

## How quickly Do We Forget: Two Narratives of The Same Story

By Zohar Lederman

I used to be different from them, better. Just a year ago I criticized them, their lack of compassion, of humanity. I will be special, I kept telling myself, I will care about my patients.

A closed department of Alzheimer patients is not a fun place to be. The smell of urine and excrement greets you first thing in the morning, and the obscene screaming of Mr. Paolino, a 85-year-old patient on a wheel chair, accompanies you through out the 6-8 hours of the working day.... EVERY DAY! Then there is Mrs. Olevano, a 79-year-old, who follows you wherever you go, asking again and again the keys for the door so she could go visit her husband upstairs, which may or may not be true. Finally, there is Mr. Matta, a 92-year-old who probably does not have Alzheimer at all, but rather Schizophrenia, and all he wants to do is go out for a smoke. Mr. Daniele, a 89-year-old patient, scored low on the Mini Mental State examination, meaning that his cognitive functions have declined drastically. On top of that, he developed a painful swelling in his knee, which made it harder for him to walk. In order to determine the diagnosis, and offer appropriate treatment, we had to withdraw liquid from his knee and send it to the lab. For that purpose, the head of the department asked the help of the head of the unit, who used to be a hot-shot researcher. And so, on one cold morning, a group of 7 white-coaters was watching curiously as the head of the unit inserted a needle into Mr. Daniele right knee: the head of the department, a resident, two interns, and three medical students. For the head of the unit, it was standard procedure, nothing special. For us the interns and the students, it was a procedure we have not seen before, and we wished to absorb as much as we could. But for Mr. Daniele, it was obviously terrible, because he started weeping, in an unheard voice. In response, the head of the unit amazingly told him that he cannot possibly feel pain, because this procedure is not painful, and to us he “explained” that the patient was only seeking attention. We all, except the head of the department, exchanged looks, but of course said nothing. We kept looking, even as the liquid extracted from the knee turned red, and Mr. Daniele’s cry persisted. Finally, the procedure ended, and the head of the unit ordered the liquid to be tested for various markers, as he quickly exited the room. I felt sad for Mr. Daniele, but for some reason did not think about doing anything about it, other than criticizing the head of the unit in my head. Perhaps it was because I had other chores waiting, or because, as Campbell and Higgs(1) recommend, the only way for me to survive in this department was to emotionally distance myself from the patients, at least to some extent. Regardless, the fact is that I was not thinking about consoling the patient, but rather turned to leave the room. There were 8 white-coaters in that room that morning, with one patient who clearly was suffering, and yet 7 of them wished to leave the room as soon as the procedure was done. Only one person remained: the student who was assigned to me for one month, for whom this was the first week in the hospital. This third-year student has never taken a class on

bioethics, nor has she ever read a medical narrative which lamented the lack of humanity among care providers. Yet, she was the only one who, instead of leaving the room, approached and rested her hand upon the patient's shoulder, calming him down, saying, with a soft voice, that the procedure was over, that the pain will soon abate. I am sure that the patient, albeit his mind was already gravely affected by the Alzheimer, thanked the student in his heart, and greatly appreciated the fact that among a group of what he perceived to be 8 doctors, at least one actually cared about his well-being. I failed that morning. I failed as a physician, a bioethicist, a medical humanitarian, and I failed as a teacher. At least I could be content that there was someone involved in Mr. Daniele's care who reminded me what medicine is all about; that caring for patients entails much more than just curing them.

Nicole Marcomini

I am too emotional, way too emotional, and still am not clear whether it is good or bad. Ever since I started this internship, the patients have recounted their various life stories to me- some happy, some less so. I like talking with them and I am often moved listening to them, but never has an event touched me as that of Mr. Daniele. He is a man of pleasant features, who does not talk much, but one thing I noted immediately was that his eyes light up when relatives come to visit him, particularly when it is his son. That day, we were examining a patient, when the resident entered the room and said "the head of the unit arrived, he is going to draw the liquid from Mr. Daniele's knee. Come look." Excited, we dashed into the room of Mr. Daniele, who all of a sudden had to face 8 people, physicians and future physicians, all curious about his knee which has been swollen for many days now. Nobody greeted him, nobody explained to him what we needed to do and the purpose for which we were in his room. In a blink of an eye the professor, while describing to us the procedure he was about to perform, removed the blanket off Mr. Daniele, who was lying in his bed. The professor then glanced at his face for a few seconds- at best- before inserting the needle into his knee. I was jarred. Mr. Daniele, frightened, nervous, and naturally suffering from pain in his knee, began to cry. "Stop behaving like a baby Mr. Daniele, it cannot be that bad," said the professor. I was leaning against the wall, petrified. I could not wait for all of this to be over, nor could I believe that this was indeed happening. When everyone was leaving the room, now that the show was over, I instinctively approached Mr. Daniele and held his hand. "Call my son!" he exclaimed. I felt a sting in my stomach and could not hold back the tears, this time my own. I tried to calm him down, and told him that it was over and that the pain will soon go away. "Mr. Daniele, how are you now? Is it better?" I asked him after a few moments. The tears coming down from his face suddenly disappeared, and his familiar expression came back, as if nothing happened. I was relieved, hoping that he has already forgotten it all- who knows. That entire morning I did nothing but think about that case. I talked about it with the other students and interns who, like me, went into the room to learn what was to become a lesson to all of us. Well, that morning I learned that there are different types of doctors. There are doctors who, it seems to me, have lost the will and capacity to experience and be moved by the emotions that this kind of work can instigate, and are never thrown out of balance, always maintaining a certain distance from their patients. And then there are other doctors, doctors like the intern who was assigned to this department like me, in whom I still see this spark, this readiness to listen, to understand, to honestly help patients, to touch them not only with his hands, but also with his heart.

There, now I know which type of doctor I want to become.

1. Campbell A, Higgs R. In That Case. Medical Ethics in Everyday Practice: Darton, Longman & Todd Ltd 1982.

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