

Last Words

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Some time ago I was called to Richmond to the bedside of an elderly physician. The old doctor was near death and his family had asked whether I would come, would I attend him, was there anything I could do—that sort of thing. I went out of duty more than anything else I guess, that kind of responsibility you have to a colleague.

The man lay in the bedroom of the house where he had lived alone for the past sixty years. Through some minor disappointment—a broken heart or similar tragedy—he had never married. But he was loved nevertheless. Even while I attended him, the constant visits from neighbors and patients were impressive. How could I be of help, I asked the old doctor. His glance and raised eyebrow told me at once that I should know the answer. But if I insisted on staying, he said that I could listen to his story.

And so he began:

"You get to this point, to the end, and all the extraneous stuff of your life just melts away. The picture you are left with all of a sudden gets pretty clear. It's like when you go to the seacoast, you know. You see the boats bobbing in the shallows and the searchlights coming in and out of the fog. There are gulls darting and diving everywhere. And suddenly the fog lifts and there's this leviathan just offshore, right there in front of you for you to see, obvious and clear and honest as the day. Well, that's what this dying does for you. It shows you the leviathans in your life--what was most important to you, what made you who you are. And just as important I suppose, it shows you what has amounted to just so much driftwood through the years.

"I'm lucky I guess. I've had more than my share of leviathans, even more than most doctors I would say. There was that first bright sunny day in medical school on the way to lecture. That's one tremendous leviathan all of us doctors have. And there's the day we all stood on the grass and we were just as green as grass ourselves and we took the Oath together. That's a hell of a leviathan, I'll tell you. And there's your first patient you care for as a full-fledged doctor, and your first life saved, and the first baby you deliver all wriggling and wet and screaming and healthy."

At this point the old doctor's housekeeper entered the bedroom, bustled about, and sent a stare in my direction which said to me in an instant that I was meddling, had no business being there, and should be getting along soon. The housekeeper was either severely kyphotic or a hunchback. I preferred to think the latter, since hunchbacks possess magical qualities sometimes bordering on evil and are therefore infinitely more interesting than old ladies with dorsal kyphosis. At

any rate, the old doctor intercepted her look, dismissed it with a wave of his hand, and nodded to me reassuringly.

“You learn so much in this life,” the old doctor said, “if you only bother to take the time.

Only after thirty or forty years of experience is a physician really any good at what he does, and by that time he’s ready for retirement. That’s the great dilemma in medical teaching, how to transmit what the old doctor has learned in those forty years to the young student. It’s uncommon these days that medical students and young residents are even put in the hands of experienced clinicians, much less retired practitioners. And it’s the uncommon retired practitioner who is any good at teaching anyway. To compound the problem, often the knowledge that he or she has acquired in forty years of experience is often of the ill defined nature: the smell of disease, the nearness of death, the legitimacy of a patient's physical complaints, the pathognomonic constellation of signs and symptoms immediately apparent. How can you teach this?”

I began to speak, to give him an answer, but he waved me off, as though there wasn’t time, and he had much more to say.

“My God, you’d like to be able to tell them things, like, be an incrementalist. If you take life in small daily bites, in a lifetime you can master French, Shakespeare, and fly-fishing. A day in the doctor’s life metaphor for life. You have to learn to plan your day and set priorities, always aware that emergencies, and life, will have quite different plans for you.

“I’d like to be able to tell them that they should choose consciously whether they wish to be a doctor or a businessman. Being a doctor is a calling and requires self-sacrifice, devotion, love and tenderness to your fellow man. Frank Peabody had it right: ‘The secret in caring for the patient lies in caring for the patient.’ If only a kid just starting out could be a doctor without living like one. Keep your overhead low, as the saying goes. Don’t become trapped in a lifetime focused on material things. Belief in science, medical knowledge, honing clinical skills, facility with patients, a sensitivity to suffering, a deep love of non-medical literature, a few close friends—these are the important things. The beachfront property, the summer home, the tony private school for your children, the prestigious address, the academic title, membership in exclusive clubs—these are just driftwood, rather silly, if you only stop to think.

