

Pay Attention  
First Place Prose 2003

Our patient sat on the table curled around a big ball of a belly cradled between her short legs. She wore her gray hair long, straight and limp, in the same style she'd probably worn for thirty years. Her fingers were adorned with a multitude of rings, each gouging into her flesh. Alice not only gave off the strong odor of cigarettes, but also emitted a subtle smell, acrid. Her skin looked slick. When I introduced myself, her hands felt damp. Her bare feet, peeking out from under the sheet, puffed up so her toes looked as if they'd been pinned on.

“What brings you in?” I asked.  
“I can't breathe.” Alice demonstrated this with a wheeze.  
“How long has this been going on?”  
“One week.”  
“Any asthma?”  
“I haven't been to a doctor in 28 years.”  
“I noticed you smoke. How much?”  
“Pack to two packs. Depends.”  
“Any alcohol or other drugs?”

Her son's girlfriend, who stood at the head of the table, behind Alice, nodded vigorously.

“I'll have a beer or two after work.”  
“OK. Let me take a look at you.”

I washed my hands and thought at the sink: anxiety; depression; alcohol abuse; chronic bronchitis; something cardiac. That belly could be ascites.

I turned and faced Alice. She looked scared.

“I'll tell you everything I'm going to do, before I do it. I'm going to start at your head. First, I'll...”

“I don't need a tour.”  
“OK.” I felt her scalp and neck. No lumps. Each cheek, where it merged with the bridge of her nose, bore the tattoo of an alcoholic. “How long have you had these?”

“What?”  
“These little red blood vessels on your face?”  
“Hadn't noticed them.”

Her lungs sounded congested, with generalized wheezing (cigarettes) and coarse breath sounds (fluid) in the lower fields. Her arms were thin, compared to the rest of her. Her palms had deeply etched red creases—“palmar erythema”—symptomatic of liver disease.

When I asked Alice to hold her arms out in front of her, her hands shook in a fine resting tremor. I asked her to put her wrists up, as if she were a police officer ordering me to stop. She did: no

liver flap. If her liver were far gone, her hands would flap uncontrollably. Did I have her do it the right way? “Could you do that again?”

“I could, but I won’t.”

“Fair enough. Can I look at your belly?”

Fine. I’m not lying flat, though. I can’t breathe when I lie flat.”

“How about if I raise the head a bit?” She lay back wearily. “I really appreciate your cooperation.”

Alice exposed her globe of a belly. She had caput medusa, raised veins in the wild array of Medusa’s snake hair around and above her belly button. I tried to elicit a fluid wave; I couldn’t. But her skin looked tight, the way it does when expanded by fluid. When expanded by fat, it looks softer, like dough.

I thumped on her belly to find her liver edge, but I couldn’t. Was fluid in the way? Had the liver already shrunken?

Alice’s legs appeared withered. Had her body used its own protein to fill in nutritional gaps? Her feet were edematous. Was her heart inefficient? Did her liver fail to produce enough albumin? Both?

“OK. I’m finished. We’ll need to get some blood work. I’ll be back.”

I relayed my findings to the resident, who repeated parts of my exam: her heart and lungs, her liver. Alice wouldn’t look at him.

“OK, Miss Dunne. We are going to admit you,” Matt said. “We need to work up your liver. We also need to check your heart. Since you haven’t seen a doctor in more than 25 years, we need to begin at the beginning. How does that sound?”

“Like a bad idea. I only agreed to the ER. I didn’t agree to be admitted.”

“Miss Dunne,” I added gently, “I feel confident we can figure out why you haven’t been feeling well. We can get you some medicine, find a doctor for you to see regularly—“

“Who says I want to see a doctor regularly?”

Her son’s girlfriend stepped forward from behind the table. “Mom, I think you should give it a try. You’ll feel better.”

“OK. Fine. I can tell you all are going to gang up on me until I agree. So admit me. Go ahead,” Alice said, her face looking a mixture of resignation and relief.

“Do you know the most important order we need to write for Miss Dunne?” Matt quizzed, then answered: “CIWA protocol. And if you don’t put her on CIWA, what happens?”

“She can die. Alcohol withdrawal can kill patients who go cold turkey.”

“Ten points. And the other things we have to worry about? That she might leave AMA. And that we can’t talk a nurse into taking care of her.”

Miss Dunne stayed with us for 10 days. She hated her roommate, so we found her another. She hated the food, so her son brought in McDonald’s. She hated Matt, whom she called a Nazi, even though he was Latino.

I visited her whenever I could. She would motion for me to sit on the side of her bed instead of in the visitors’ chair, so I did. I was “managing” her nutrition. Alcoholics are renowned for terrible nutrition, forgoing food for booze. We tried to get protein into her in various ways, but other than Big Macs, she wouldn’t eat any. She’d ask if I wanted the yogurt off her lunch tray, because she wouldn’t eat that “granola shit”. I would take the yogurt, eating it as a late-night snack. I felt it made things more equal between us: I helped care for her, and she, by feeding me, helped care for me.

Her abdominal ultrasound proved that her belly was full of fluid. A CT scan of her belly revealed no tumor in her pelvis or liver, “just” cirrhosis. We made plans to discharge her. I tried to hook her up with Alcoholics Anonymous, or a therapist who specialized in substance abuse. Alice would have none of it. She was furious with her son’s girlfriend, refusing to see or even speak to her, after she told Alice that she’d thrown away all Alice’s booze. So we were releasing her back to her old life, with minimal support, no promises from her that she would do anything to improve her health. We had to let her go.

I went in to say good-bye. Alice gave me her phone number and a stuffed dog, holding a heart. “This is for you, for giving me your heart,” she said. I hugged her and wished her well but I refrained from giving her my home number; some basic instinct told me not to.

The last day of the rotation was upon us. One last meeting and we were done. As I was going in to the conference, Matt motioned to me. “I have something to show you,” he said. “A letter from Miss Dunne.”

I followed him down the hall, imagining a letter full of praises for my heartfelt care.

Matt handed me the letter, typed on yellowed paper. He stepped away from me while I read. The letter was addressed to Matt. I can’t remember the exact words. But I remember the gist of them: I was deceitful, untrustworthy, unfit to be a doctor. I had misled her, stood in the way of her getting better. The attending called out into the hallway for me to join them. “Why?” I asked Matt. “Why did she write this? And why are you showing it to me now?” I turned to go, crushed. What had I missed?

Even though my rotation was over, I tracked down Matt the next day. I needed more closure than those few phrases in the hallway. “Why did you show me that letter then? What did you want me to learn?” I asked.

“Don’t get too close to patients. Keep a professional distance at all times.” Sit in the visitors’ chair, not on the side of the bed.

“But what if I don’t want to?”

“Then be prepared to receive letters like this. Or have your supervisor receive them.”

“What do you make of the letter?”

“It confirms my medical opinion. She has borderline personality disorder, as well as alcoholism. This letter is an example of ‘splitting’, which is what people with BPD do. When a patient tells you they hate the resident, but they love you, pay attention.”

He was right. I was vulnerable particularly then, when I was always coming up against Matt’s seemingly vast medical knowledge compared to my paltry collection of facts. He had knowledge; I had compassion.

And now that I’m a resident? I ask to care for alcoholics. I remember best Alice’s fear, her isolation. I distilled Matt’s advice to this: Pay Attention.

And I still sit on the side of the bed.

Mary Ready MD, Main-Dartmouth Family Medicine Residency, Augusta, Maine