

The Doctor Will See You Now

“We try this once, and if it doesn’t work, we forget it,” Mrs. S said through set teeth, each of her legs held by a different aide. She’d had it with all of us.

Two aides had brought her from an assisted living facility to the OBGYN clinic to undergo a second attempt at an endometrial biopsy for post-menopausal bleeding. The normally routine procedure was complicated in almost every way. Mrs. S had been bed-ridden for several years, suffering from multiple sclerosis, obesity, and incontinence.

We couldn’t use stirrups because Mrs. S did not fit into the chair typically used for the procedure. Her combined medical illnesses and history of immobility made her incredibly stiff, and the slightest movement at the hip joint caused her severe pain. A bowel-prep had been ordered for the night before, but the prep was mistakenly given just hours before the appointment.

Two shaking legs fought against four straining hands. Mrs. S was exposed. Her bowels emptied endlessly onto the table. The field was contaminated and the physician’s view was obscured.

Mrs. S was helpless and humiliated, and we hadn’t even begun the procedure.

As the attending physician, Dr. E, attempted to clean the field, our patient asked if the procedure was necessary. Dr. E calmly answered her questions, explaining that we needed to rule out cancer. I watched Mrs. S. She expected the procedure to fail. Again. She grimaced and stared at the ceiling.

The resident’s inexperienced hands took up the speculum and advanced it with firm movements. Dr. E leaned in, offering whispered guidance.

The speculum had barely made contact before Mrs. S howled her disapproval. Her formidable legs shook with pain, wrestling the aides back onto the table. The nurse retreated with experienced swiftness, allowing Dr. E to abandon her post between two closing legs.

I let out the breath I had been holding. My feet ached from a long day in uncomfortable shoes. I was tired, and this was not the quick after-hours biopsy I had expected.

Come on, Mrs. S, please just let us help you.

Dr. E implored Mrs. S to try again. She spoke in soothing tones about risks of cancer going untreated. “Well, I guess I’ll just die from cancer, then!” Mrs. S shouted back.

A sharp silence fell over the room. I felt ashamed. I knew what needed to be done but I hesitated. Would I be out of line?

While Dr. E conferred with the nurse, I slid behind one of the aides, and offered my hand to Mrs. S. To my relief, she took it readily. I placed my left hand on her shoulder, instinctively began to stroke, and just started talking. "I think you're being very brave," I told her, "I know this is painful, but I think it's great that you're doing something so important for your health."

She took her eyes off the ceiling for the first time and looked at me. "Thank you," she said, her eyes swollen with tears. I then asked, "Would you like to talk about something else?"

Eagerly, the aide holding the patient's left leg offered, "Tell her about your grandchildren!" Grateful, I lit up and turned to Mrs. S. "You have grandchildren?" Immediately, her appearance changed. She was lighter, livelier. She told me about her granddaughter, who likes to copy Mrs. S's drawings. To my surprise, this woman, this difficult patient, was an accomplished artist. She told me about painting, while the resident took up the speculum. She told me about the challenges of capturing a still life, while her legs were lifted into the air again. She let out a brief moan, but her eyes remained fixed on mine.

As the procedure began again, Mrs. S told me that she had spent years as a social worker in a school for children with special needs. She enjoyed fighting on the children's behalf, advocating for more resources and funding. Instruments were passed and instructions were given. Knees rested gently in receptive hands. I looked toward Dr. E, worried I had overstepped. But when her eyes met mine, she gestured with her hands to keep going. I nodded. I didn't feel tired anymore.

I asked Mrs. S about her hobbies. She told me that she is a voracious reader, particularly when it comes to murder mysteries, even writing two books herself. She was currently writing a series of newspaper exposés about life in an assisted living facility. From somewhere behind us, Dr. E announced that the procedure was finished. Successfully.

One could argue that the key was distraction. But I disagree. I believe that this patient needed to be seen as human before she could endure a painful and embarrassing procedure. We had failed her at first. She was wheeled in on a stretcher, which we fumbled and knocked and shoved through the door. We exposed her, wiped her, prepped her, and assigned parts of her body to team members. We saw the obstacles: the mess, the obesity, and the defeat. But we didn't see her.

I didn't see her courage until I learned of her years spent crusading for children. I didn't see her uniqueness until she told me the plots of her murder mysteries. I

didn't see her until I asked a nonmedical question. And all she needed was to be seen.

Truthfully, I hesitated to look. Out of fear, out of uncertainty, out of impatience. I knew there was a person to be found under all the inconvenience, but I waited until the most desperate moment to look. When I did, I found more than just a person whom I admired. I found that my exhaustion slipped away and exhilaration filled its place. I found that a routine procedure became a privilege. I found that the practice of medicine is infinitely more gratifying when it involves the practice of humanity.

One question launched a revolution, right there in that exam room. Now, I can never look back.