HEALING ARTS

Materia Medica

Thought Bubbles

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At first, his messages were simple communiqués of his requirements. “Pain,” he’d write. “Hurts.” Or, “I need the nurse.” Or, “I need more oxygen.” Some revealed the intelligence of the man stuck within: “Infection still?” or “Roll me, bedsores!” He didn’t waste his energy on “Hi” or “Bye.” His white board was rarely erased. That way, if he needed to repeat a message, he could point to a message he had already written, like “pain.” Pain was a common one.

The patient’s cancer had eroded the wall of his esophagus, causing relentless lung infections. I had gotten to know him and his wife before he received a tracheostomy, so his desperate eyes pierced me more than the others that peered out from among the monitors, sheets and tubes. Rounding on him for the Infectious Disease team, I had learned about his childhood in rural Northern England. Like me, he loved reading old Superman comic books, although they hadn’t been old when he first read them. He liked Clark Kent; they’d both grown up on farms and had lost their parents early. He joked to me, “I guess cancer is my Kryptonite, but isn’t it everyone’s?”

Antibiotic after antibiotic failed to clear his infections, making it harder and harder for him to joke. When he was finally intubated, the joking stopped altogether. He opened and closed his mouth around the tube, shaking his head silently. I could read the frustration in his clenching fists and searching eyes.

Then, someone suggested giving him a white board and marker. It meant that on rounds, I could read what he’d been through since the previous time I’d visited him; I could actually see the words he had said to others. His words hung in the air like the musk of perfume. He’d been in pain. He’d needed oxygen. His wife had been here. The sweetest sweet nothings whispered through the terminal exertions of his hand. I could eavesdrop on their intimate moments. “I love you.” Or, “You’re everything.” Or, “Hold my hand.” These messages seemed to have been rubbed off by the back of someone’s fist, but I could still see their faint outlines.

This became my routine. Review labs, imaging, and current antibiotic regimen. Check whether he’d been febrile overnight. And then, as if it were part of my evaluation, I would glance casually at his white board and peek inside his mind.

As a kid, I had imagined what it would be like to live in a comic book. The comic book world is silent, so characters

communicate with each other via text. Speeches are delivered into the air as if by skywriters. Worries hang over the heads of their owners, their ellipses trailing into the distance. Noises explode into the visual realm. POW! BANG! CRAAAAAASH! The serrated bubbles are sometimes so vibrant and opaque that they obscure the crashing objects themselves. In the comic book world, would the thoughts of my neighbors be on public display, their deepest desires hovering over them like storm clouds? I thought mindreading would be fun, mischievous, exciting. In real life, it was far more complicated.

Early on, I had asked to examine him, and he had responded, “Go on, have a look, everyone else has!” He didn’t seem to mind losing the privacy of his physical body, but I don’t think he anticipated losing the privacy of his mind. One day, he was bashful as I picked up his whiteboard. Overnight, he had written, “Sing to me”, but he hadn’t had the strength to rub it out completely. I was as ashamed to invade his privacy as I was curious to do so.

His wife had told me how much she loved his voice. In England, he had sung with the church’s choir for years, and here in Toronto, he briefly sang in a choir at the Hospital for Sick Children. They had no children, and his singing would brighten up their little place. She could sing too, but only in private, to him and him alone.

My patient grew weaker. If he wasn’t too distressed, he would manage a smile as I walked into his room and draw a big S on his board, his nod to our favorite superhero in tights. One day, I noticed a little black music note drawn at the top corner of his board. I imagined it was his attempt at a lullaby to his wife.

As his condition worsened, his messages began to change. “Why the blood?” the notes read. “More air!” and “Anxiety.” Even the sound of his own breathing frightened him.

“Why the wheeze?” he wrote, his hand trembling terribly, the only part of his body he had the strength and will to move. The extra ‘e’ demanded an explanation for his suffering. I started to explain his lung problems, but his mournful eyes didn’t change. I had answered the wrong question, but he

nodded anyway. He motioned to me, but I didn't understand. "Hurts my neck to look up," he wrote. I sat down on the edge of the bed. "Scared," he wrote. I nodded and held his hand. It felt like my most useful intervention all day.

He wasn't as alert when I visited him anymore, and his messages deteriorated. "Pain mod," he wrote. "Mod anx." Then, "Breath anx." Then, just "Anx."

Some people put a lot of stock in last words. The last words I saw scrawled on his white board were not profound, or religious, or full of love. My patient's last words were, "Anx Inex."

Being able to briefly glimpse the thought bubbles hanging over the head of a fellow human being was as traumatic as it was illuminating. I watched helplessly as fate snatched

my patient's ability to speak and sing, replacing his voice with the clumsy scribbles of a dry erase marker on a whiteboard. But fate also granted me access to his innermost thoughts, which formed an intimacy of communication I lacked with even my most talkative patients. I wish I could have returned the favor and let him read my mind like I had his. I wish I could have been around when his wife sat by his bedside and sang to him. In the real world, it would have been hard to hear her over the constant hum of the ventilator, and in the comic book world, it would have amounted to only a few black music notes.

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