

In Search of the Story

By Daryl K. Potyk

I couldn't get the words out fast enough. I tried and tried but it wasn't working. Was I speaking clearly? Was it the fact that I couldn't get the words out or was it something else? It was something else; they weren't listening. Even worse, not only wasn't anyone listening, they were actively ignoring and shunning me!

It was a gorgeous spring day with people out enjoying the sunshine, strolling or running along a beautiful Southern California beach. Spring feels different here; perhaps because winter temperatures rarely dip below 40 degrees, the sun's warmth is intense, yet relaxing and rejuvenating at the same time. The ability to be outside celebrating one of these days is a simple joy. Earlier in the day, I had been among those enjoying and celebrating nothing more than the day but it's amazing how a bad decision can shatter a celebration. In my rush to enjoy the day, I didn't realize that I parked illegally until after my run when I discovered my car was missing. After a few puzzling moments I realized that it had been towed away, but to where was unclear. A telephone number to find out was listed on the posted sign I had missed earlier. Thirty years ago, second year medical students didn't have cell phones and I found myself on the boardwalk asking passerby's for money; a small amount of change to use a payphone was all I needed. Yet, as I approached people they declined to make eye contact with me and ignored me. Once I began to ask or to explain my plight they walked faster to get by. There was a slow and brutal awakening as I realized the disparity between my self-perception and the perception of those around me. In their eyes, I was not the well-intentioned medical student

who had made a poor decision earlier in the day, instead I was a disheveled unshaven sweaty beggar. Once I understood their perceptions I began to see the judgments being made. I saw the apathy and disdain for another person in need and I felt the coldness of others who saw someone different from themselves, someone not worthy of kindness or assistance. I was chagrined and disappointed, but mostly humiliated.

Shortly thereafter, I began my core clinical clerkships and like most third year medical students I was overwhelmed by how much there was to learn. Yet, as a student I had the luxury to visit each patient several times a day and have my pride swell as I slowly earned their trust and some began to call me “doc”. This was the case with Mr. Jones. After seeing him three to four times a day for a week, I began to ask him about the events that led to his current state. He started slowly, explaining that he had once been a successful banker, had been married and had a nice suburban home. In those days he was a heavy social drinker but following his divorce he became depressed and his alcohol consumption increased despite increasing untoward consequences. He lost his job, then his savings, then his house. In this way, Mr. Jones had become one of the homeless alcoholics seeking care for his variceal bleeding and massive ascites at the county hospital. Throughout our discussion, he was soft-spoken, articulate and respectful with an undercurrent of regret because he realized that it didn’t have to be this way. Mr. Jones went on to describe how he had been treated by others, including those of us in the healing profession. He described, people averting their eyes, ignoring and judging him. I sat and listened in awe and towards the end of his story Mr. Jones had tears in his eyes. His downward spiral had begun within the confines of socially acceptable behavior

and now years later, he was paying a huge price and he wished he had made other decisions so he would not be there talking to me.

How could we have been taking care of Mr. Jones for as long as we had without knowing him? We knew his blood counts, we knew about his kidneys and his liver, we had stuck needles into his abdomen to obtain fluid samples; we knew a lot about him. We focused on his medical problems, treated him, took care of him, all without ever knowing him. When I shared what I had learned about Mr. Jones with my supervising interns and the senior resident, they were genuinely interested in his story and it seemed that everyone took more interest in him after learning more about him. It struck me then, as it does now, that amidst all of our diagnostic testing how we can take care of someone without truly caring for them. We can only care for someone if we get to know them. In order to do so, we need to be curious; curious about our patient's lives; who they are, who they were, how they got here. We simply need to ask, to be understanding and empathetic. As was the case with Mr. Jones, once we know their stories, the experience for both the patient and the physician becomes richer and more meaningful. Patients get better care and as physicians we gain an appreciation for the unique person behind the disease and as a result we are better able to help find solutions that match their unique circumstances. Even when we get to know our patients, we sometimes slip into shorthand communication, using labels when referring to patients – Mr. Jones, the “cirrhotic alcoholic with ascites and varices”. Unfortunately, labels can carry with them unspoken connotations which may take the form of judgments that mischaracterize and do a disservice to the person we have gotten to know.

Whether the label is “homeless alcoholic” or “beggar on the beach”, the back story is always revealing, meaningful, and worth pursuing.

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