

# Q U E R Y

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**T**homas believes that ghosts will eat his family if he wears shoes. Thomas is unkempt, determinedly so. He refuses his medications and must forcibly be restrained for his daily needle. He moves his hands and feet constantly in a repetitive, nervous jerk that sounds like a cross between rustling sheets and nails scraping on a chalkboard.

All aspects of Thomas' care are easy for me as a physician — all except his forced injections. His hallucinations, delusions and obsessive movements are not off-putting. His poor hygiene does not disgust me. His family, although difficult, is manageable: I see them as one more nuclear unit coping with chronic illness.

We have learned from experience, and so the injections happen like this: a minimum of six people enter his private room every morning while he is sleeping. My voice awakens him. Each time I offer a pill as an alternative; each time it is refused. Then Thomas tries to jump out of bed. We grab him, yelping: one person for each arm, one for each leg and one for the head. His pelvis bucks and arcs as I stick the predrawn syringe into his thigh. He screams at the puncture. Everyone breathes hard.

For five minutes a day, Thomas does not trust me. Outside of this period he speaks low and gentle. Occasionally, he laughs. He tells me on rounds what he's thinking and feeling.

But for five loud, long minutes all I hear is an articulation of helplessness and pain.

I hate this task of making Thomas take his medicine. I despise catching him as he tries to flee, wriggling out of grasp. I hate these morning moments as I feign a medical paternalism. I hate physically snatching from him something he can communicate only in the form of screams.

It's been two weeks of this. I admitted him emaciated and babbling about vengeful spirits. With treatment he's getting a little stronger every day, which means that, tomorrow, twenty-year-old Thomas will be capable of more resistance. No amount of bargaining, cajoling, explaining or threatening will get around the need for injection by stealth. The prescribed medication has helped with appetite, mood and thought, but not with what bothers me most.

But since when is being a doctor all about *me*?

Thomas' family has witnessed a few of the injection scenes and are apologetic. They thank me for his improving sense and strength. But I derive no satisfaction from this.

I want to be unruffled, capable of rationalizing that this five minutes is as good for Thomas as it is necessary, but that thought is no comfort as I slip into his room and awaken him.

Just as Thomas is forced to take his medication, I am forced to give it to him.

— *Dr. Ursus*