

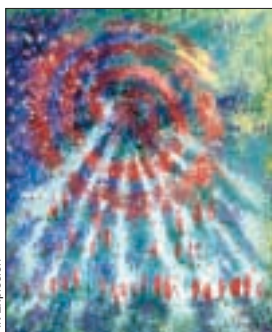
Room for a view

Chalcedonies

Chalcedonies are lustreless rocks whose scabrous surface opens to chrysoprase or agate or onyx. We know them as jewellery, amulets, paperweights, bookends. Poured in melted laminations or explosions of petrified stars or seas of clouds, each chalcedony's crypt is charged with unique, alloyed amazement.

In some cultures, chalcedonies endow the wearer with wisdom and courage. In others, they grant healing powers.

Chalcedonies occur in many rock formations: stalactite, stalagmite, geode, but also in chronic care beds, outpatient clinics, emergency rooms. These chalcedonies may have neurogenic disease, cancer, diabetes. We are all chalcedonies to some degree, but none so much as those whose acute minds are entwined in burdening bodies.



Art Explosion

The septic patient lay gurney-bound, clinical fellow pronouncing MS-bedsore succumb. Immobile blackened skin, beyond my skill, beyond any physician's skill, was glimpsed like guilt through a white drape. We murmured apologies for our inability, in the muted doctors' tones she had heard so many times before.

Perhaps it was her eloquent tranquility that spoke to me through dishevelled hair and down-drawn drinking-straw lips. Perhaps it was her eyes, imbued with dignity through this objective observation of private wounds, or the brow-crease of understanding that her

lips were too weak to convey. Perhaps it was the chart's chime of her age, mine exactly, less a day, that compelled me. Perhaps it was that I was unaccustomed to inability, much less to her silent acceptance of inability. Whatever it was, I prescribed my human presence to distract her from an evening of loneliness or

pain. This was not altruism; I knew I would receive more than I could return.

The next evening I visited the patient, for a patient Janice still was to me, IV-inserted, hospital-gowned, hospital-bedded. She was already asleep, the translucent skin of her forehead screening the colours of the television suspended above her bed. By my return the next evening, antibiotics had resolved the sepsis, presenting the person inside the patient: the exceptional mind so eager, still expanding, though confined in a diminishing body. She did not remember me. How could she? I had been just another sepsis-seen chess piece she could not move.

I asked her permission to visit, not as a physician, but as a person: a person who would like to know *her* as a person, who would learn from her, who would gratefully reciprocate whatever she chose to share. I knew that the doctor-patient differential defies dissolution, but I also sensed that Janice, for she was now Janice, possessed the strength to order my dissolve.

Janice exhaled her acuity in soft segments: her before-and-after life, her holistic view of medicine, of religion, of people, of poetry; her two-year-and-still-counting wait for the district health council to turn her wheelchair's chin-operated joystick into the magic wand that would bestow her the world by unlocking the Internet; her multiple sclerosis diagnosed at age 19; its revocation of her marriage, of her painting and sculpting and copper enamelling. She laughed at her reluctance to give up her copper kiln, but when she described the wonders worked by melting enamels, their beauty was renewed in her eyes.

She described her arrival in the emergency room: very septic, barely conscious, too ill to participate in the five-doctor debate about death now with dignity or admission to the hospital's long-life-support system. Without power to speak, she tried to amplify her heart's harangue: "I want to live! I want to live!" But the doctors could not hear, could not know there was so much to live for, so much left.

As I said goodbye, Janice asked me to come back the next night. But I couldn't; I was facilitating a compassion-conserving program for medical students dissolving in memory work and call schedules. Janice said she would like to come, and then asked me to position her television headset. As I covered her ears with its stethoscope, I wondered how many hours a day Janice listened to the world instead of having the world hear her. I pondered how she and so many others were forced to accept what access the health care system allowed, instead of promulgating their potential through software so easily obtained.

The next night, before she was surrounded by a hundred students, I asked Janice's permission to introduce her as my friend, rather than as the patient she portrayed, immersed in a wheelchair with a half-filled catheter bag. I wanted to insist that they saw Janice as a person, not a patient; a friend, not a phenomenon. She agreed. And then she asked my opinion of her slippers, the bear-paws one sees padding patients

through halls. Before I could reply, she continued, "I've had these for years." I couldn't tell whether she was trying to throw me off (slippers never wear out when their owner is wheelchair-bound); or trying to double-take me in a smile, or genuinely applauding the endurance of those slippers, not being lost, spilled on, or accidentally angst into the trash basket. I'm still not sure, but the slippers' possibilities wore welts on my voice as I introduced her to the class.

When the lights were dimmed for my film, I walked to the back of the lecture hall to watch the head-language that tells me what moves modern medical students. On this particular evening, my eyes kept returning to the head tilted above the back of a wheelchair. I knew Janice couldn't comment with her head or hands or voice like the others in the room, but that night it mattered to me only what she thought. She came to ten of my programs in the year before an antibiotic-resistant sepsis defeated her.

I teach compassion, but the first time I saw Janice I did not see her as a person, but only as a patient with an MS-engraved bedsore. If I hadn't visited her, with the sepsis resolved, I would never have known the *person*, Janice. I would be less; my students would be less. Janice referred to her illness as a gift. But she was a gift, a gift who taught me to be more compassionate, to try harder to catalyze compassion in others. She taught me that a society that allows a working mind to stare at a television instead of exploring with a computer is not the society I want my children to inherit. I hope she will continue to teach me, to teach us all, to be my friend, to be a friend to you. For it is easy for caregivers to overlook the chalcedony that is Janice, and that is so many others, by seeing only suffering, documenting only disease, analyzing symptoms and signs of a sickness-roughened surface, and not to peel the patient layers to the person beckoning within.

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