

Reflections in Family Practice

The Watch

David Loxterkamp, MD

I scurried past him in the hospital cafeteria, the solitary figure who nibbled at his lunch and studied the cigarette smoldering in his ancient hand.

"That's Frank," someone whispered with a nudge. "He's been here longer than the hospital. Still checks into his office every day for a few colds, walk-ins, older folks. Since the wife died, he has nothing left but his old habits."

These blustery winter mornings, I would dodge him in the hospital mail room, the Slow Moving Vehicle who had come for his fliers and announcements. The Credentials Committee had denied him every privilege except his cubicle there. He would hover near it, stall in the flow of traffic while he creased papers into the pockets of his flecked gray polyester overcoat or thread them through the "V" of his blazing canary-yellow sweater. After morning rounds, I would spy him again as I breezed out the front door, his shiny pate and bristly mustache poking over a newspaper in the hospital lobby. That was Doc Denison, one of the old guard who never took my time of day.

Occasionally one of Doc's patients would come to me for a second opinion, brought in tow by a distressed relative who feared that "Mother's slipping." So it was that I met Isabelle Towey. I delivered two of her grandchildren, shared in the coos and "cunnings" * that all newborns deserve, and so earned the friendship and confidence of her son. Mrs. Towey was a frail, toothless, timid old soul who plainly wore, in her furrowed face and soiled clothes, the erosions of a lifetime in poverty. I went to work on her "bad kidneys" by discarding the faded bottles of reserpine and ethacrynic acid. I ordered sophisticated studies and prescribed the latest drugs, without crediting the pinch of their expense. Fortunately, her kid-

neys held their ground over the next 3 months, and her blood pressure showed the courtesy of a favorable response.

On New Year's Day, Isabelle's "toothache" in her left shoulder unmasked itself. A run of atrial fibrillation had tipped her heart into failure and angina and sent her family mad-dashing to the emergency department. They would keep a tireless vigil outside the Intensive Care Unit, through the initial subendocardial infarction, the spells of unstable angina, and a succession of complications that included pulmonary edema and renal failure. Mrs. Towey survived all of this and steadily progressed through physical rehabilitation. Two weeks later, in anticipation of her discharge, she underwent low-level stress-testing. No ischemia, only the dragging tongue of fatigue.

That night she was visited by incomparable chest pain and a clutch in her throat. Mrs. Towey's family reorganized outside the ICU, as inside we worked feverishly to establish a site of venous access, push the round of cardiac medications, and maintain ventilatory support. It was no good. Though she lingered, her face never regained its color, her hand its grip, and she slipped into a deep coma. Organs fell like dominos. Each received a full measure of concern and the ponderings of a specialist. But on the 27th hospital day, Isabelle's heart gave out with a flurry of ventricular beats that broke before our eyes into a pulseless idioventricular rhythm. The code was sounded, but our efforts were futile. Mrs. Towey was pronounced dead at 1450.

We removed the artifacts of our care and prepared the deathbed for its last gathering. I ushered in the family, gave an awkward requiem in doctor's Latin, and left the family in privacy. My backward glance caught their angular faces, the taut lips, and averted gazes. What a terrible silence they made, their hearts pierced and out-pouring with love and grief for the fallen matriarch.

Time passed and my memory of that day faded. I returned to my well-appointed schedule and

Submitted, revised, 22 June 1992.

From a private practice. Address requests for reprints to David Loxterkamp, MD, 7 Salmond Street, Belfast, ME 04915.

*From the phrase, "Ain't she cunning," a Maine term of endearment for newborns.

never noticed that Frank Dennison had abandoned his. One day, the receptionist interrupted me for Doc's telephone call, and his quivering voice greeted me with a confession. He was being stalked by Isabelle's son, bullied on the hospital grounds, torn from his sleep by nightly telephone calls, accused of murdering his former patient, and threatened with legal recourse and bodily harm. Could I get through to the boy, perhaps reason with him?

"The son trusts you, admires you, I know he does. I don't know where else to turn and I . . . I can't go on like this. If you'll meet with the son, I'll lend you the office notes. . . ."

I flinched at the thought of another imposition, another innocent demand, but what else could I say? "Please," I interrupted, "you needn't go on; I'm happy to help in whatever way I can."

