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## **Humanities and Medicine**

### **TWO PATIENTS**

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The door's closed. You knock. And inside it smells of the most beautiful aroma. Like when you're walking through the streets of Venice and the women have spritzed one too many times. The scents that make you think of church, the incense that is wafted about during the special ceremonies. Or the one time that you flew to Rome. They sold perfume on the airplane at a severe discount and the lady next to you doused your wife with her newest scent. You enjoyed the smell; hopefully your wife liked it on you as well.

The door's open, and from just outside your eyes begin to water. Something smells putrid. There are rotten smells that you can identify: milk, a banana, smelly socks. You've been an athlete your whole life. Your gym bag was so rank with your sebum, salt, and blood that you weren't allowed to bring it in the house. But this room is unbearable.

She's a woman of Middle Eastern descent. She's lying on the bed, tired looking. She is wrapped in a beautiful pink hijab, with a paisley design of the most vibrant blue. Her nails are pristinely done, also blue, but a darker blue. Her face is without blemish, skin smooth as if someone has been moisturizing it for the last couple hours. Her eyebrows are pristine, no hair follicle awry. Her lips pop—the red lipstick is that bright. You look at the chart; she's your age.

She's a white woman. She's lying on the bed, tired looking. Her knees are drawn up to her chest. The first thing that's noticeable is her legs. They are hard to look at. A drug addict, she used the veins in her legs to hide the needle marks from her parents. But the carnage that's left is decaying flesh, giant red markings of infection, and oozing throughout multiple parts of her legs. Her face is pale, she is thin. Except her legs—her legs are tree trunks, her body a twig. You wonder when her last shower was. She's your age too.

She is an international client. She flies to this prestigious American medical center from Saudi Arabia every 6 months for her biannual check-up, and more often than that when she's not feeling well. She's had medical issues her whole life, and her parents believe that she deserves the best care. Plus, they have the resources to be able to provide it. They are in the room with her, dressed well too, but not as well as their princess daughter. They were in the waiting room for 8 minutes, and now are asking when she will be taken to a more private room. They're not really asking, they're pushing. They've had a certain level of care in the past that money has brought, and they expect the same to continue.

She is a local citizen. She lives in her mother's basement, a short drive to this palace whose sprawling campus encroaches on her neighbors and their homes. She's been to the emergency department before for her legs, but they just sent her home. New bandages, gauze, some antiseptic cream, and she was off on her way. She's alone, but her

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Reprints are not available from the authors.

mom is on the phone periodically. She was in the waiting room for 8 hours. She knows she's not going to die if she doesn't get treated today. But the pain has become an emergency. She also knows that the hospital must see her no matter what, so she's willing to wait. She's been treated this way in the past, brushed over by the system, certain they will take care of her, because eventually they must.

She tells you her story by way of a phone interpreter because she does not speak English. She's in town to see her gastrointestinal doctor because her stomach is upsetting her again. At the doctor's office, her blood pressure is seen to be low and she is sent to the emergency department. Her complaints are vague, and her physical examination is only notable for a sensitivity to touch above her left clavicle that causes her to almost jump when you press it. When you distract her, and press it, she is unaware. You feel that she only half-heartedly participates in the examination. Her family repeatedly asks for a more private room, although she is in a personal suite in the corner of the department. The blinds have been pulled and the door has been closed. They believe the emergency department to be below the level of her care that she deserves and are clearly signaling that she should be taken upstairs as soon as possible, as she has in the past.

She tells you her story. She's had issues with drugs her whole life. She was a gymnast in high school. She hurt her back on an awkward fall off the parallel bars. She started on Percocet, but money got tight. She switched to heroin to ease the pain. But now the heroin's got her. Her mother tries to help her out by allowing her to sleep in the basement, but Mom's about at her wit's end. They've been trying to keep the wounds clean but have run out of supplies. She took her antibiotics as prescribed last time, 7 weeks ago, but that was a drop in the ocean. The swelling is what has brought her back. That and the pain—the pain has become unbearable. She cannot walk much, cannot leave the house. She's almost ashamed to receive care, covering her legs with a blanket when people come and go from the room. She grimaces when you press her legs as you assess where the infection might stop. She is in no rush to leave the emergency department. She had a full meal, a cold soda, care for her wound, and the attention of multiple people hearing her story. She is just happy to be seen.