“In houses, automobiles and spouses, avoid trophies, I’d tell ‘em; you can select a partner who happens to be a trophy, but don’t make the selection because of it.”

The housekeeper left the room, and the old doctor eased back and became reflective, soft. It was as though he had been expounding, filibustering, until she left the room.

“Let me tell you what occupies my mind most these days,” the old doctor said.

“There is this one particular leviathan bigger than the rest that just wants to occupy my mind.

"It was a long time ago. I had only been in practice for ten or fifteen years maybe. They had a case of diabetic coma over in the hospital in Phippsburg and they called me in to help out. Diabetes was difficult to treat back then. You would administer huge doses of crystalline insulin. All of the fluids you gave were by stomach tube or retention enema, mostly. Oh, sometimes in desperation you'd give a saline solution by clysis, but that never seemed to work. You had only urine tests for sugar and acid to guide you...none of the blood testing you have now. You followed the urines. You looked at the clinical signs. You did your best and prayed. And it seemed that you killed a diabetic just as often as you had one die on you.

"Well this patient, a young woman, was pretty sick. I had to stay with her the better part of a week, walking the thin line between hypoglycemia and ketoacidosis, pouring fluids and alkali into her, injecting the insulin myself. Eventually she responded-- youth itself is a great help in treatment, you know. As soon as it was obvious she was going to make it, I turned the case back over to her physician so I could get back to the practice I had left.

"Oh, I'd drive back evenings to see how she was. After office hours I'd like to drop in on her. Her room was always dark. I'd tap at the door and whisper my name and she'd sit right up and ask me to come in. She was a 'good case,' if you know what I mean. You didn't save many diabetics in coma in those days. I guess when you save a life like that you want to bask in it. Well, I'd sit and talk with her for a while and then I'd go out and kid with the nurses and leave.

"After she was discharged I stopped seeing her. I didn't think about her for a while, except maybe to remind myself when I lost a child with meningitis, that I had saved a young woman in diabetic coma."

The hunchback at this point came in with a supper tray, and since there was only one tray, and another more piercing stare, I hastily excused myself.

"Hoyos," said the old doctor. "Please come back tomorrow. Bring some Hoyo de Monterrey cigars. Excaliburs, if you can find them, 1066's. We'll have a cigar together. I'll supply the Port."

In fact it was several days before I could return to Richmond and to the old doctor's house. The duties of practice, family life and hospital committees had claimed my time at a moment in my life when I was beginning to doubt my own priorities. Nevertheless, he was waiting for me. I had the Hoyos, and he already decanted the Port, a Taylor Fladgate '64. At this point he wasn't about to skimp. The hunchback was in his bedroom, finding things to keep her there, and the old doctor was patently aware of her, yet given to expound again.

"Have you ever noticed how many people envy us?" said the old doctor. "How many people are pretenders to the throne of physician? How many play at being a doctor and yet, consumed by the worst sort of envy, attack us for being so? Have you ever thought about the burden of expectation American society places upon us? I'd like to tell young doctors not to be seduced by it, not to buy into it. Being a good doctor doesn't make you a skillful politician, nor a statesman, nor a gifted teacher, nor a barrister, nor philosopher."

I leaned forward to light his cigar—the Hoyos were not easily found, I can tell you—and then sat back in the overstuffed chair next to the sofa he lay upon, and lit my own cigar. Soon the small room was filled with the fragrant clubby haze of tobacco, pungent enough to drive anyone not so inclined from the room, even a hunchback with magical powers.

The old doctor waited until the housekeeper had closed the door behind her, and then his aged face sprang to life.

“The diabetic girl, the one in the coma that I was telling you about the other day,” he said, pointing his cigar at me.