A meeting was set for the hospital library 3 days later. With dusk descending, I trod down the basement stairs, stepped into a musty cubicle, and flicked a glaring light on the shelves of books and journals and the portraits of elders that surrounded me. I had arrived early to review the office notes, which had remained untouched in my briefcase these last several days.

They were attenuated scrawls in a customized shorthand, better suited for jogging the memory than aiding in any legal defense. I ruminated on the archaic drug list, the conspicuous inattention to issues of health maintenance, a stance of nonaggression toward the encroachment of disease. With the care of an archivist, I leafed through pages that shed dim light on a past era in medicine, that sketched a decade-long link between a patient and her doctor, and that linked me, now in the proud lineage of physician-healers. The serum chemistries and blood pressure readings and prescriptions all flowed in a logical order. If all the facts were known, every circumstance fleshed out, how *then* would Doc be judged by his peers? The shifting ground of science seemed to support his case, and I sighed heavily that I would be spared any pang of conscience in the old man's defense.

I pushed back in my chair, and looked up at the sober, magisterial faces that hung from the walls around me. Doctor Emmuel Johnston was there, modestly remembered by the epigraph "Suggester of This Hospital." Doctor Gerald Hobbes,

a "Lecturer, Author and Pioneer in the Field of Radiology," held court with his fixed, wire-rimmed gaze. What did they know of these unpleasanties; what would they utter now, in judgment or sympathy or scorn? Were the times so different, their conduct so unblemished, that they could find no empathetic bridge to our sad plight? The contemplative silence was broken by the son's nervous rapping at the door. I motioned him in; he took up a chair opposite me at the table.

"Bobby," I offered, after a sociable toast to our children, "Doctor Dennison gave me your mom's records. I've looked through them and can find no wrong-doing. He used medicines that might be considered old-fashioned, did not push your mom toward the tests that I did, but on the whole, gave her very good care."

"But Old Doc, he never really *did* care. He counted her pills and took her money and pushed her out the door. How many times did he pay a call when she took sick?"

True, I could not remember him ever visiting, but I understood that he had learned of her hospitalization only in those final, difficult days. "I can't answer for his sociability, Bobby, only his medical care, and that seemed appropriate."

"I know Doc killed her, he *killed* her. She had been slipping for a long time, and he just stood by. And he's going to answer for it in court, goddammit." The son lurched forward in his chair, his eyes flashing with anger, his fingers folding into the tight wad of a fist and springing open again, repetitively.

Against Doc Dennison's explicit advice, I fanned out his office notes on the table before us, the pages sticking to my trembling fingers. "See for yourself. He knew she hadn't much money, accepted her stubborn ways, and cared for her anyway the best he could. There was a limit to what anyone could have done. She lived a hard life, didn't get many breaks, battled diabetes and blood pressure and cigarette smoke for too many years. I know that Doc Dennison really *did* like your mother, even though it wasn't easy for him to let on. And she must have liked him, too, for as many years as they stuck together. Patients and doctors decide on each other, Bobby, and both take their chances."

He sat fixed in his chair, eyes darting, limbs coiled. Suddenly he bolted upright and began pacing in a narrow arc behind his chair, like a dog on a tether, poised against any intimations of reason.

"I'm really sorry your mother's gone. In the hospital, we did everything we could. Still, she slipped away. Her old and ailing body would carry her no further. Now all of our anger cannot roll back her life. It is a hard and terrible thing when a parent dies, as my father did when I was 12 years old. It is hard at any age, under any circumstance. All our lives they were there for us; suddenly they are gone. You have a right to be angry, Bobby, but please be fair to an old doctor, who shared your mother's friendship and respect, and who did his level best to help her."

The pacing slowed, and in time Bobby spoke again. The words were softer now and replayed his mother's final days in the hospital, the last year when she took sick, her life of toil and tenderness in the trailer on Back Belmont Road, her work as a "throater" * on the assembly line at the poultry plant, her hanging laundry in wintertime, and the Christmases she always made good for the kids. An hour raced by, and the conversation drifted toward home and family. We rose in one motion to make our good-byes.

"We can sit with these records again," I offered, "or you can file a lawsuit, if that's what you want. I don't know how I will feel when my mother dies, Bobby, but it won't be far from your own sense of anger and emptiness and grief. Let's talk again; will you come see me at the office?" We walked out of the hospital together, and shook hands on the cold, concrete apron outside the hospital's main entrance.

