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SINGULAR INTIMACIES

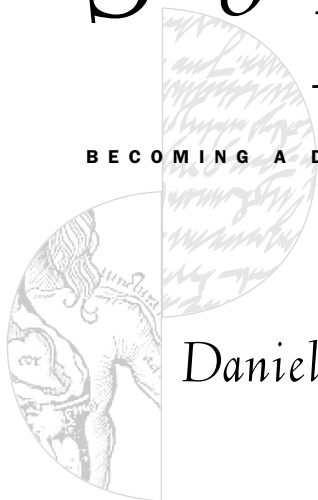
Becoming a Doctor at Bellevue

DANIELLE OFRI



Singular Intimacies

B E C O M I N G A D O C T O R A T B E L L E V U E



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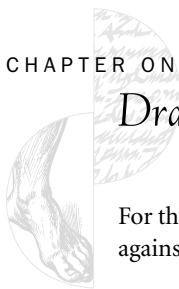
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CHAPTER ONE



Drawing Blood

For this is the day you know too little
against the day when you will know too much

John Stone, "*Gaudeamus Igitur*"

ZALMAN WISZHINSKY moaned in his bed. "Oy, help me," he wheezed. Sweat accumulated over his bushy white eyebrows as he thrashed about. One arm gripped his chest while the other wormed helplessly in the air. His oxygen mask was filling with condensation, further muffling his Polish accent. He poked his chubby fingers into the side holes of his mask, tugging to dislodge it from his face, but the burly nurse stationed at the head of his bed replaced it firmly and decisively every time. Mrs. Wiszhinsky was fretting about the bedside. "Zalman, *nu*, listen to the doctors." She flung Yiddish admonitions to her husband, who was clearly in no condition to heed them.

After three years of medical school and four years in the laboratory completing a Ph.D., I was at long last "on the wards." My original classmates had already graduated long ago so I didn't know any of the other third-year medical students on my team. Between the vagaries of the schedules of my thesis committee members and the unpredictability of my final experiments, my dissertation defense took place in February. This tossed me onto the wards in March—close to the end of the academic year. The medical student calendar began in July so all the other students on my team already had nearly a year of experience on the medical wards. They knew the difference between an intern, a sub-intern, a resident, and an attending physician. They understood the social distinctions of the various types of white coats. They could discriminate nurses from doctors merely on the basis of the type of

stethoscope they carried. They knew where the X-ray department was located. And most impressively, they knew how to draw blood.

Mr. Wiszhinsky had arrived at Bellevue two hours ago; his chief complaint was, "It's not so good today." There wasn't time to take a history from him—everything was happening so fast. His blood pressure was dropping and he was becoming more agitated. The attending (long, neatly tailored white coat; gray hair), residents (long, dirty, non-descript white coats; bags under eyes) and medical students (short, boxy white jackets; overstuffed pockets) scrutinized the monitors. Somebody snapped out, "Page cardiology, *stat!*"

I stood uneasily at the edge of the crowd, squinting in the glare of clinical medicine.

I'd entered Bellevue this morning through the tiny set of double doors that served as the entranceway for this lumbering behemoth of a hospital. Swarms of residents, nurses, patients, and visitors bottlenecked from either direction. The two glass doors were grimy from the thousands of palms that pressed against them each day. The foyer was jammed with white coats and saris, kafiyas and dashikis. Spanish, Tagalog, Bengali, and English elbowed for air space as did the smells of coffee, curry, and homelessness. The doorways were littered with gum wrappers and cigarette butts. Windblown scraps of the *New York Post* and *New York Times* tangled in trampling feet that pressed forward every morning. But these portals led into Bellevue, and now I, too, was in Bellevue, happily part of that swarm pushing through the doors.

∞ A cardiologist materialized with an ultrasound machine and plunked the probe on Mr. Wiszhinsky's chest. The image on the screen was fuzzy, with black specks like an old TV set that needed hangers and crumpled aluminum foil to rein in the reception. I craned my neck to see closer, but there was nothing recognizable in the distorted splotches of gray and white. Knowing grunts and nods, however, came from the crowd around me. They all knew something that I didn't. They all spoke that secret language. Those blurry spots actually had meaning.

