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SURGEON'S PERSPECTIVE

Vocatio Specialis

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INTRODUCTION

'I have been waiting for 15 minutes', the patient uttered into the hallway.

'The doctor will be right…' the medical assistant's words fell flat against a slammed door.

Curious as to what was occurring, I walked into that patient's room. To my surprise I found an older woman, who appeared to be in good health. No watery eyes to indicate allergy, no Kleenex filled purse to relieve her rhinorrhea and no incessant cough to make her feel worse.

Hello, I am Dr Anand, one of the residents, how may we help you today?

'I have been waiting too long', she repeated, 'I want to see the physician'.

'I apologize for the wait. The staff physician will be in as soon as he can. In the meantime, please tell me how we can help you today', I attempted with the hope of quelling the situation.

'No. Only the staff physician', she stated.

I nodded my head and left the room.

I have always understood a patient's right to speak only to the staff physician. It is their right as a patient, regardless of how it affects the educational process of physicians in training. What always perplexes me is that without fail it is those patients who tend to be the healthiest, that insist on only the staff physician for their medical attention. Whereas those patients with multiple medical problems, the sickest of the sick, are more than willing to allow students, residents, fellows and attending physicians be involved in their care. They welcome the incessant retelling of their story to each level of caregivers. I never quite understood this contradiction, until I met Richard Tobin*.

At 53, Richard Tobin never smoked, drank or engaged in illicit activity. His family history was free of any defining medical problems. For all intents and purposes, he had taken every doctors' advice in order to live a healthy life. However, Richard had a very poor prognosis. Richard was diagnosed with a sarcoma in his left lower extremity. Treated aggressively with radical surgical amputation, all signs suggested it had been controlled, until, however, it metastasized to his lungs, brain and thyroid.

When I first encountered Richard, he was wheeled into the exam room in a wheelchair, with his wife pushing. He smiled and so did his wife. A very brave gesture for a man who had just undergone his third craniotomy. We were here to assess his rapidly enlarging thyroid mass. As I got to work, I introduced myself as the resident. He proceeded to unravel his entire story for me. The attending physician later examined him and again, his story unraveled a second time. A medical student was on rotation with us and the attending (physician) felt it educational to introduce him to Richard. For the third-time, the story was unraveled.

As I witnessed each retelling of Richard's narrative, I noticed something very unique. It was not strength, something he undoubtedly possessed in order to subject himself to multiple treatments. It was something more vulnerable. It was not patience, something that he had much of in order to retell his story three times. It was something far more vulnerable. It was hope. Not a hope in himself, but rather a hope in us, all three of us. It was the hope that within each recitation of his story, someone would pick up on a detail, a revelation that would allow us to cure him of his disease.

Richard, like all cancer patients, is far too aware of the fact that he is dying at an accelerated rate. The stakes are too high for him to keep out any individual who takes the slightest interest in his story. For him to push them out would mean that one less person is on his case. That is why Richard, like many cancer patients, will rarely open the door and yell to the medical assistant, 'I have been here for 15 minutes and I only want to speak to the attending physician'.

This is why we have chosen to pursue head and neck surgical oncology. From patients who are paying for poor decisions made throughout the course of their life, to those like Richard, who were dealt an unfortunate hand, they all possess the same vulnerability in the exam chair. To witness it, connect with it and walk away from it is something that we are not capable of doing. As a result, it is our responsibility to walk toward it, so that one day we may bring a resident and student into the room and sit patiently as Richard tells his story three times over.

*Patient identities have been changed to provide anonymity.

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