On the Deathwatch: Diary of A Physician

by Ben Kemera

The door to the room brightly displayed the words "isolation precautions," and the flimsy bed drapes were pulled across the first bed, preventing a direct view into the room. A medical student at Loma Linda University, I was assigned to the medicine service at Riverside County Hospital. The county hospital was built in the 1950s and reflected its age with brown linoleum floors, antiquated plumbing, poor room lighting, and plaster-chipped walls. Yet the staff had always made up for the aesthetic distaste on previous occasions when I worked there. I liked "County." But when I entered this room, I wondered whether the county hospital had finally gotten the best of me.

I threw a cover gown haphazardly over my white coat and did not bother with gloves or mask. I peered around the curtain at the bed across the room near the mud-streaked window. The view was a tantalizing one for any patient—a hamburger stand across the street. The sky was the typical yellow-brown filth of a southern California day in August. I was suddenly homesick for the Colorado Rockies. The patient moved forward, and I realized that my presence was no longer a secret.

For a split second, I captured the feel of the room and this patient. He looked terribly young to me, with locks of blond hair and blue eyes. He appeared small and frail, but his eyes were shining and expectant. Quickly I stammered, "My name is Ben and I am the senior medical student who has been assigned to you during your hospital stay." I said it as though I had no choice in the matter. I noticed his reading material including *TV Guide, Sunset, Vogue, Reader's Digest, Cosmopolitan,* and *Ladies Home Journal,* among others. It was not exactly manly reading material, but then, he was not a "real man" as far as I was concerned.

"My name is James and I am happy to meet you," he replied matter-of-factly. Should I shake his hand?—I wished I had put the gloves on. But before I could answer my question, his hand was already clasped in mine.

"So tell me, what seems to be your main problem?" I asked as I pondered what that really meant. We both thought that we knew!

"I just can't keep food down and I'm getting so thin it's terrible. Why, I've lost 20 pounds in the past three months and hardly recognize myself in the mirror." He saw me looking at the magazines. "Oh, I only look at the food pictures and recipes in the magazines because I dream of the food I can't keep down. So far, however, I kept down the broth I had for lunch and I'm keeping my fingers crossed. I get these dry heaves sometimes and it really, really hurts. And then, there's always the diarrhea."

We went through his history. James was 23 years old, but somehow he still looked like a junior high school student. His voice had a childlike quality. In a mock stereotyped gesture of the wrist drop, he reported his homosexuality. We both chuckled cautiously. The tension was eas-

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ing, but I was uncomfortable being there and wanted to wash my hands. James had been diagnosed with AIDS about two months ago. He knew that he had something wrong with his immunity and his "T-cells." He had been doing quite a bit of reading on the subject. I soon suspected that at that moment he probably knew more about his disease process than I did. James also mentioned his Kaposi's tumors and likened them to "big purple zits on his face and body which would not go away."

He was turning into a human culture tube waiting for a bacteria, virus, or parasite to land on him. There was hemophilus and pneumocystic in his lungs, candida in his throat, giardia in his stool, and herpes everywhere else except around his Kaposi's tumors.

With mock professional bravado, I said, "Well James, it seems that you know a lot about your illness and how difficult it is to treat, but we should be able to help your nausea and diarrhea. Good to meet you and I'll see you later." Hurriedly, I exited the room and dropped the cover gown in the red plastic isolation bag and washed my hands. I wondered why I was stuck with him on my roster, but my resident had told me to "handle this messy business." I wanted a good evaluation on this medicine service. I rationalized that it would be good experience to deal with an AIDS patient. It even occurred to me that if I were to get this fatal disease, at least my student loans would be paid in full upon my death!

The days and weeks began to slip by at the county hospital. I had my share of the dehydrated nursing home patients to whom you added a little fluid, and hoped that they would respond within three days. This was because a nursing home would hold their empty bed for three days before assigning the bed to a new patient. A nursing home patient on the ward for longer than three days often became a "P. P."—a "placement problem"—as we waited for another nursing home bed to open. And I had my share of "Tylenol—3 patients"; the patients who loved and praised you as long as they believed you would continue their supply of narcotics. There were plenty of other tragic patients as well, those with cancer, heart disease, emphysema, and strokes.

