HEALING ARTS: MATERIA MEDICA

Taking Notes

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A few years ago, shortly after starting the clinical phase of medical school, I asked my mom if she had the old medical records of her own mother. My *Abita*, her name the result of garbled children's shorthand for the Spanish *abuelita*, had passed away when I was six years old. I hoped that now, armed with the power of medical training, I could decipher these documents and understand Abita's passing as more than an amalgamation of euphemisms.

I arrived home for winter break to find a stack of papers sitting at my place on the kitchen table. Shuffled among the mundanities of hospital bills and medical equipment pickup receipts were my grandfather's copious notes detailing Abita's precipitous decline after a diagnosis of gastric cancer.

9:30 PM – *Chills*, he had written on one page. *Pain in abdomen over last several days*. Then, in a new pen, circled emphatically: *Bag draining frequently is good – Process of disease*.

The bag, I knew now, was for abdominal drainage after a partial gastrectomy. My grandpa was a humble man, wise and well-read, with more than seventy years to his name by the time Abita became sick. But knowledge of the world translates poorly to knowledge of the body in its diseased state. In his writing, I read as much.

On a sheet of paper dated six months before Abita would pass away, he described, borrowing what must have been the pathologist's terminology of "sandpaper-like" tumors, the possible routes ahead.

These tumors could: A. Not develop further and be benign, or B. Be malignant and not develop further, or not develop further for 3–4 years, or not develop further for another 10–15 years.

He makes no mention of C., the possibility of rapidly progressive malignancy.

In June of last year, I moved across the country and began my intern year of internal medicine residency. I knew it would be hard; lore that alternately condemns and extols the virtues of 28-hour hospital shifts is not in short supply. I did not know that it would make me, too, hard.

I have always been an easy crier, but only a few months into the year, I could ramble off a list of the patients I had seen that day—a man whose alcohol use had so damaged his muscles that he could no longer walk, a woman with catatonia who had scarcely moved in months, a wheelchair-bound man who was homeless and incontinent of stool—without batting an eye.

It was in this spirit that I arrived around the halfway point of intern year, in the room of a new patient who I will call Mary. She was a small woman who looked older than her sixty-some years. The left side of her face drooped permanently from her cancer, or rather, the surgical attempts to keep her ever-spreading tumor burden in check. Her speech was close to unintelligible as a result. She was sick enough to need to be admitted to the hospital, but in the new distorted world I occupied, she was just one of many.

And yet, the day after admission, I was paged by a nurse who informed me that Mary's husband awaited updates. I entered her room to find a diminutive man with neatly combed white hair and a slightly stooped posture. We shook hands and I felt at once his warmth and gracious manner. He offered me a seat and then, from a stack at the windowsill, he pulled out a yellow legal pad. He began to ask me questions. And as I spoke, he wrote.

This was our routine for several days. It became familiar in its predictability: the morning page from the nurse, the way he asked the same questions every day, the way he offered me the pen when my words became indecipherable. *Linezolid*, I wrote, and the next day when new culture results returned, *Ceftriaxone*. My handwriting was clear and precise in all the ways that his future with his wife would not be.

With the picture of Mary's husband emblazoned in my mind, I returned more recently to my stack of Abita and Grandpa's records. Stapled to that sheet of paper on which Grandpa wrote of the "sandpaper-like tumor," I found several photocopied pages from the *Atlas of the Body*. On one, Grandpa highlighted "endoscopy" and its definition. On another, he underlined the most common causes of intestinal obstruction. I imagined him in one of his yellow Brooks Brothers button-down shirts, sitting down with his stack of papers, reading and highlighting and underlining. What agony—to devote your time to learning about the beast that will kill your best friend. What beauty—to want to do so, to imagine that knowledge is power, that somehow you might learn to harness what you cannot control. I cannot think of Grandpa like this for long before my cheeks warm and my heart hammers and my throat fills.

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Weeks after I discharge Mary and her husband from the hospital, I am in the emergency department when I see their last name on a nearby room. I poke my head in to find Mary lying in bed, while her husband stands at attention at the bedside. He looks up, the rise of recognition in his eyes.

“Can you help me?”

I tell him I am so sorry to see him and his wife back in the hospital. I tell him I know they will get wonderful care, but this time, that care will be in the hands of a different team of doctors. I shake the hand of Mary’s husband and I leave the room as quickly as I entered.

Among the things no one told me about intern year, there is this: it is a luxury to have the time and space to feel sadness. It is a luxury to have the emotional bandwidth to bear witness to

patients’ stories and affirm their struggles. Sometimes, I can convince myself that my grandparents would have understood.

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