Behind the Mask

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J Gen Intern Med 35(11):3379–80
DOI: 10.1007/s11606-020-06095-4
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“What’s up,” I ask, because something is always up when a radiation oncologist calls on Thursday afternoon.

“I *saw* this woman today . . .” he begins. “*Saw*” being a somewhat dynamic term now—formerly referring to an in-person, face-to-face consultation and assessment, but now encompassing seeing a patient on laptop via a Zoom call. He reviews the case and his impression—all succinct, professional, and caring.

“I can see her tomorrow,” I respond.

I have been taking care of head and neck cancer patients since 1990 when I began my residency in San Francisco—in the midst of another pandemic. As young trainees, we daily observed the pernicious lethality of that virus as we cared for countless people who entered our hospital and never left. A virus which put health care workers at risk while we negotiated the path of safe care and created terms such as “universal precautions.” Here, we are three decades later treading a similar path into the unknown.

Head and neck cancer can be particularly cruel. Its manifestations rob patients of so many aspects of our humanity: speech, swallowing, breathing, and smiling. It can damage or scar the face, a part of the body not easily hidden. Patients with head and neck cancer will adopt elaborate means of covering the disease with hair or clothing to hide its progress and stigma.

I come in early the next morning. Travelling to work now is easy as the deserted city is simple to traverse. I wear scrubs for clinic now—no more trademark starched white shirts and treasured ties.

I walk into the exam room. She sits uncomfortably in the chair with her husband seated opposite. We all stare at each other for a moment, taking in what we can. We all wear masks—such a different time this is. Their masks match, given to them at the hospital door. Mine is thicker, with strong rubber bands binding the balding crown of my head.

We form an equilateral triangle, just less than six feet apart. I know they are scared; everyone who sees me on “short

notice” is terrified. Her husband inches his chair toward hers—shortening the base of our isosceles. I motion him to be closer to her. She tells me how she noticed—six weeks ago—that her tongue looked different, but she has no pain. Her speech is fine, as it emanates from behind her mask—sound only, no visual accompaniment. Her husband nods in agreement, his mask tilting up and down, concerned eyes fixed. We talk further—query, answer, explanation, repeat.

I wheel my chair closer and the exam begins. My gloved fingers feel her neck, probing along the muscles and great vessels for signs of concern. I press under the chin on each side, feeling nothing worrisome and leaving her mask undisturbed. We are at the “*why she is here*” part of the exam. I need to look at her mouth and throat. I need to examine behind the mask. What is going to be hidden there?

She lowers her mask tentatively, as I leave mine in place, allowing it to filter 95% of the small particles in the air. With light reflected from the odd round mirror perched on my forehead and covering my left eye, I review the illuminated anatomy. The tongue has the lack of bulk and redundant folds associated with paralysis. I feel the structures: normal—except the back left. There it is, the mass that will forever change their lives, with all its uncertainty and lethality. The area is firm and drawn down, puckered by this growth. She tolerates the exam well, no coughing or gagging. Instruments and digits withdrawn, she slowly raises her hands and deftly replaces her mask. I retreat on my rolling chair.

I tell them what I have seen and felt, what my concerns are, what the next steps will be. We review everything again, but I can see in the blank eyes above their baby blue masks—they are adrift. Everything I said after the word “cancer” is lost. Simply, they are overwhelmed.

I summarize and simplify. “This is a lot of information, I know. We will come up with the best plan to treat this for you. My job is to guide you through this process. I am here for you.” They nod and finally exhale. We are all quiet for an hour-like moment, retreating back to our triangular separation.

“One more thing,” I add, fixing their gaze.

I raise my hands to above my ears, grasping the dense drawn rubber band securing the upper aspect of my mask. Arms rolling forward, I rotate the mask downward exposing my lower face. I reveal my chin, the corners of my mouth drawn into a smile with the attendant dimples I hated as a child, and finally the teeth which my mother worked double-

Received June 22, 2020
Accepted July 30, 2020
Published online September 9, 2020

shifts as a waitress to make straight and white. A breathless moment and I replace the mask.

“I think it is only fair that you see the face of the person taking care of you.”

They smile also. It is evident in their eyes and the subtle lift of their masks.

“Thank you for that,” she says. “Thank you.”

And I too feel grateful for the opportunity to be a little more human in this inhumane time. We leave the room, beginning a complex, yet hopeful, journey to an uncertain destination.

In this time of this new disease, all the other diseases still occur in our socially distanced world. Today, our care journeys begin with two parties, faces veiled. The malady

may be behind the patient’s mask, but the cure—the humanity of what we do and who we are as caregivers—rests behind both masks. Being careful, being creative, being safe, we can find ways to share this central truth and allow our threatened and frightened patients to see the hope behind the mask—we wear.

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