Each morning our team would make rounds on the ward, and we would stop outside of James' room. It was a rushed pause. My resident never entered the room. My attending physician was a fatherly figure always smiling and saying in a soothing professional way, "Everything will work out." Occasionally he would look around the curtain. I was not about to suggest spending any more time with James in the morning, lest my remarks be misinterpreted as enthusiasm for this homosexual patient. With James we all felt a certain sense of defeat each morning because his death seemed imminent. There was little motivation to help a patient facing an incurable disease. And now James had the potential of turning into a "P.P."

James became a fixture on my roster, and a rather complicated one at that. He was turning into a human culture tube waiting for a bacteria, virus, or parasite to land on him. There was hemophilus and pneumocystic in his lungs, candida in his throat, giardia in his stool, and herpes everywhere else except around his Kaposi's tumors. His white blood cell count dropped. The first wave of antibiotics came to flood his body. The nausea and diarrhea, never really controlled, continued. The intravenous machine and James were constant companions within the room he was never allowed to leave. James only had one visitor I ever saw, his mother. However, the phone rang occasionally with what I hoped was support and encouragement from his friends. I was afraid to ask. Unwittingly, we developed a special rapport. Many patients would give a long list of problems each day, but James was not in this group.

We finally decided on an optimal set of drugs to control the nausea and a bland meager diet with protein supplements to be all that we could offer

to control his vomiting. Vomiting less than one liter was a good day and more than three liters was a bad day. James discovered that Saltine crackers and chicken broth could stay down on occasion, so I was constantly raiding the nurses' lounge for crackers. Most of his prepared meals arrived cold on disposable styrofoam trays. Few people wanted to enter this room. Besides, gowning, gloving, and putting on a mask was a bother when there were so many other patients. I am sure James must have figured it out, but he never mentioned it. I wondered if he could hear the hushed derogatory words outside his room uttered now and then. James did befriend some of the nurses. The staff at the county hospital has always had some great human beings. Anyway, my pockets full of Saltines became a routine.

The antibiotics began taking effect, and his vomiting and diarrhea were under marginal control. James' white blood cell count steadied. One day I came to his room rather triumphantly saying, "I think you are getting better!"

James cocked his head back and said, "You really don't get better with what I have."

I searched for words. "Well, you are starting to have a string of good days and you may be able to be discharged soon," I said. "Besides, there is all sort of research going on into this disease experimenting with new drugs." I did try to sound hopeful.

James perked up saying, "I might really be able to get out of here, really? I hate hospitals. I feel better already!"

We did search for those centers with experimental drug protocols for AIDS treatments. We tried to be optimistic. However, it was to be James' fate that though evaluated by these centers, all concurred that he was too weak to handle the chemotherapy. He was disappointed. It finally dawned on me that James was "really sick." We both knew there was now no turning back.

One day in frustration, I said, "I'm sorry we know so little about this problem, and we can't really help you."

"I may know more about AIDS than you do, and I don't have any answers either," he said with a smile. A large purple blotch was developing on the tip of his nose, another Kaposi's tumor. "But you know, you have been more helpful than most because you are willing to spend time explaining what you do know to me."

"Few of my patients know enough about their disease to ask me pertinent questions concerning details like you do," I countered. "I am glad I have helped you even if I feel inadequate."

"That's OK. Don't get down on yourself. Besides, I have the disease and it is terribly late for regrets," James said with a curious smile. I wondered if he felt alone and rejected, but even the professional shield of my white coat could not provide me the strength to ask these questions out loud. The last thing I wanted was to be drawn into his personal life.

"What would I do if you weren't around to supply me crackers?" James said chuckling. "Every one here has been so nice, but I have to tell you that lately, the Saltines are starting to get stale and I'm sure I can heat broth at home. I can't wait to go home!"

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Finally, the day arrived. James was going to be discharged. I was pleased. I knew that he really wanted to leave, and it meant one less patient on my roster. Besides, I was growing weary of being heckled and cajoled by my classmates and resi-

dents as the unfortunate medical student who "got stuck with an AIDS patient."

