

Room for a view

The teacher

STUDENT: My first night shift in the emergency department has begun. As a second-year student I know very little, so I will just tag along for the night. I stand a few paces away as Dr. P and a resident discuss a patient, a middle-aged woman with a history of cancer. She has come in tonight because she is having trouble breathing. The discussion revolves around how to determine if she has a recurrence of her cancer or a pulmonary embolus. They talk about the risks and benefits of doing a spiral CT (whatever that is) and of giving her anticoagulants. The word reversibility keeps coming up. I have no idea what it means.

I follow Dr. P and the resident, struggling to keep up. We approach one of the beds and announce ourselves before filing into the tiny curtained area. It holds some medical equipment, a bed and a chair. On the bed sitting sidesaddle is a round woman in a pale blue johnny shirt. Her gaze is direct. Her small, deep brown eyes look out at me from under perfectly arranged auburn hair — all the ends are curled under, as if she has just been to the hairdresser. She has small freckles and beautiful colouring; I think she must be wearing makeup. I see her husband sitting in the straight-backed plastic chair next to the bed. He looks like he has just rolled out of bed. His dark hair is tousled, his plaid work shirt unbuttoned over a T-shirt, his large, worn, black workboots untied and open so the tongue comes up over his jeans. He sits with his head down, examining his hands, which rest in his lap.

DOCTOR P: The resident tells me about a 62-year-old female with a history of breast cancer, presenting with pleuritic

chest pain. It may be a pulmonary embolus, or it could be a recurrence of the cancer. After looking at the blood tests and reviewing the chest x-ray we conclude it's probably the cancer.

I think I know all about this patient and yet I have never seen or spoken to her. As we walk toward her bed my mind moves from the medical facts to her human experience. Are we about to tell a cancer survivor that her demon has returned? Maybe she already knows. It's easy to think about a patient, hard to think about a person.

We reach the edge of her bed; she looks remarkably composed. She's sitting up straight and looks me right in the eye. Not many people do that in this place. Her husband sits next to her. I see only the top of his head as he silently stares at the floor. I'm almost more worried for him than for her. I sit on the edge of the bed and begin.

"Tell me about your pain. When did it start? What makes it better? What makes it worse?"

I am looking right at her; she is looking right back. I feel her hand in mine. Did she take my hand, or did I take hers?

We talk about the tests that still need to be done — what they might mean. She

knows the cancer is back. She gives my hand a gentle squeeze.

Her eyes tear up but she will not cry, will not look down. Her husband just stares at the floor.

We finish talking and as I stand up our hands slowly separate. I make my way back to the safety of the main desk, my lab tests and x-rays. I hope she has found as much comfort in my hand as I have found in hers.

STUDENT: I watch Dr. P sit on the bed next to the patient. I am relieved. A resident in emergency medicine once told me there was never anywhere to sit when you talk to patients. Since you never have time to get a chair you stand towering over them.

I watch Dr. P put his hand on the patient's arm and feel glad about that too. I watch the woman's face as he explains that it is likely the cancer that is causing her symptoms. She barely flinches. Her eyes are so dark I can't tell if the twinkle in them is a tear, or just the light catching the deep brown. Dr. P speaks quietly with her, never removing his hand from hers, breaking his gaze only to look to her husband, whose eyes never rise from his hands. When he finishes speaking he leads the way out of the curtained area. As I turn away I am surprised to hear the resident ask the woman if I could listen to her lungs. She agrees; I step closer and put my stethoscope in my ears. I put a hand on her shoulder and bend closer to rest my stethoscope on her back, bare under the open Johnny shirt. I have no idea what I am listening for and all I keep thinking is: This woman has just found out she has cancer and is being generous enough to help me learn. I look at her as I go through the motions of listening. I can see from this close that she isn't wearing any makeup — she is naturally beautiful. Her shoulder feels warm under my hand and as I bend back up I leave my hand there for just an extra moment and look into her brown eyes.

I thank her. She smiles at me.

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