Urgent exclamations flew about the room in volleys. “Pericardial effusion!” “Tamponade!” “Cardiogenic shock!” “Page CV surgery, *stat!*” Nurses carted in stainless steel trays overflowing with cryptic gadgets. More white coats arrived, barking orders at one another. Somebody in blue surgical scrubs barreled through the crowd, shoving a medication cart out of his way with one of his muscled biceps, and me out of his way with his other. I retreated out of his path, only to be elbowed by someone else forging a trail to the bedside. I stepped back to avoid further calamity and collided with an irate nurse whose arms were laden with sterile equipment. I struggled to find a place for my ill-adapted body, feeling vaguely like a dinosaur in the age of the mammals.

Charlie, one of the other medical students, took pity on me and translated the scene. Mr. Wiszhinsky had accumulated a large amount of fluid around his heart (pericardial effusion) that was dangerously compressing its chambers (tamponade). His heart could not send enough blood to the rest of his body (cardiogenic shock), so the fluid needed to be drained immediately. “And,” he said with a knowing whisper, “this guy should be damn glad he came to a tertiary care hospital like Bellevue. If he’d gone to a crummy little community hospital there’s no way he would have gotten all this high-tech stuff and all these experts so quickly. He would’ve been a goner.” I nodded sagely along with Charlie. I didn’t know what a tertiary care hospital was, but I was damn glad that we (we!) were one.

Mr. Wiszhinsky was pale and sweaty. Buzzers and alarms squawked from the various accoutrements attached to him. The monitors flashed warning lights in fist-pulsing red. Metal instruments were clanging, people were shouting orders, white coats were jostling—nothing seemed to stand still. Mrs. Wiszhinsky, a wisp of a figure, hovered unsteadily at the edge of the crowd, appearing a bit greenish herself. Several times I saw her open her mouth to ask a question, but she was cut off by the bustle before her lips could even shape a sound. She pulled nervously at her fingers, her husband lost in the crush of bodies and machinery.

There was a fierce argument, apparently between the cardiologists and cardiovascular surgeons, about who should drain the fluid from Mr. Wiszhinsky's heart. I don't know who won the turf battle, but somebody with a receding hairline and a look of authority whipped out a needle that was easily as long as my forearm. The silver spike glistened ominously as he held it up to the light, adjusting the attached syringe. Without a flicker of the bland expression on his face, as though he was about to add detergent to a load of whites, he calmly slammed the needle into Mr. Wiszhinsky's chest. I stared, unable to breath, as the metallic silver sank right through the skin into all those organs that I had learned about so many years ago in anatomy. Important organs! Ones that probably weren't supposed to have needles piercing into them. But suddenly, hazy fluid began to creep into the belly of the syringe. Torpid droplets coalesced into a murky column. The doctor's grip strained against the syringe as the column elongated sluggishly. The fluid resisted the human force with a languid petulance, threatening to suck back into Mr. Wiszhinsky's chest with even the slightest letup of the doctor's pull.

Mr. Wiszhinsky flailed about while the oleaginous fluid was wrung from his heart and the nurses struggled to restrain him. Linda, the senior resident, called out readings from the overhead monitor like an announcer at the races. The junior resident was injecting intravenous medications. The intern ran the EKG machine. The sub-intern was drawing blood samples. Charlie was handing off blood tubes. The head nurse was madly charting every action that transpired. The janitor was cleaning the gauze and iodine that spilled onto the floor.

Everybody had an indispensable role, except me. I prayed fervently that somebody would assign me a task to do, anything at all, no matter how menial. But everyone was busy applying their productive skills for the betterment of humanity. What could I possibly offer? Four years of biochemistry training, a few medical school courses way back, basic history-taking skills from my behavioral science class . . . that was all. What was I doing in this world of medicine, in this world of real people living and dying? How could I possibly deserve to enter those

doors of Bellevue, to be part of this tertiary care hospital (thank goodness we were a tertiary care hospital) if I was such an inept dolt? Yes, that's what I was—a drain upon society, the dregs of the system, the type that totalitarian societies deem unworthy of existence and relocate to Siberia. I wished someone would just banish me from civilization this very moment and spare me the humiliation of being so utterly useless.

I had been relegated to the foot of the bed, somewhere between the Foley bag of urine and a used bedpan. I found myself eye to eye with Mr. Wiszhinsky's pale, veined feet, which were buffeting about. Urine, stool, and foot odor; this, apparently, was where I ranked in the hospital hierarchy. Deservedly so, I had to agree. Even the nurse's aide knew how to drain the urine out of the Foley bag.

