She arrives in Tobago. The shade of blue in the water astounds her. The lazy grace of the people, that lilt, that accent she cannot quite fully decipher. By day 2 she has braids and beads in her hair and has caught the eye of Wesley who teaches snorkelling. She cannot believe her luck. He is gorgeous! The tight black curls of his hair, his deep brown eyes, the mahogany skin of his well-muscled limbs. How his eyes light up when he sees her. Forty years old and he must be half her age. Go cougar!

By day 3 they take all of their meals together. Naturally she buys his drinks. It is an easy evolution that he joins her discreetly in her bed, in the fan-cooled villa, with the sound of the waves outside the white wooden-shuttered windows. She is honoured to help his family with the new roof for their house and to leave money behind for his sister's school fees when she tearfully boards her morning plane to return to Canada. She will write. She will come back. Her beach boy will await her.

By 4 in the afternoon, Wesley is meeting a new group of guests and catches the eye of a brunette, looking lonely.

The Caribbean has the second-highest prevalence of HIV/AIDS after sub-Saharan Africa. Poverty drives the epidemic.

Gretchen Roedde MD
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Room for a view

Bridging the political divide

Insofar as possible, I try to keep my medical practice and politics separate. After all, they do involve 2 very different disciplines. And as is the case in other professions such as piloting or plumbing, we doctors have no particular expertise in the art of governmental policy and diplomacy. Physicians are trained to take histories, do physical exams, order appropriate laboratory tests and to try to put the whole thing together.

That being said, I learned recently from one of my patients that the truth is sometimes more complicated.

An elderly gentleman living alone at home, Mr. S had just been admitted to the geriatrics ward for an assessment. I was charged with supervising a small gaggle of medical students who were practising the "full physical exam" with his ready cooperation. After taking care of more cephelad concerns, we descended to the patient's lower extremities. The students noted bilateral pedal edema, more on the right than on the left. As well, Mr. S suffered from severe osteoarthritis of both the hips and knees. As I was demonstrating how to feel for *crepitus* and guiding the students' hands, our patient asked what could have caused his widespread musculoskeletal pathology.

I started to offer the usual mantra about genetics, trauma, overuse; that, in the end, we were not really all that sure where the osteoarthritis came from, et cetera, et cetera. As Mr. S had just been admitted. I did not yet know our patient all that well. However, he seemed a stalwart and heavy-set farmer-type; physically and apparently emotionally quite tough. Quite matter-of-factly, our patient

Barbara Sibbald

While the Holocaust continues to traumatize its survivors, helping subsequent generations imagine the unimaginable is *The Memorial to the Murdered Jews of Europe* (2005) in central Berlin, Germany.

DOI:10.1503/cmaj.070500

asked whether the condition could have been caused by his time in Auschwitz. Mr. S calmly explained that during his years in the camp, he and his fellow prisoners had suffered from chronic starvation, were always cold and that in the winter had to huddle together with 4 people in the same small "bed" in order not to freeze to death. Sometimes they did not all succeed and in the morning would find one of their fellow in-mates dead under the single thin blanket

Could all of this have caused his joint deterioration, he asked.

I could see that the students were getting uncomfortable, what with our crossing from the domain of medicine over to a wider and wilder world. However, having taken care of many Holocaust survivors over the years, I felt confident in my ability to deal with this delicate situation. But before I could even begin to answer, Mr. S suddenly broke down sobbing, his whole body shaking, covering his face with his hands and moaning that he had lost everything in the death camps.

"My whole family was killed! I left 19 of them there. I'm the only one left. Where can I go? What can I do? *Where* will they send me?"

Of clinical relevance was the fact that his breakdown was taking place in the midst of Israel's latest war just over 1 year ago this past summer. Serendipity can be cruel, and the face of Iran's Holocaust-denying President Ahmedinajad just happened to be on the TV screen on the other side of the small 4-bed room.

I understood where Mr. S's mind was. We could all palpably feel our patient's terror and abject despair; it was as though more than 60 years had not passed and he were reliving an event that had occurred just yesterday. I realized, despite my usual policy of keeping clinical work and politics separate, that my response would not and could not be purely "medical." In this particular case, for the sake of my patient, I was forced to include an element of my own civilian view of our military policy and the recurrent threat to my country's existence in my clinical care.

I held his hands in mine, squeezed gently and said what I had to say.

Barbara Sibbald

According to the Holocaust Memorial's architect Peter Eisenman, the 2711 concrete stelae are designed to produce an uneasy, confusing feeling, while the sculpture as a whole represents a supposedly ordered system that has lost touch with human reason.

"You're home, Mr. S. You're home. No one will ever send you away again. You won't lose your second family this time. You're not in the camps in Europe. You're in Israel."

The Fates were indeed active that day. I looked across the room to where another Holocaust survivor, actually one of Schindler's children, lay in bed, and I repeated this reassuring statement to Mr. S, and in a way to all of my elderly traumatized patients "Don't worry. You're home now. We'll look after you. No one will ever take you away again."

Mr. S looked up at me and slowly stopped crying. Apparently, I had convinced him, if not myself.

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