You leave, closing the door behind you. You go to your computer and sit down to review her medical records. The emergency department is slammed on this Friday night and it is easier to have "eyeballed the patient" before understanding her history.

She's been here many times before and it's always a similar pattern. She's had stomach issues for as long as she can remember. Multiple times in the past she's been sent to the emergency department with hypotension.

Every time, the workup is negative, and she is given fluids. She is admitted, nothing is found, and she is sent on her way. She has the means, so her abdomen has been radiated multiple times looking for a tumor, a blockage, blood, something, anything to explain the symptoms. She is demanding, and despite your best efforts to explain that nothing will likely come of the scan, it is ordered again. Your medical knowledge and experience are overridden in this patient-centered health care.

She's been here many times before and it's always a similar pattern. Her legs have been swollen for as long as she can remember. Multiple times in the past she's been sent to the emergency department for incision and drainage. She is sent home with different antibiotics every time. She doesn't have the means to pay for the medications, but social work has found a special place in their heart for this patient. Somehow, somehow, they find her what she needs. She isn't pushy. She's happy to suggest to the social worker that they quit and spend their time on someone else, that nothing will likely come of their effort. Your medical knowledge and experience are subjected to the limited resources available to her in this financially driven health care.

You open the door and the scent immediately hits your nose. It's so great. Why can't every room smell like frankincense or myrrh? You explained that the work-up is negative, and that there is not much you can do for her in the emergency department. She stops you in your tracks and gives you the name of her gastrointestinal doctor. "Please call him and tell him I am in the department." You return to your computer to look up this doctor's information.

You open the door, and the scent immediately hits your nose. It's so bad. Why did the nurse close the door? She thought that she was doing the department a favor by containing the stench, but she didn't realize that she was just bottling it up. You leave, the door ajar. She's unaware that you were planning on providing her care, stopped only because the aroma of pus, sweat, body odor, blood, and rotting flesh was too much.

Her gastrointestinal doctor is the medical director for the whole department. No one wears a bigger wig. This family clearly spares no expense. You send him a page, and he responds saying that he will admit her to the hospital. You ask the diagnosis to use for charting. He says it doesn't matter, "make one up that you think is applicable." You tell him this seems more like a neurologic complaint than anything. Her stomach is upset but it's more her hypotension that she should be admitted for, if for anything at all. "Don't worry about that. Just admit her to my list and use a broad diagnosis."

She has no physician managing her addiction. The family doesn't have the means to provide for that

expense. Her family is middle class, her mom a teacher, her dad a janitor. They are not poor; they are not rich. They barely get by for their family of 5 with the normal expenses. Barely. It's the summer, the part of the year where they don't. Her mom's been struggling to find work with school out, so the bandages and gauze have been an expense they've cut, using only towels and water to clean the wound. The social worker has been struggling to find a bed in the hospital to manage her infection. Her temperature isn't high enough to merit being febrile. Her biologic markers don't qualify her for a diagnosis of necrotizing fasciitis. She's in a kind of purgatory, sick enough to stay, well enough to go.

Her work-up is complete. It's been 4 hours since you first met in the emergency department and the room is ready for her upstairs. You go in and provide the news. Her family nods with an air of arrogance. They don't mean to, they expected to be admitted, knowing that this is how things work when you have money and connections.

Her work-up has been complete. It's been 4 hours since the social worker started on her case and a room has been found. You don't provide the news, you let the social worker do that. She was the reason for the admission, not you. She smiles from ear to ear. She never expected to be admitted, that's usually how things work when you don't have money and connections.