

The Laying On of Hands

I had been dreading the call all day. I was in the library when my pager sounded and, as I walked to the wall phone, I had an ominous premonition. It was my brother. "They found abnormal lymph tissue on the chest x-ray," he said. "What does it mean?" Struck with an upwelling of nausea, I sagged against the wall. Healthy, active, he had gone for the x-ray at my urging, after complaining of fevers and strange chest pains for over a month. "Well, it could be lots of different things . . .," I began, reassuring him; but I knew. Like my grandparents and sister before him, my brother had lymphoma.

There was much to do. I made phone calls, contacted friends, arranged for a referral to a specialist in his city. I flew down to be with him before his diagnostic thoracotomy. It was lymphoma. A particularly aggressive variety. Together we called home to deliver the bleak news, and the next day I picked up my bewildered and frightened parents at the airport and drove them to the hospital. Together we sat as the oncologists explained the treatment options. When I was not at my brother's bedside, I spent my time in the medical library reviewing the literature and on the phone seeking opinions from prominent experts. In the end my brother chose a new, but promising, chemotherapy protocol at a nearby university hospital and, after the first uneventful cycle, I returned home to work. But every week we would talk on the telephone about his progress, the side effects, his law school classes, life. He achieved a remission that lasted for the summer, and happiness returned to his voice. We made plans for a trip. But then the fevers returned, and he began an inexorable decline, sickened even more by repeated cycles of "salvage therapy." His phone calls came more often and more urgent, and it became progressively harder for me to encourage him and give him hope.

That was when the pain began. I first noticed it as an empty, hollow sensation in my chest at the end of the day. I dealt with it by ignoring it. But as the days passed, the pain became more insistent. It was gnawing and pressing, like a balloon expanding inside my chest. Heartburn, I told myself, and stopped off at the GI clinic to grab some H₂ blockers; but they provided no relief. Stress, I told myself; but neither exercise, nor alcohol, nor attempts to relax made any difference. The pain became constant and kept me awake at night. There had to be an explanation.

Was it angina? A cardiology fellow sneaked me into the heart station one evening and after hours of EKGs, treadmills, and echos pronounced my heart remarkably normal. The pain grew more intense. Maybe atypical pleurisy? I got a chest x-ray in the emergency room and brought it to Radiology. "Lung fields are normal. . . no effusions. . . mediastinum's a bit generous, but its probably a normal variant," the radiologist on call rattled off before he turned back to his board. The mediastinum is *generous*?! No! It couldn't be lymphoma! That night I

palpated the lymph nodes in my neck, axilla, and groin. They did feel a bit prominent. Soon they became tender, and as the days passed I was certain that they were growing larger. Meanwhile the pain became unbearable. I became obsessed with finding a diagnosis. I prepared a blood smear on myself, and peering down the microscope I saw my death: smudge cells! Leukemia! I grew faint. What will I do? I can't die now! How will I tell my parents? As I panicked, my eye latched onto the tube of blood. A grey top. Fluoride. Metabolic poison. Kills white cells. Pseudo-smudge cells!

In the cold sweat of temporary redemption, I finally accepted the limits of self-diagnosis. I needed a doctor. But who? I knew as well as any informed layperson the names of the experts at our university hospital. But credentials could be deceptive. I had seen them at the bedside, listened to them at conferences, read their clinic notes, and weighed their advice on the wards. So who was the best doctor for my problem? The society cardiologist who couldn't read a cardiogram? The hot-shot oncologist whose housestaff nickname was "mad dog"? The famous pulmonologist who was never in town? If I made the wrong choice, I knew that my symptoms would be zealously pursued with painful tests which, if they didn't disclose a diagnosis, would leave me more miserable than ever. Who? Then suddenly it was clear. Of course! Dr. Davidson!

Dr. Davidson was not a rising star in the Department of Medicine. "I admit he's a very good teacher," the Chief of Medicine was often heard to say, "but he just isn't publishing." "Of course he isn't," one wanted to scream back, "He's out there on the wards every day, like you should be!" And Dr. Davidson certainly tried to be "academic." He was always talking excitedly about his review on gonococcal infections in the inner city. "It's just about finished," he'd cheerfully tell us on rounds, "and it's certainly going to raise some eyebrows." But it never seemed to appear in print. The housestaff didn't care; we loved him.

