

## This Story

By Melissa Rosato

We walk the hall in single file. I lead, through the dark corridor, unlit rooms on either side of us like missing teeth in an addict's mouth. It is dusk, and remnants of the day's light filter through the grimy windows. It is a strange glow we can navigate by. In one corner, the glint of silver from an oxygen tank. In another room, the dying light illuminates the shiny red plastic of a trash bag peeking under a closed red bin. Laminated posters are selectively illuminated: A knee, stripped of its skin, ligaments and muscles neatly labeled; a pair of pink lungs, their bronchioles splayed out like tiny baby's breath; a question: "Did you ask your doctor about colorectal cancer screening?"

My patient is behind me, and I am seeing her out. We are the last ones here on a Friday afternoon. She was my last appointment and I spent a longer time than usual with her.

After thirty minutes in the patient room, the harsh ring of the desk phone startled me. "Are you almost finished?"

My reverie of patient exploration interrupted, I blinked, confused. The background laughter on the call woke me, reminded me it's Friday afternoon. The staff are trying to get out early.

During the week, we doctors often complain that staff are too slow getting our patients checked in and roomed. The front desk staff might take too long to verify their insurance information, then the medical assistant might take too long chatting with them while they check their vital signs. By the time the patient is ready for the doctor to see them, it may be thirty minutes or more past their actual appointment time. But on Friday afternoons, the staff are unusually efficient. At 5:01 it's like a saloon in the Wild West when a showdown has been announced in the square. The doors are swinging from their quick exits, but all the people are gone.

I am usually a very efficient doctor, running close to on time, but today I have betrayed them, lingering too long with my last patient.

Today my last patient is a new patient, and clearly has a lot of issues to tackle. But she is also charming and gregarious, and so for all these reasons, and a few others, I have decided to take my time. When the staff calls me to inquire why I am taking so long, I tell them it is okay for them to leave, though I know I shouldn't have given them this permission. I should have reprimanded them for calling me with such nonsense, for interrupting my patient visit for it. I should have reminded them that everyone has to stay until the last patient is gone, especially the front desk staff.

But I tell them to leave, not wanting to feel their impatience through the exam room door. My patient visit today has taken me to a place so far beyond petty office politics that I cannot be bothered to be the dutiful doctor my colleagues expect of me.

The consequences of my telling them to leave were unexpected. I knew I would have

to check the patient out myself, and see her through a locked door. I did not expect that they would turn out the lights on us. Obviously a mistake, a ritual the staff are so used to, they forgot to forgo it today under these different circumstances.

The office is an old Victorian house, and the patient rooms are on the second floor. It means my patient and I have to navigate a long corridor and a set of stairs in the dark, then another corridor and waiting room. Though the circumstances are accidental, the long, dark walk feels oddly appropriate after our long talk inside the exam room. It is the symbolic made real. In the patient room, I had helped her navigate a tough aspect of her life and heard her tale of woe. Now, I literally lead her through darkness.

The simple story: A sick husband, a wife as caretaker. Being caretaker is a tough, under-recognized job. Her stress, her own health failing in her older age, her difficulty lifting him with her barely 100 pound frame. She has trouble getting family and friends to help, even for an hour or two to give her just a little break.

“A chance to sit on the stoop with a cigarette and feel the sun on my face,” she tells me.

But this story is not so simple: He has AIDS, and he lied to her for years, apparently knew for years before telling her. She, his wife of many years, never used condoms, unwittingly. The questions are boundless: How did he get it? How could he lie to her for years, jeopardizing her health? She, terrified, finally coming to my office to be tested after avoiding it for a long, long time. She continues to care for him. Why? She doesn't fully know herself the reasons why.

We have made it downstairs to the waiting room. The chairs sit in shadows that are oddly quiet. Where are the screaming babies, the unruly toddlers, the elderly patients yelling too loudly to their daughters and sons without hearing aids? I once knelt on this floor in front of a patient who felt faint, waiting for the EMS team to whisk them away, the intrusive thought in the midst of the chaos that day: Why is today the day I decide to wear a skirt? Today, the view of the carpet unobstructed by people, I can't help but notice the stains. They leave me wondering: Coffee accident or Depends? Blood from an overzealous EMT?

The dark office doesn't feel ominous to me, however. It feels like the boardwalk on an early morning bike ride. My father, who rarely ever seemed to enjoy vacations with his children, had one joy: The morning bike ride. One morning once a year during our one week vacation, he would get my brother and sister and I up before sunrise and take us to a bike rental. We'd walk the rows of bikes laid out on the wide sidewalk, trying ones out for size. Dad often got something absurd, like a big banana seat with comically wide handle bars. My brother helped me out a few times when I looked lost, showing me how to figure out if a bike is the right fit.