A foot massage! That's what I could do! Everybody likes a foot massage, and it might even be a way to help Mr. Wiszhinsky calm down. My childhood dog Kushi used to love it when I massaged her paws. She would smile her doggy smile and arch her back with pleasure as I rubbed two paws at a time. In any case, Mr. Wiszhinsky's feet were the only part I could get to; everybody else was focused on the action north of his belly button.

There was no one available to ask permission from. But, then again, there was no one to say I couldn't do it. There was no one, for that matter, to even notice my existence. Hoping I wouldn't cause too much trouble, I grabbed Mr. Wiszhinsky's feet. They were surprisingly smooth. I rubbed them gently at first to warm them up and then I started to massage them. I kneaded inside the arches and around the heels. I worked each toe separately. I rotated the ankles lightly. I thought I detected a trace of relaxation in his body.

I kept massaging while fluid crept out of his chest. The monitors stopped ringing and the warning lights stopped flashing. Mr. Wiszhinsky's limbs stopped flailing. His blood pressure came up and the decibel level of the crowd went down. The crisis was over.

Barely two hours on the medical service and I had witnessed a man nearly die, and then be saved. I walked out of Bellevue that night with

my head swimming in a delirium of fluids and cardiogenic shock and pericardiocentesis. In front of the hulking brick hospital building was a small garden surrounded by a cast-iron fence. I walked along the meandering path lined with benches, thinking about that needle that had lanced through living, breathing skin. On the path was a graceful, multitiered fountain, now broken and filled with cigarette butts, and a birdbath resting on three legs carved of stone. The needle had punctured the borders of a human being, tearing through the boundaries of a life. In another circumstance it could be called assault, or attempted murder. But here, in this bizarre Bellevue world with remnants of Victorian elegance sitting side by side with glistening medical instruments, it was a workaday maneuver. The doctor hadn't even grimaced. I felt as though I had landed on a different planet.

Mr. Wiszhinsky was transferred to the cardiac care unit (CCU). He improved dramatically after the fluid was removed from his heart, chatting with the nurses, watching TV, bickering with the orderlies. I doubted if he had even noticed that I'd been massaging his feet during the earlier commotion. I was just so happy that he was alive.

I spent a lot of time talking with Mr. and Mrs. Wiszhinsky—the familiarity of their Yiddish accents relaxed me. Mr. Wiszhinsky looked and spoke like my grandfather Irving, who had recently died of heart failure. Mr. Wiszhinsky told me about his life in Poland, life before the war. “Our town, she was so small,” he said. “If you sneezed while walking on the road, you could miss it entirely. My father was the leatherman. Everything with leather. And our family worked in the shop, my mother, my sisters. We knew everything about leather. Even now I still remember. If you bring me the tools, I could make you a pair of shoes like you’ve never seen, in no time flat. What they have today in the stores they shouldn’t even call shoes.”

I told him about my grandfather’s journey to America, his experience at Ellis Island. I told him how Irving and his brother sold fabric from a pushcart on the Lower East Side, bringing over their family from Latvia one by one. Eventually, they opened Reliable Silk, the

fabric store in Mount Vernon that put my mother and her brothers through piano lessons, braces, and summer camp. We munched on the mandelbrot that Mrs. Wiszhinsky baked.

“Oy, and look at you now,” he said, “a big doctor in a big fancy hospital. Your *zaydeh*, may he rest in peace, would be so proud. You should have this much *nachus* in your life always.”

A unique bond is created, I learned, after you accompany someone through a lifesaving experience. Just by being near him and touching him during that near-death episode, I felt like I’d been privy to a singular intimacy. Mr. Wiszhinsky couldn’t just recede into the multitudes of old men in the hospital, and I couldn’t be just another medical student on the team. Not after we’d been so close to death together. Not after I’d touched his skin and felt the life racing through it while the needle bore into his heart, prying out the near-fatal fluid. And Mr. Wiszhinsky was special for another reason: he was my first patient on my first day at Bellevue. I’d walked through that teeming doorway into the world of Bellevue and Mr. Wiszhinsky was waiting for me, quivering on the margin of life and death. In an instant he’d drawn for me a stark demarcation line between being a scientist and being a physician. Our histories had collided and combined.

