

Death of an Old Farmer

By M. Sophia Newman

In 2007, while a pre-med student at Tulane University, I observed practice at a rural hospital in Ghana. There is one patient I remember above all.

In this hospital in rural Ghana, there was a tiny inpatient ward—seven rickety metal beds each on male and female sides, a few shaky IV poles, and hot, dusty discomfort.

Usually, the male side of the ward was entirely empty.

I struggled to understand the treatment the few admitted men received. Many were quite aged. Ghanaian culture includes strong reverence for elders, especially in rural districts like this. But in this hospital, elderly men were given little regard and minimal treatment. They came and went without receiving help, silent in their distress, questioning nothing.

Sometimes, they came in just to die.

One morning, a man carried his father into the hospital. The older man was 74, a farmer like most local people. He dressed in the traditional style: a long, colorful cloth loosely wound around his body, left chest exposed. The outfit showed tiny muscles that jumped against his thin ribs as he gasped.

He was breathing 45 times per minute or so—a tripling of the normal rate—with a rattle you could hear across the room. The fatigue of just inhaling left him hunched, his expression ragged.

In my pre-med mind, I considered what he needed. A bronchodilator, a shot of adrenaline, steroids, an oxygen mask, painkillers? I didn't know what else. Rescue—he needed rescue. I knew that much. That rattling respiration was drowning him.

There was no doctor to save him from danger. The local substitute was a lesser-trained profession called a medical assistant. The man—short, pot-bellied, deeply bored with his work—did not listen to the farmer's lungs, take his pulse, or even shake his hand; he did not look him in the eye or ask how he was. He did not rise from his chair. He scribbled an illegible prescription for antibiotics, paracetamol, and an IV drip of Ringer's, and yelled out the door for a nurse to escort the man to the ward.

As the farmer's son picked up his ailing father in his arms like a child and backed out the door, the "doctor" turned to me. He said in English, "Look at how they let him suffer without bringing him in here for so long. They should be ashamed of themselves."

I said nothing. I had nothing good to say.

That afternoon, the "doctor" went away on business. The nurses reacted by asking me to take on his job. Their logic was simple: there was no one to write prescriptions or orders; I was white and had a university education; no one else around possessed such privileged traits; therefore I should be the boss.

I scrambled to say "no, I'm not a doctor" again and again, while avoiding leaving any patient in obvious danger or severe pain. It was the world's most frightening inversion of white

skin privilege. They persisted. I resisted. I wanted to throw my stethoscope away and run, taking my blighted pre-med ignorance with me.

The sole male nurse—an undertrained little bastard I had distrusted on sight—pulled me in to the male ward. The old farmer was the only inpatient. The empty room was strangely quiet and gray, just like the man in bed. He was still gasping, his cachexic body heaving. He had been laid flat on his back and had no oxygen mask despite his obvious need. His IV had been stopped after less than half the bag of solution had run. There was nothing else to indicate he'd been given any care at all.

His family—his son and a female relative—stood at the foot of his bed, looking at me expectantly. The nurse said, "They want to take him home. Write a note that they're leaving against medical advice."

I said, "No, no, you translate for me. Tell them I'm not a doctor. Tell them it's not my medical advice. And tell them that if they leave here he will die very soon."

The nurse translated. The family murmured something that he conveyed as "they say this is our way."

I hesitated. I was qualified for nothing but walking away. I had no opinion, officially speaking. But there was no one else who was going to say what I was going to say. So I said it. I told them their way was fine, but my concern was about his suffering. I said if he stayed in an adequate hospital he could die peacefully, with oxygen and anything he needed—not here, but maybe another one nearby, where we could send him by ambulance. I said I did not want him to suffer.

I did not say the other, more honest thoughts in my mind: that it was too late for anything, that they could do nothing for him but wait and pray, that he was going to die right there on this thin mattress in this dirty, lonely little ward.

They said they wanted to take him home before taking him to another hospital. I opposed them weakly. I knew they were telling me no in a polite way and wanting only to say in return that I was sympathetic. They thanked me in Fante and the son went to get a taxi to take them all wherever they meant to go.

I insisted we prop the old farmer up on pillows, which the nurse groaned about as though it was him who needed to lie in bed. (I thought it was him who might need to die.)

Then, alone with the patient, I listened to his chest out of curiosity, thinking there was no one here who cared one way or another. One lung was a thickly crackling sea of fluids; the other was silent. I listened to the man's heart, a weak, slow, irregular thump that made the profundity of his fatigue terribly clear. I touched his chilly hand and noticed he didn't care about any of this. He wasn't really there. I pulled his cloth back over him and walked out.

I observed another nurse with another patient for a few minutes. Then I went out in the hallway and saw the farmer's daughter sitting by the door. She got up and shook my hand, smiling and giving me some greeting I didn't understand. "She congratulates you," someone said, and when I asked why he said, "You did a good thing."

I understood what that meant about the farmer's condition. I thanked her in her own language—insufficiently, of course—and felt a bitter taste in my mouth that I should be given accolades for doing nothing. I felt like a fraud, and worse, like a coward: I should have said there was no time left for anything but love, that they should have just sat with him, that they were the best he was going to get in his last moment and that I was sorry their search for succor in this hospital had been useless.

I went into the male ward and put my stethoscope against the old farmer's jutting sternum and heard nothing at all: not just silence but almost emptiness, as though the man was mummified in his dry skin. The male nurse yanked the pillows from under the man's head and pulled the sheet off his body, as disrespectful to him in death as he had been in life. I wrote a short description in the otherwise blank chart, ending with the word "DECEASED," signed it with block letters reading "STUDENT," and left the ward. I wrung the rubber of my stethoscope in my hands, furious at everything I saw the entire way home.

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