"One day she's in my office. She had made an appointment. There she was, sitting in my examining room, just as big as life. Well, I rushed in and we exchanged pleasantries, and she said she had come to thank me for saving her life. Just like that. I said something stupid like it was a thrill for me to manage such a sick patient or something equally sensitive like that. Then I got called out abruptly for a delivery. My girl gave her another appointment and she was back again the next week.

"'Doctor,' she said just as cool and level-headed as you or I, 'Doctor, do patients ever fall in love with their doctors?'

"Well, I gave her the standard reaction to this, you know, the talk about gratitude and worship and the patient's awe of a doctor's power. I allowed as I could understand any feeling she might have in that regard. I assured her that this

was all normal, these feelings she had, and I appreciated it and all that. I think I rambled on quite a bit because she laughed and said,

"I don't mean to make you nervous, Doctor, but I'm not talking about worship or grateful patients and forgive me for saying this, but I just feel this great love for you.'

"Well, I mean to tell you, I hunted up Freud and ran for cover! I tried to explain to her about father figures. She'd shake her head and say she already had a wonderful father. So I'd bring in transference theory and point out that maybe she had a need for a big brother who could be protective and understanding, and she'd shake her head no again and tell me she didn't need a brother. So I'd say that perhaps I represented qualities that she had been missing in other aspects of her life. She'd smile and nod and agree and I'd see she missed my point entirely. She could have given Susan B. Anthony lessons in persistence!

"Finally I said,

"Look, you're fifteen years younger than I am. I'm an old man. Look at me! You're a young woman. I mean, just look at me.'

"And that's when she hit me with the ton of bricks. She just looked up at me, or really past me with these innocent brown eyes of hers and said,

"Don't you know, Doctor?"

"Well, I didn't know. I mean, I didn't know until that very moment. She'd been in a coma after all and then after that, whenever I had visited her in the hospital, it had been at night and her room was dark, so I really didn't know until that very moment that she was blind.

"'I'm sorry,' I said. And she smiled and said that I needn't be sorry, that maybe because she was blind she was more sensitive to people than most and she could pick up things others seemed to miss. She said that she had grown to know me by the sound of my voice and knew just by hearing me talk to her what kind of person I was. She had fallen in love with me, she said, through the sound of my voice."

The old man became quiet, introspective, and visibly upset. I didn't press him. He took a long drag on his cigar, gulped down his port, held his glass to me for more, and said nothing. I was old enough to know better, and so changed the subject.

"Suppose," I said, "Suppose that you were asked to give a lecture to some medical students or young doctors, a sort of *Last Lecture*. What would you say to them?"

It worked. The old doctor shifted on the sofa, took several quick puffs of his cigar, setting aglow its business end, and literally drowned me in a torrent of seeming nonsequiturs. I only wish now I had tape-recorded it.

“Answer Socrates,” he said. “Know yourself. Examine your life. Spend a part of each day in the pure luxury of thinking. Believe in luck. In the role of the cosmic dice, it is pure luck that you were born American and not Bangladeshi, that you hold a blue-chip education, and can move freely in society, rather than having been chained to a system of caste. Be a champion of the downtrodden, the underdog. Don’t buy into the specious arguments of high-rollers and certain politicians. The poor and poorly educated do not deserve it. They have not brought it upon themselves.

“And this,” he said firmly. He pointed his cigar at me for emphasis. “your family comes first. Not the patient, not your profession, not your career and most certainly not material goods. The secret of a happy, productive physician is the happy, supportive family he or she enjoys. Such support requires an investment in kind. Make no assumptions in this regard. Nor should you postpone love. Tomorrow is never the better time for intimacy.” There was a catch in the old man’s voice at this last bit of wisdom, and I felt we were close to the diabetic patient once again. I left it alone. There were long minutes of silence. We sat quietly drawing on our cigars, sipping the Port, saying nothing. Then he began again:

“What are hospitals without its plumbers, its maids and laundry personnel, without its maintenance men and janitors, without pharmacists, or aides who empty bedpans, without the compassionate nurses and technicians who believe ‘stat’ means what it says,” said the old doctor. “Without them our university hospitals would grind to a halt. We should recognize them, thank them, bother to know their names. Yet we don’t. We should deflect praise rather than searching for it, avoid the limelight. In teaching, it’s better to display the brilliance of others, and in

caring for patients, I've always tried to give the referring doctor all of the credit—praising him or her to the patient, to the family, and to the referring doctor herself. And along those lines, you should praise publicly, but criticize privately. There is always something good in everyone. Find it, and praise it. And never embarrass a student. Never attempt to show how positively brilliant you are. We are, after all, merely standing on the shoulders of giants.