When my grandfather was dying of a failing heart, we had gathered with the doctor for the “family meeting.” The doctor had said he’d have a few minutes at 8:00 in the morning so we got up early and assembled in the lounge. My grandmother, my mother, her two brothers—we sat in the vinyl upholstered chairs, drinking the free coffee that the hospital provided, making nervous jokes. Then the doctor came in, a young man, maybe in his thirties. Nobody spoke. My normally talkative family was silent. And so I asked how Irving was doing and the doctor directed his subsequent comments toward me. My family allowed me, without argument, to assume the role of medical emissary for them. But I was only a first-year medical student then, and my family couldn’t have known how little I knew.

“He’s in atrial fibrillation,” the doctor said.

My family looked to me for a translation. I didn’t want to disappoint

them. “That means, uh . . . that means the heart is fibrillating,” I said, with extra emphasis on the last word so it would sound definitive. I recognized the term “fibrillation.” I’d been in the medical environment long enough for “atrial fibrillation” to feel familiar on my tongue. I knew how to transpose the noun into a verb. But it was like a sentence gleaned from a foreign phrase book. I could memorize it, make it sound smooth and polished, but it wasn’t truly absorbed into my own lexicon. Atrial fibrillation—I knew it was a term that I would soon understand, that would soon be part of my vernacular. That familiarity was so temptingly close. Too close to admit that I didn’t actually know what fibrillation was, because I *almost* knew it. It was *almost* mine. The words were already physically comfortable in my mouth, but in reality I had no idea what atrial fibrillation was.

But I didn’t want to disappoint. “That means the heart is fibrillating,” was the best I could offer.

If only I could have fast-forwarded myself to the knowledge that I knew I was destined to acquire. Pericardial effusion—I knew the vocabulary word now as a third-year medical student. Cardiogenic shock—I tossed it off my tongue like I ordered my morning coffee in the coffee shop. But I still didn’t really know what they meant.

☞ I was concerned that I might be spending too much time chatting with Mr. Wiszhinsky about the old country and not enough time doing the real stuff that medical students do. Charlie and the other third-year students were busy fetching X-rays, shuttling stool samples to the lab, and drawing blood. I did, after all, want to get a good grade. I consulted my resident, Linda. She was a firm believer in the crucial role of the doctor-patient relationship in the healing process and encouraged my “nonmedical” activities with Mr. Wiszhinsky.

Linda told me that she had once taken care of an older Jewish man in the CCU. She and the patient had stayed up late every night talking. He’d told her stories about the old country and sang songs in Yiddish. I was relieved and heartened. So it was okay just to spend time with your patients. It was okay to do things beside record your patients’ vital signs. My resident said so!

Mr. Wiszhinsky was in the CCU for almost a week. I spent most of my afternoons there shmoozing with him. One day, after a long conversation, he reached out and took my hand. I was touched and didn't pull back. He rolled toward me to give me a kiss on the cheek and I thought, "Well, this is okay, he's like my grandfather." Then he grabbed my chin and began kissing me on the lips. I tried to pull away but he held on tightly, kissing me harder and harder. His stale breath was hot on my skin as he pressed into me. He smelled like an old, sick man and the gray bristles of his unshaven beard scratched my cheek. I struggled to pull myself out, but I was tangled in his arms and the wires and the monitors.

The sour smell of sickness enveloped me and I crunched my eyes as tightly as I could to keep from vomiting. His fingers were digging into my jaw and his dry lips ground into mine. I clawed at him with my hands and twisted my body trying to disencumber myself. The wires caught in my hair and the blood pressure cuff on his arm snapped open. Finally I hurled my weight backward until I tumbled onto the floor and fled from the wretched CCU, fighting my way through the cardiology team that was just piling in for rounds and a dietary aide pushing a metal cart stacked with a tower of low-sodium lunch trays. A janitor was washing the hall in front of the CCU and he glared at me to stay away from the part he'd just cleaned. My stomach was coiling with nausea and I was desperate to get out. I took two steps forward but I was jostled through a sea of loud-talking residents who were squeezing through the narrow space allowed by the CAUTION—WET FLOOR signs. I could feel waves of sticky heat billowing up under my stiff white jacket. I just wanted to be someplace quiet and comforting. The doctors' station was filled with noisy interns debating the differential diagnosis of "palpable purpura." The nurses' station was crowded with medication carts and chart racks and clerks filing their nails. Phones were ringing and conversations were spinning and overhead announcements were blaring.

