
FIELD NOTES | SPRING 2019

Peppermint Oil

By Julia Michie Bruckner

“Oh God,” my senior resident groaned, grimacing and hiding her nose in the crook of her elbow as she peeled off the soaked gauze.

“We’re going to have to chop your foot off,” she said, turning toward the door, leaving no time for a response. I was left to redress the foot amidst the rot.

Mrs. Johnson* had arrived at the hospital with her left leg wrapped in a thick plastic garbage bag – still attached, but blackened and oozing up to the knee. Years of diabetes did it, along with homelessness and heroin. She was upfront about it all.

“I had a sore, and it got worse, and it started stinking, and I covered it up with garbage bags,” she told me. Soon she could no longer ignore the smell.

She was admitted to the surgery service for potent antibiotics and removal of the dead leg above the knee. As the third-year medical student on my general surgery rotation, I was to follow her case.

Her end of the ward quickly became desolate, the result of recurrent detours. Those who needed to enter – the janitor emptying her trash can, the nurse replacing her IV, the technician taking X-rays of her limb – pinched their noses, twisted their faces and exclaimed “oh, Lord,” or “that’s disgusting,” or “Why didn’t she come in sooner?” or “How could she let it get like that?”

There was one nurse who reliably cared for her without overt disgust. She taught me her trick – a dab of peppermint oil under the nose to mask the malodor.

But even with her smell subdued, Mrs. Johnson was quite repellent. Surly and sour, she snarled at all who approached. She repeatedly refused the amputation we insisted upon.

“You will die without this,” we told her.

“I don’t think I need it,” she replied again and again. “Let’s just let them antibiotics work a little longer. I’ve been through worse than this. I got shot twice– still got a few bullets in me. The street made me strong. I don’t trust you does any which way.”

Dutifully, I read her entire chart. It chronicled decades of rocketing blood pressures and leaping blood sugars, unrequited referrals to substance abuse specialists, unfilled prescriptions for antihypertensives and insulin. “Non-compliant,” “not invested in care,” “no-show,” “minimal self-efficacy,” and “denial” peppered the notes of the dozens of doctors, nurses, and social workers who’d seen her over the years.

With peppermint oil dabbed under my nose, my visits to check her wound and vital signs became longer, enough to listen to her stories of Bronx street life in the seventies, where one wrong move or angry glance could brought risk. She prioritized immediate survival over all and wasn’t going to lose a leg without a long and scrappy fight.

Our lives were very different, but with these conversations, I began to enjoy her wry sense of humor and feisty wit. We discovered our grandmothers had been amazing pie bakers; she assured me her grandma’s peach pie would have won any contest. She became like a grumpy yet charming great-aunt.

I understood her denial; I too had found denial to be a friend early in my own cancer treatment years before. However, I learned it is a fickle friend, eventually proving to be a disloyal companion.

The bacteria putrefying her leg surged throughout her bloodstream, impervious to her strong will. Naked fear overtook obstinance. Her fever spiked and chills rattled the bed, convincing her - more than any of our conversations - to surrender to amputation.

The operation was messy but swift; her leg fell heavily in my arms as it was released from the last connecting bits of bone and tendon. The malodor was now enclosed in a biohazard bag. She returned to the ward, her blanket deflated on the lower left. Now she became a “disabled poorly-controlled diabetic homeless addict amputee.” Her dead leg was severed, but negative labels and snide remarks were not.

Mrs. Johnson’s care had been infected by judgment for years. Some may say she deserved it – she embraced risk, damaged her own body with drugs, flouted nearly every doctor’s recommendation. But perhaps, too often reduced to stereotypes, the judgment she felt fueled a vicious cycle. The sicker she became and the more care she required, the more alienation and distrust she felt. The amputation was one casualty of a self-fulfilling prophecy.

When we become daily witnesses to disfigurement and death, judgment and detachment can become coping mechanisms. We reduce patients to abbreviations and numbers; Mrs. Johnson, with all her wisecracks and peach pies and hopes for invincibility, becomes “Room 12, 57 y/o F, POD#2 s/p AKA 2/2 DM2 w/ Gram + gangrene.” We create a divide - us, the healers, and them, the diseased. But this is a false separation. As a cancer patient and doctor intertwined, it is one I cannot entirely achieve. I am both the us and the them.

I've felt frustrated when patients damage their health through neglect or denial, but then I remember all the times I wished I could just forget my cancer for a while. I've been annoyed when someone won't take the medication I prescribe, yet I remember when I skipped days of my own pills. I've resented patients for not being thankful or kind, but then I remember when my own fear, anger, or pain took precedence over any gratitude I felt toward my doctors.

A little peppermint oil helped me find the person underneath the pathology. It helped me remember the vulnerability that unites all of us.

I ran into Mrs. Johnson a few months later – literally. She hit the back of my knees with her wheelchair as I rushed to catch the hospital elevator. Stumbling and nearly dropping the blood samples in my hand, I turned around angrily, only to see her wide grin, the sparkle in her eyes glinting behind dark shades. She was there for the final fitting of her prosthesis.

“Hey! It’s my student doc! How am I lookin’? Pretty smooth, yeah?”

“Sure thing,” I laughed.

“You know I gotta dig out my grandma’s peach pie recipe . So delicious. You would be blown away,” she taunted.

“I bet, Mrs. Johnson, I bet I would.”

I could almost smell it baking.

**I have altered the patient’s name, gender, age, geographic location and identifying details of her medical history to protect her privacy.*

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