have an anchor.” Later I realized his comments were overtures to a friendship, but I was too busy and tired to realize it.

When I was in my second year of residency Orville's wife had a stroke and then a deep vein thrombosis. I saw less of Orville, and when I went into his house I found it even more unkempt and Orville even more talkative than before. Often, I did not know what to say. One day Orville unburdened him-

self to me. It was then that he mentioned his wealth, in the context of complaining about the cost and effectiveness of two ads he had run in the local paper for a live-in nurse for his wife. “Fifty dollars it cost me to run the ad twice, and not one reply, not one. Fifty dollars. I won't waste that kind of money again,” he stated bitterly. Without a live-in aide willing to care for him and his wife, the only other option was full-time nursing help. This, Orville had calculated, would cost him over \$100 000 dollars a year. “I worry about Sally, whether I will leave enough for her.” Sally, his daughter, also lived in his apartment building.

Another time, after knocking at my door with his cane when I was a few days late with the rent, Orville again confided in me. I can still picture him standing on the narrow porch of my dumpy apartment, tired, wizened and frail, a hunched old man clutching a long walking stick as if it were the only thing keeping him from falling into his grave. “I have demons. At night I have dreams of demons, demons devouring me, such terrible nightmares.” I “diagnosed” an agitated depression and recommended that he see his family doctor and perhaps try antidepressants. He did and they worked, but I can now see that I failed Orville, failed to acknowledge and care for the pain of his demons, imagined or otherwise, to the best of my ability. I understood Orville's suffering, but acted in a limited and scripted way. Orville died a year later, survived by his wife for only another year. I wish I had taken Orville by the shoulder and invited him in for tea as well as referring him to his physician.

We are staying at a friend's cottage. A knock at the door is unexpected. Everyone else is busy, so I answer. An

overweight middle-aged woman greets me, a neighbour who needs to borrow a pail of water because the well on her property is not working. She lingers for a few minutes — she is talkative but says little. After five minutes I become impatient, anxious to start my coffee and morning paper. And then the reason for her talkativeness emerges.

“We've had a terrible tragedy this winter,” she says, her eyes suddenly welling up with tears. Something in-

side me shifts. I take a moment to gauge the severity of her grief and to think about what to do next. She is clearly devastated. I watch her for a few seconds before I realize that after ten years of caring for patients

and their families, I know how to deal with this. I know this feeling, I know this situation and what to do. I understand that the exchange that is about to take place will be of extreme importance.

“What happened?” I ask. Her grandson, the light of her life, was struck and killed at a crosswalk earlier in the year. I had followed the story in the local paper. Grief and anger spill out at the enormity of the loss. I let it. “The driver wasn't even identified, he didn't even say he was sorry,” she says bitterly. She is consumed by anger as well as by grief. I fear that she will always be. And so I make a conscious decision to intervene. “Perhaps he is terrified. A lot of people would be, don't you think?” She nods in assent, and I hope this seed of forgiveness and understanding will grow. She sheds a few more tears before leaving.

I have no regrets.

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Art Explosion