Our destination was always the same: The Boardwalk. I think Dad got us up early because he knew there would only be a few bikers out with us. We could horse around more on empty Boards free of most pedestrians and bikers. Only a few stores were open, and the amusement piers were closed and quiet. Those closed piers were my favorite part of the bike ride every year.

The four of us would swish onto a quiet pier, our bike tires making the only sounds aside from the ocean waves crashing just beyond the pier and the occasional whoop or holler from my dad or brother or sister. We would weave between looming roller coasters, their large white metal teeth gleaming, weave under the shadows of Ferris wheels not spinning, pirate ships stilled, brightly colored pennant flags flapping occasionally in the windy ocean air. At

night, the lights and sounds of the amusements would often frighten me, my stomach plunging just to watch the roller coaster roar by from the ground, but I found the quiet, still amusements strangely beautiful.

Finding our way through the dark office reminds me of those empty, quiet amusement piers. Things meant for a certain utility suddenly stilled: Blood pressure cuffs and exam tables with stirrups jutting out, gooseneck lamps posed in corners, red biohazard bags gleaming in plastic trash cans. When still and dark and not in use, these useful tools of my trade look differently. They have an odd beauty. Maybe it is leading my patient through darkened corridors that is making me poetic.

She has come for the blood test - to be tested for HIV - that is her cover story. But we both know that is not the reason she has really come. She has come to tell this story to someone. This story that for so many reasons she cannot tell to her family members or friends. This story, her story, of living and suffering alone. She has managed to make it away from her husband for a couple of hours and she comes to me and lays it in my lap.

I realize as she tells me that I am the first person to hear this story. A perfect stranger, her new family doctor, a woman with a life perhaps entirely different than hers. We both grew up in Philadelphia, but our lives inside this city have been so different, they may as well have been different countries. Me: Middle class, Ivy League college educated, still single and childless in my thirties. Her: Poor, grade school dropout, married for thirty years and with three grown children. She walks in and lays this story in my lap.

She is not typically depressed or crying. She is joking and animated, telling me jokes one after the other. She has not come here for help per se, for a way out. Though I try to give her options, I tell her of aides she can get through her insurance, I remind her of local adult daycare programs, I advise her to come see me once a week for counseling. Yet I know she will do none of these things. I can tell that she has already chosen her life path and has accepted that she is a caretaker, as she was for her parents before they died, and now for her husband.

Why did she come here, to see me? Perhaps she came to the doctor's today unsure what she would do, and found in me someone to whom she could tell her tale. Perhaps she did not even realize she was going to tell her story today until she opened her mouth and the words spilled out, until she realized at that moment that she could not keep it inside any longer, that she had to tell someone, anyone. It may be that I am the bystander to a major car accident, someone who just happened to be there at that one moment in time.

Why didn't she confide in a family member or a close friend? After all, I am a new doctor to her, not even her faithful family doctor for ten or twelve years. I can think of several possibilities. I can imagine that she may not want to tell her family or friends to protect her husband's privacy or to avoid the shame of such a diagnosis. She may want to avoid the judgment in their eyes and the whispering behind her back.

But perhaps there is some other, deeper, reason that she comes to me with this story. A doctor, someone trained to be objective and unbiased, but more than that, someone who has seen so much illness and misery that this story will not be so startling or upsetting. A doctor will not recoil in horror at this story, or pass judgment on the patient or her husband, or demand justice. A doctor will listen. Offer options, potential avenues for the patient to pursue, but first and foremost, listen.

I hope she found me suitable to the task. I hope she saw in me someone who would not judge her when she revealed that even after she knew, months after, she still had

unprotected sex with her husband. Was it a sort of suicide attempt? A twisted act of devotion of a wife? Did she still feel under his thumb, even now, when he was too weak to be any sort of threat to her? Or perhaps, maybe, a thing few can understand until their lives have travelled down the dark corridors that hers has: When your soul is as dark as a room at dusk, when it is battered and bruised and twisted in complexity, in that moment of decision-making, you allow the moment to happen, you open yourself again and give the one thing that as a wife, you can still give.

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*Melissa Rosato lives in her hometown of Philadelphia with her son Benjamin. By day, she is a mild-mannered family physician providing primary care to adults and children. By night, she is a writer. She writes non-fiction, fiction, and poetry, and once even published a poem a long time ago. Writing, and spending time with writers, are the times when she feels most at home – except, of course, when she is actually at home.*

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