Getting James out of the hospital was quite an affair. He was a virtual mummy as, wrapped in sheets and mask in a wheelchair, he was quickly ushered out of the hospital. Our goodby was short. "Goodby and good luck," and "hope we never see each other in a hospital again!" we said good-naturedly as we waved to each other. I never questioned his living arrangements on discharge. I worried about him, but found it much easier not to inquire. James left near the end of August. My month at the county hospital was also nearly over. My next couple of months were spent on different clinical rotation, but with all the publicity concerning AIDS, I would often think of James.

On the first of November, I returned to the county hospital, happy to be back, this time on the surgery service. Surgery service at the county hospital is notoriously busy. In addition to the routine stuff, there are car accidents, gunshot wounds, stab wounds, and a little booze or street drugs thrown in for good measure. And now, since the November air was beginning to chill by southern California standards, we would have plenty of cold exposure patients. November first was also a quarter change, meaning that on all of the wards there would be new residents, interns, and medical students.

My new team began rounds on the first morning of that rotation as I grimly surveyed the service census. The residents presented patients; treatment plans and assignments to students were made. I had the feeling I was in for a long month, but then, I hated these orientation days. I was in an impatient mood and wanted this morning behind me.

Besides, I was looking forward to leaving for a medical convention a little later in the day. I needed a break, as I had only had one day out of the hospital the previous month.

By sheer luck, my resident was called to examine a patient on the medicine service ward upstairs and asked me to accompany him on his exam. I knew the staff floor well having worked there the previous August. Rounds were nearly over and we left our team to see a patient with "abdominal discomfort." I had just met my surgery resident and I was nervous. I wanted to make a good first impression. As we made our way down the hall inspecting the name tags at each room, we came past an isolation room and at the door, I caught the name. It was James. He was a patient on the medicine service again. We passed by his room quickly as we searched for our consult case.

After seeing our patient, I passed the nurses' station. I grabbed James' chart and surveyed it all of 30 seconds. I saw the letters "DNR" across the front of the chart,—"do not resuscitate" as per patient request. I also caught words like "end-stage" written on the chart. James was sick again and had decided that he did not want machines to keep him alive. Interesting. I would have to make a point to come by and see him sometime this month! I was too busy now.

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It was Friday and we had no scheduled surgery cases for my team. I ran to my locker and changed into my street clothes as I anticipated getting out of town for the weekend. But for some reason I still do not understand, the words "end-stage" and the letters "DNR" tugged at my conscience. Maybe James was "really sick" and I should stop to say "Hello."

However, I was behind schedule and getting later all the time. I would make just a short visit, I rationalized. I went back to the medical ward and spoke with James' nurse. She said bluntly, "He is alert, although I just gave him another dose of morphine a few minutes ago. We do not expect him to survive the weekend." I was shocked in disbelief. "Yes, if you want to see him, you should see him right now," the nurse stated. Hurriedly, like old times, I threw on the isolation precaution-

cover gown. Funny, I had never messed around with the gloves and mask. I peered around the flimsy bed drapes that always seemed to be closed in his room.

What I saw has been the subject of nightmares, and has changed my life. Fortunately, the scene still defies the most gruesome of descriptions. A Clinitron floatation bed gurgled at a low hum and a vaporizer bottle for oxygen bubbled. The intravenous bottles were hung and a nasogastric suction tube pulled liquid out of his stomach. A catheter was in place within his bladder. In this coil of tubes and chorus of noises lay a little emaciated figure. James could not have weighed much more than 60 pounds and was now too weak to move his arms or legs. His skin had a jaundiced yellow tinge. His face was now covered and deformed by the Kaposi's skin lesions and his hair was sparse and matted. His open mouth gasped for breath and he coughed pitifully weak coughs. He was dying.

In the bed near the door, which was wrapped around the bed drape, lay another person who startled me at first. I was not only caught up in what I was seeing, but I did not expect James to have a roommate. The person was James' mother, true and loyal to her precious only son. I marveled at the commitment, dedication, and resilience of this mother's love. I never saw or met James' father. His mother stirred as I entered the room. I was not sure she remembered me. I whispered, "Hi. I am the medical student who saw your son in August. I just found he was back in the hospital and I wanted to see him."