He was an internist, and at the bedside he shined. It was Dr. Davidson who discovered that an elderly lady admitted three times in one month with near fatal status asthmaticus, had recently purchased a new parakeet—and was deathly allergic to it. It was Dr. Davidson who saved a man with tearing chest pain from emergency angiography by pointing out that he had ruptured his pectoralis from an over-enthusiastic weight-lifting session. When the Dean came down with a serious viral pneumonia, it was Dr. Davidson who sat outside his door and fended off the well-meaning Department Chiefs who descended in multitudes to give conflicting orders to the housestaff. "The Dean just needs to be left alone, and he will get better," he insisted. And he did. And mysteriously, whenever it all became overwhelming and you started to think about quitting medicine, it was Dr. Davidson's arm that came down over

your shoulder. "Hey. Let's go down to the doctor's dining room for a cup of coffee," he'd say. You went, and he'd listen, and then it didn't seem so bad.

Surely, I thought, if something's wrong, Dr. Davidson will know. I found him on the wards, told him that I hadn't been feeling well, and asked if he would look me over. He suggested that we go to his office. It was disorienting to be sitting on the other side of the examining table, but Dr. Davidson quickly put me at ease, and soon I was pouring out the whole sorry tale of my chest pain and my brother's illness. It took quite a while. During his physical examination he poured over every inch of my body, felt for lymph nodes, and listened intently to my heart. When he finished, he looked at my chest x-ray and then scribbled a note in my chart. I dressed and, with my heart pounding, turned to face him.

"Do we need any tests?"

"No, I'd say you've done a pretty good job of that," he said with a smile.

"Then you know what's wrong?"

"Yes, I think I do."

"Is it lymphoma?" I choked out, fearing the worst.

"No, your lymph nodes feel normal to me and given the way you've been poking at them, it's no wonder they're a bit tender."

"My heart. . ."

"Your heart is fine."

"Ulcer. . . ?"

"No."

"Are you telling me that I'm imagining all of this?"

"No. The pain is real."

"Then what's wrong with me? What's causing the pain?" I demanded.

"You have heartache."

"Heartache?" The word struck me like a slap to the face.

"Yes. Your brother is seriously ill. You are his best friend, and you've served as his personal physician as well. You've helped guide him to the best treatment, comforted him during the tough times, and given him the strength to go on. You've had to be strong for him and for your family. Now things don't look so good, you know the prognosis of his condition, and you fear what is to come. But no one really understands how much it all hurts you. You love your brother very much, and so you feel his pain in your heart."

Tears streamed down my cheeks. I could not speak. "It's okay to have Heartache," Dr. Davidson continued. "It's the price you pay for loving someone. And not many of us do as good a job of it as you're doing now, you know." The famous arm came gently down across my shoulder. "Now you keep right on being a good brother and a good doctor," he said, offering me a handkerchief. He sat with me, and after some time I composed myself.

"Thank you," was all I could say.

"You're certainly welcome. We'll talk about things again soon, right? Now, how about a cup of coffee in the doctor's dining room?"

My chest pain eased throughout the afternoon and by evening was gone. Like in the tale of Rumpelstiltskin, once Dr. Davidson had called the name of the demon, its power was vanquished. And although afterwards the heartache returned now and then, I no longer feared it. My brother died three months later after a valiant struggle, and I gave the eulogy at his funeral. I finished my fellowship and found a faculty position in another city. I later heard that Dr. Davidson—his magnum opus never completed—was denied tenure and had left the university for another job. I also heard that he was still teaching housestaff and was happy.

In The Oath we swear ". . . to consider dear to me as my parents, him who taught me this art. . ."—and to assist our fellow physicians with every kindness should misfortune befall them. And so it should be. For we carry a special burden: We have learned of the pain that disease brings to mankind and know that often we are powerless to stop it. And when the thin veneer we erect to protect ourselves from this knowledge is shattered, demons that lurk in our minds are unleashed to terrify our souls. In such times we cannot heal ourselves. Rather, in such times, as the Good Doctor Davidson knew, we must heal one another.

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