The following day I called Doc Dennison to apprise him of the meeting and to offer my reassurances. He thanked me endlessly for the generosity of time. "Doctors these days are too godawful independent. We stick to ourselves and may the devil take the hindermost. And if you're unlucky enough to *be* the hindermost, it's too damned bad. Someday I'll reward your kindness. No, *no*," he insisted over my protests, "I won't forget you and what you've done for me."

*The job is named for the action of ripping the trachea from a chicken's throat.

But hadn't I simply exercised my professional duty and taken the higher, more honorable ground by providing help instead of desperately seeking it? It was reward enough to watch a patient move through his madness and a colleague reclaim his rest.

Frank Dennison and I spoke not a word over the next several months, avoided even a nod of recognition that might have betrayed his shame. So I was surprised to find in the mail, 5 days before Christmas, a package wrapped in plain brown paper. It was identified only by the initials "F.R.D." in place of a return address. On Christmas morning, we emptied our stockings and whittled away the private mounds of presents. Finally I was handed Doc's gift and unpeeled the wrapping. Inside was a greeting card with the printed message "Happy Holidays." There, too, was a jewelry box that contained the finest watch I have ever owned. Over my wife's objections, I kept it. These several years later, I still wear the watch with pride and privilege, and I strive to earn the right to be its keeper.

The watch has become a symbolic reminder, a memento of what is expected, what is possible, for life within a professional community.

Throughout their careers, doctors publicly conceal a secret side of their soul, a darker side, where banished lies our lingering guilt, the embarrassing mistake, the intrusive fantasy, flashbacks of momentary weakness, or the despair that overcomes us when we slacken the pace. We live in dread that our sins will become public record, yet are first among the gapers when a colleague is exposed. We lock the dark side away in the back of our minds, then sense its creeping shadow over the mess we've made of a professional interaction, the stories we confess to a friend, or the misdeeds of a colleague we have lately discovered. An awareness of this otherworld — where all of us are citizens but none of us lords — bids that we take up the fire watch.

Thomas Merton has left a haunting impression of the fire watch in his journal *The Sign of Jonas*. It was July 4th, 1952. That night he was appointed to look after his brother monks, to guard them against the threat of fire. After the evening Angelus, while the Abbey of Gethsemane bedded down, Merton vested himself with the watchman's sneakers, a flashlight, and keys, and he slung

a heavy cloak over his shoulder. The watch began in the catacombs of the South Wing, but

It is when you hit the novitiate that the fire watch begins in earnest. Alone, silent, wandering on your appointed rounds through the corridors of a huge, sleeping monastery, you come around the corner and find yourself face to face with your monastic past and with the mystery of your vocation. The fire watch is an examination of conscience in which your task as watchman suddenly appears in its true light: a pretext devised by God to isolate you, and to search your soul with lamps and questions, in the heart of darkness.

One day we will take our turn on the fire watch. Coaxed, we rise from the security of our beds, stumble into the frosty air, and take up our nocturnal rounds. All for the sake of becoming our brother's keeper. Around us the profession slumbers. We keep our vigil to a chorus of coughs and stirrings in the night, the sounds of our comrades guilty in their dreams. We are drawn to the fountainhead of our vocation, where notions of professional identity and mission take on a human form.

The faces are familiar. They are my colleagues, whom I recognize through the veil of decorum.

I can recount every rumor whispered about them and identify with each of their festering wounds: the surgeon whom I assisted when his handiwork broke down; a colleague whose "normal delivery" died enroute to the medical center; my dispirited partner, whose father tosses on starched and mitred sheets in some distant postsurgical ward, "just another old man in the hospital." What could I offer them, what would they not refuse? The watch returns my attention to the grace that holds a community together.

I wonder still what wound had brought down the old doctor. Had he simply gone out of fashion? Had he become too feeble to defend himself, too proud to surrender his career, too insulated in his Yankee independence? We keep the fire watch — those of us who know the danger in our hearts — so that unraveled egos and whole medical careers will not go up with an errant spark. We have seen how indifference and competitiveness and arrogance within the profession can kindle our inevitable mistakes into an inferno of self-reproach. We know the flashpoint of the perfect resume or an unblemished career. We keep the watch in hope that we, in our woundedness, will likewise be watched.