The sun was setting behind the expanse of pasture and mountain. The hunchback braved the smoke-filled room with the supper tray. It was time for me to leave, and that moment of what I sensed might be confession was not to come, not today at least.

When I returned in a few days, I discovered I had unwittingly stumbled upon a way to dispel the housekeeper's evil curse. I should have known better. It was her deformity that had thrown me off, but the housekeeper was a woman, after all, and all women love flowers. I brought a huge bouquet of cut fresh flowers for her, and a box of Hoyos and a bottle of Port for my old friend. "It's a Fonseca," I said, "1976. The clerk said it was the best they had."

"Crack it," said the old doctor. "Life is too short for anything but the best."

"Where were we?" I said.

"I forget," said the old man. He hadn't forgotten, and we both knew it. But he was not about to tell me about the diabetic patient who loved him.

"Your *Last Lecture*," I advanced.

“Oh, yes,” he said, “advice to the young and all that. Well, let’s see, here’s a passage from my favorite book.” He reached over to the low bookshelf, extracted a book, and opened it to where there had been placed a bookmark.

“Here it is,” he said, beginning to read.

“‘The best thing for being sad.’ replied Merlyn, beginning to puff and blow, ‘is to learn something. That is the only thing that never fails. You may grow old and trembling in your anatomies, you may lie awake at night listening to the disorder of your veins, you may miss your only love, you may see the world about you devastated by evil lunatics, or know your honor trampled in the sewers of baser minds. There is only one thing for it then—to learn. Learn why the world wags and what wags it. That is the only thing which the mind can never exhaust, never alienate, never be tortured by, never fear or distrust and never dream of regretting. Learning is the thing for you. Look at what a lot of things there are to learn—pure science, the only purity there is. You can learn astronomy in a lifetime, natural history in three, literature in six. And then, after you have exhausted a milliard lifetimes in biology, medicine and theocriticism and geography, history and economics -- why, you can start to make a cartwheel out of the appropriate wood, or spend fifty years learning to begin to learn to beat your adversary at fencing. After that you can start again on mathematics, until it is time to learn to plough.’”¹

“That’s beautiful,” I said. “Where...?”

“Yes, it is beautiful,” said the old doctor, “yes it is. You know, you should never forget what it was like to be a student, how you looked at those senior to you in medical school, what you thought of residents, attendings, seasoned clinicians. We should never forget the power we have over the young people in our profession, a power that can shape lives for good or for evil. And believe me, there is evil in the world.

“Live your life as a Jean Valjean rather than an Edmond Dantès. Seize the opportunity to do The Good Thing. No other profession will give you so many chances. Don't become selfish.

“Selfishness. You know, when I have been racked with guilt, when my soul is as thin and dry as a chip of wood, when I feel worthless and have nothing left to give—when, in short, I have become too selfish, too self-absorbed, I've turned to the cure for these feelings—generosity. I've tried to find someone less fortunate and then was generous to a fault.”

I walked into his next diatribe as though he had been lying in wait for me. “You know, only yesterday,” I said, “I saw this fabulous movie on television...”

“Instead of one hour before the television set,” the old man said, “you could memorize a poem. Think of it. Poetry is the quickest, most efficient way into the thoughts and feelings of a culture or a country. The best words in the best order, as they say. Be careful of that television set,” he said, admonishing me, shaking his cigar at me. “Life is what is happening to you while you're getting ready for something else.