I finally sought refuge in the broom closet, the only quiet place I could find in this chaotic hospital. I slumped against the shelves of mops and sponges, panting in the dark. Disgust shivered through my

body. I wanted to grab one of the cleansers off the shelf and wash him off me, his feeling, his smell, his breath.

How did everything get so twisted? I thought I'd been doing the right thing, spending quality time with my patient. Everybody was always telling us that doctors should spend more time with their patients. That's what all the good doctors did in books and the movies.

The walk home that night was lonely. Stretching up First Avenue was the collection of turn-of-the-century buildings that had all been part of Bellevue. They were grand, Gothic structures that could be elegant during the day, but at night—tonight—were eerie and forbidding. The imposing brick façades, with their nooks and crannies, balustrades and arches, loomed over me as I walked. The old psychiatric hospital was surrounded by a tall wrought-iron fence, and the walls were encased in dark velvet ivy. The building that was now the Bellevue men's shelter was set back behind a courtyard in disrepair. Four scalloped columns, like stranded emigrés from an ancient Greek temple, stuck out of the ground at various angles, forgotten by some renovation crew. Their flattened tops, supported by ornate and ominous curlicues, seemed preternaturally bare, as if begging for an offering or a sacrifice.

☞The next day before rounds I marched into the CCU. "Mr. Wiszhinsky," I said, trying to sound firm and controlled. "I am really angry. What you did to me yesterday wasn't right." I tightened my hands on my hips like a grade-school teacher chastising a tardy pupil. I paused righteously, waiting for his meek apology.

"It was your fault," he snapped, "you started it!"

I started it? Maybe letting him take my hand had been too suggestive. Maybe I'd worn something inappropriate yesterday. Maybe telling him about my family was something doctors weren't supposed to do. "I was just being nice to you."

"Eh, what nice?" he spat back. "You came in here. You started."

His week-old stubble and greasy, mussed hair rekindled shivers of loathing. "You are just a lecherous creep," I said. "You should be ashamed of yourself."

He shrugged, grumbled something in Yiddish, and then rolled toward the window. His motion caused static on the cardiac monitor and an alarm went off. I found myself staring at the liver spots on his back where the blue gown fell open. Two nurses rushed past me to fix the monitor. Beyond the bed, the window looked out over the East River. A gray angry sky tossed the water into jumbled waves. Pedestrians pulled themselves tighter into their coats to fight off the wind. Traffic was racing up the FDR Drive, oblivious to the cardiac monitors that were bleeping on the seventeenth floor of Bellevue. The hourly Circle Line Cruise filled with camera-toting tourists was heading north on the river. I had taken that cruise once before and I knew that the tour guide always pointed out Bellevue as one of the sites: "The oldest and craziest hospital in the nation." I sighed and walked out of the CCU.

I didn't see Mr. Wiszhinsky much after that, except briefly on morning rounds. If I had to speak to him I tried my best to sound cool and professional. He looked so pathetic in his hospital-issue pajamas and green Styrofoam slippers that it was hard to stay mad. Stuck in that bed, strapped in by endless wires and monitors, stripped of his usual surroundings and his own clothing, eating bland food without an iota of sodium or cholesterol, listening to nurses and doctors who were probably one-third his age talk to him with condescending cheeriness. Were his actions the only way he could rebel against the indignities of being sick?

I had pangs of longing for my research laboratory where I'd spent years amid the familiarity and security of the scientific paraphernalia. There was something reassuring about the crisp friction of clean glass test tubes in my hand, waiting for a new experiment to begin. The buffer solutions that I prepared contained fixed ingredients in reliable proportions. The chemical structures of the compounds I used were steady and dependable; I could count on them. Not so, it seemed, with patients. Passing through that narrow, crowded doorway of Bellevue had pitched me into a world that was heady and tremulous. I couldn't control the parameters as I did during my experiments in the lab. There I could hold all conditions constant and vary only the one I

wished to study. Entering Bellevue was like being in a lab experiment gone wild, with every possible parameter running amok. Knowledge would not be coming in an orderly, logical progression. But during that first chaotic week of medicine I conquered that most harrowing medical student hurdle: I learned how to draw blood. And Zalman Wiszhinsky was my first victim.