"Go ahead, talk to him," she replied.

"James," I whispered and repeated again a little louder. His eyes slowly opened and our eyes met. My expression was read in an instant. "Do you remember me? Do you remember me?" I asked, not expecting much of an answer.

"Seems like I've had a lot of doctors lately, but I remember you. Hi, Ben," James said weakly with a raspy voice. My jaw dropped lower. He was alert and knew me. He coughed and tried to catch his breath again.

"Hi, do you remember me?" I asked. It was a stupid question as he already said that he did. He nodded his head. Watching the effort it took for him to open his eyes made me feel tired. "Well, sometimes the morphine makes people sleepy, and I wasn't sure you were awake or would know me." He nodded his head again.

I reached and touched his arm and he looked at my hand. I did not know why. "I know I must look horrible since you last saw me in the summer,"

I felt tears forming and wiped my eyes quickly. I looked at him again. No human deserved this and yet, something about his life-style seemed to make him an unwitting accomplice. I was confused.

James mumbled quickly in a short gasp. I could not disagree. "But don't worry, the morphine is working and I feel a lot better than when I came in last night." He was still searching for the positives in his life. "The pain has been awful and someone said that my intestines got blocked."

I felt tears forming and wiped my eyes quickly. I had never cried in front of a patient, and I did not want to start then. I had so many mixed emotions suddenly surfacing. I looked at him again. No human deserved this and yet, something about his life-style seemed to make him an unwitting accomplice. I was confused. I cared about James, and right then I may have felt a love for him. Then I hated myself for hating him and for loving him. Was there something wrong with me or some hidden Freudian sexual deviation about me that allowed me to care for this gay patient with AIDS? Any feeling I had for James seemed wrong. Was being homosexual another bad habit like smoking cigarettes, drinking too much alcohol, or being addicted to narcotics? Was this really a moral issue or only a tragedy? Fault and morality were irrelevant now. James was going to die at age 23, and it was like other parts of life—incredibly unfair.

"So James, where have you been the past few months?" I asked.

"Hospice," he whispered.

"Oh," my voice trailed off. "Well, I don't want to keep you too long tiring you out with questions. You must get your rest," I said as my professional facade returned. The truth was that I did not have the stomach for any more questions.

"I'm so glad you came by to see me. I know you're busy. I really appreciate you stopping by." James' speech was pressured between gasps. I wiped my eyes again. I wondered who was the "real man" now.

Turning around, James' mother now spoke saying,

"He's a pretty neat person, my son, isn't he?"

I nodded my agreement. "James is an amazing person. He never complains and was one of my most enjoyable patients when I was here in August." James' mother looked so tired and her eyes were moist. Gathering myself, I said goodby to James and quickly explained to his mother that I would be gone to a convention over the weekend, but that I would be back the first chance I could get.

James looked up and I saw his neck muscles tighten, but he could not lift his head. He said, "goodby."

I threw the cover gown in the isolation cart and fairly flew down the hall. I could not get away from there fast enough, and I did not want to talk to anyone for a while. James looked horrible, the kind of image that makes for a good horror flick. However, there was a beauty from within him.

I spent the weekend at the convention and had nightmares of James each night. The following Monday morning, before my service rounds, I went to James' room. He was gone. The room was still being disinfected. James had died a couple of hours after I had seen him. I walked down the hall and off the unit to look out a window. It was a beautiful clear chamber-of-commerce November day in southern California. I felt sorrow and loss. I also felt anger toward myself at all the opportunities I had had to help James but chose not to help. I could not cry right then. However, later in the day I had soup for lunch with Saltine crackers. The crackers reminded me of James. I left my tray on the table.

I have struggled to understand my feelings and the events that occurred. I am too much of a scientist for my own good, searching for answers that are beyond my ability to understand— or anyone else's for that matter. I do not understand why there is so much human suffering and injustice, nor why it is so indiscriminate. I do know that I miss James. I am beginning to appreciate the privilege I had in getting acquainted with him. In all of my confused emotions, I am learning to temper my prejudice. Every person is special. And in that regard, I have learned that people are not necessarily on this Earth to be understood; people are here to be cared for and loved.