

## Lessons From Our Learners

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Feature Editor

*Editor's Note:* Submissions to this column may be in the form of papers, essays, poetry, or other similar forms. Editorial assistance will be provided to develop early concepts or drafts. If you have a potential submission or idea, or if you would like reactions to a document in progress, contact the series editor directly: William D. Grant, EdD, SUNY Upstate Medical University, Department of Family Medicine, 475 Irving Avenue, Suite 200, Syracuse, NY 13210. 315-464-4365. Fax: 315-464-6982. grantw@upstate.edu.

## Samuel, I Thank You

**Robert J. Roose, MD, MPH**

My pager went off, 3,000 miles from home, in the cafeteria of San Francisco General Hospital. I was in my final year of medical school in Washington, DC, but had decided to take a family medicine elective in San Francisco to work with family medicine residents (there were none at my home institution). I was being called to the fourth floor, west corridor. It must be Ms Pickworth. Her pneumonia was probably flaring up, causing her oxygen saturation to drop, meaning she might not be able to make it to her dialysis appointment. She would be here another day after all. I decided to take the stairs, to be quick, and without stopping at the nurses' station I went toward her room at the end of the hall. But as

I approached, I looked in through the window and noticed she wasn't there. OK, good. Ms Pickworth was at dialysis, doing fine.

I hurried back to the nurses' station and asked if someone had paged me. It was my last Monday on call, and we were getting slammed. I was managing four patients, all of whom were keeping me busy, and my senior resident was in the emergency room tending to a patient with a massive upper gastrointestinal bleed. Around the corner there appeared to be some activity with a loud patient, so I made my way over.

"Did someone page me?"

"Yeah," one of the internal medicine interns piped up from behind me. "Are you family medicine?"

"Yep," I answered, ignoring the fact that he just called me a noun. "I just got your page."

"OK, thanks for coming up. He's yours. Cancer. Renal failure. And now, delirium. We did the work-up. Have fun." By now I was quite familiar with "resident speak" and knew that fun was not what he really meant.

Mr Samuel Barnes was a middle-aged black man diagnosed with stage IV gastric cancer 8 months earlier. He had undergone the best surgical and medical treatments available, only to have an unchanged if prolonged course. Over 12 months, he had lost more than 100 pounds. He was in constant, excruciating pain, and the one thing that brought him joy—eating—was unbearable. According to his home nurse, he had been vomiting black liquid for weeks and was unable to keep any food down. He was brought to the hospital that morning after she found him, a formerly keen man, reduced to syllables and delusions. She said the change had been gradual, over weeks. Without being able to eat or drink, profound dehydration had slowly taken its toll. And the first thing he said to me was that he was dying.

"Mr Barnes, hello. How are you?" I asked him after introducing myself.

"I'm dying," he said with a simplicity that belied his confusion.

There he was, just like that, sitting on a bed tangled in hospital

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sheets, dying. It was not what I was expecting, and I wasn't sure what to say. Clearly there was no reason to engage him in an expensive and painful work-up. I cancelled all the tests that had been entered by the previous intern, ordered intravenous fluids and pain medications, and listened to him babble on for a few minutes, wondering if there was something else to do.

For the next week, most mornings were the same. I would come in to his room just after sunrise, sit in a chair next to his bed and ask him how he was doing. He would always be awake and tell me that he was dying. It was almost becoming a routine. Before I would leave, I would make sure his pain was controlled and check in with his nurse, who would fill me in on how many buckets he had vomited overnight and whether it was green, black, or brown. He was unable to keep even any liquid down at this point. If it were not for the fluids going through his veins, his delirium would return. His gastric obstruction was complete, his vomiting persistent. Yet he would not stop drinking. He had at least 20 empty juice cups at his bedside, and for every one there was a plastic bucket

of dark, guttural liquid. Although he never said much to anyone, it was clear that Samuel really loved juice. Even more than he hated to vomit.

One morning I decided to do something different. I called his home nurse to come to the hospital and join me when I went to see him that day. We went in together and sat down. We just said hello and sat silently, letting him decide when or if he wanted to say anything. There had been no blood draws, no X rays, no roommates, and now, finally, there were to be no more questions. This was Samuel's time. Samuel's time to tell us whatever he wished. I set two full cups of fruit punch down at his bedside.

It was probably only 2 minutes, but it felt like an eternity until he said, "I want something to eat."

We didn't respond, so he said it again. "I want something to eat."

And again, "I want something to eat. Can I eat something? I want an orange, a Valencia orange."

That was it. That was all I needed to hear. Without saying a word I ran down the stairs, straight out the front entrance of the hospital, past the gates, and across the street to the first produce stand I could find.

I bought as many oranges as I could carry and marched right back to his bedside, arms full of fruit.

Before I could even put them all down, Samuel grabbed one of the oranges. Without so much as a look, he bit right into it, through the peel and all, letting the juice spray and dribble and run down his face. Then another bite. And another. He picked up another orange and did the same. One bite, two bites, three bites, and then another orange. There was juice everywhere. Tears were running down the side of his face intermixing with the juice. There was no need to hold back. He knew that. He knew how it was going to end. The vomiting would start any second. Death would follow soon. He was having it his own way, on his own terms, with both life and death in his grasp, spraying, dribbling, and running all down his face. It was his moment.

Samuel, I thank you for letting me be a part of it.

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