

A Bundle of Leaves

By Scott Pearson

Two decades ago, on a Wednesday morning in October, I met a patient I could not cure but who would ultimately teach me about trust and the potential for healing. When I first see a new patient in my surgery clinic, I ask them where they live and what they do for a living. I like to find something that connects them to place, an entry point into their story. He was a tobacco farmer who lived near the Kentucky-Tennessee state line. On the chart, beside his name, two words described the reason for his visit. He had pancreatic cancer. I opened the door to his clinic room to see a tanned wiry man in his early seventies. I introduced myself and offered him my firm handshake that quickly wilted under a half-century of wrapping tobacco. His hardiness, or lack of frailty, was a good sign, not necessarily for outcome from his tumor but for me to be able to get him through the monstrous operation required to remove it.

I am fortunate to have grown up on a farm that has been in our family for over a century. I have watched my father rise before dawn each day to clear brush or plant soybeans, all while battling the steady decline of Parkinson's, and always on watch for thunderclouds rolling east over the Mississippi River. My farming background gave me an immediate connection to this man, my new patient. I could make a good guess at his work ethic. I knew there were few places he would rather be than on his land in the early morning, as the sun burns off the mist.

Raised on a farm primarily of wheat and soybeans, however, I had no experience with the cultivation of tobacco. While driving through Kentucky, I have been intrigued by those tall, odd-shaped, tobacco-drying barns that dot the landscape. I have followed the plight of the tobacco farmer over the years. The nurse helping me in the clinic that day knew I liked to talk with my patients about more than just their disease. When farming came up in the discussion, she rolled her eyes, knowing I would run behind schedule. My questions about tobacco farming flowed easily. My patient was glad to deliver.

Cancer of the pancreas strikes over fifty thousand patients per year and over forty thousand deaths occur from the disease. Few statistics in medicine are more disheartening and none more humbling to a surgical oncologist. The majority of patients when diagnosed with pancreatic cancer have spread of cancer cells beyond the pancreas. For patients with metastatic disease, removal of the pancreas, a pancreaticoduodenectomy, will not benefit them. His tumor, however, appeared by CT imaging to be confined to the head of the pancreas. At least one-third of patients suffer significant complications after a Whipple procedure and dying after the operation, although unusual, is a distinct possibility. Most patients eventually recover but oncologists know that only a few percent of patients live long term, most dying of metastatic disease that was too small to detect at original diagnosis. I thought this patient was as fit as any septuagenarian to undergo the operation. A few days later, he and I entered the operating room and left, together, after several hours of removing his tumor from a cast of nerves and

vessels. The next morning, it was he who extended his hand with the same hearty grip. Nine days later, he was discharged from the hospital.

I felt like I was waiting for a complication to occur before his follow-up visit in two weeks. I anticipated our doctor-patient relationship was soon to be tested and I had my doubts as to how my narrative medicine approach would get us through. He had some minor complications and probably had more pain than he let on. He did require a brief re-admission to the hospital for an intestinal problem, but he recovered quickly. Even then, he preferred to talk about his farm, and he invited me to visit him there. I never made it to see his land.

We spent the next eighteen months visiting in the clinic, talking mainly of planting tobacco or the upcoming harvest, trying not to focus on the very real possibility his cancer could come back. On one of these visits, he brought a gift I will always cherish. He presented me with a bundle of Dark-fired tobacco leaves. The leaves were about two feet long and although dried, they still retained a soft malleable texture. I held the bundle at the base where the leaves were hand-tied together in a tight knot, and I tilted it toward my nose. I still remember its rich aroma. While not common, receiving tangible gifts from patients is not rare—a bottle of wine, some personal keepsake. I was very proud to have this bundle of tobacco leaves. Not knowing what to do with them, I took the bundle home in the black plastic bag and hung the leaves in my garage. He developed the metastatic disease that we feared. Six months later, this man, my patient, died.

Several years passed. While I thought of him often, my practice carried on with new patients and new challenges. But one day, I went to the garage and removed the plastic bag from its perch on a rusty nail. I expected to find the tobacco moldy and decayed, or at least riddled by insects. Upon opening the bag, I removed the bundle of leaves and found them perfectly preserved in a deep caramel sheen. As I inhaled, I could see him there in the clinic again—his operation, his strength, his death. And when I looked at the base, where the leaves were wrapped in a coiled knot, I felt the grip of his strong hands enveloping mine.

I want to believe he looked forward to our discussions of farming, to teaching me about his craft, of his care of the land, although he wouldn't have called them lessons. Our relationship edged more toward father-son than that of doctor-patient. I felt part of the place he called home.

After keeping the leaves in my garage for so many years, I now use the bundle of tobacco on a regular basis. I teach a university class called Narrative Medicine: Stories of Illness and the Doctor-Patient Relationship. These undergraduate students in the College of Arts and Science are in the pre-health professions, wanting to go to medical or nursing school. Since we don't have patients in the class, I ask the students to write of someone they have known with illness. Most choose a family member, or friend. Some choose to write of themselves. Then I challenge them to choose a facet of their patient's life, something that captures the essence of the person in the context of their illness. I ask them to prepare a presentation, for the end of the semester, centered on this unique narrative feature. I call it a creative presentation of

illness. Invariably, they have difficulty conceiving the creative aspect of the project. They are more comfortable with a theme paper confined to a specific font and page count.

Throughout the semester, I sprinkle in a bit of my own experience with patients. One of the key pieces I give the students is the story of this patient, of our relationship, our admiration for cultivating the land, and of his gift to me of the bundle of tobacco leaves. As the project nears, and their collective angst rises, I bring the bundle to class. Without prior notice, I unwrap the leaves from the container and hold them up for all to see. The object is not immediately recognizable, appearing foreign in this setting. Some students are unnerved. Then the light bulb comes on for one student, then another, until someone shouts out “the tobacco!” I am proud. “Yes,” I say. “Now tell me his story.” They start with him being a farmer, how I met him in the clinic and how our relationship developed over discussions of farming. Most importantly, they tell me of the person first and then of the patient with pancreatic cancer. They understand now how the narrative is essential, both for the patient and for me, his surgeon.

Years after his death, he continues to teach this physician, and other doctors and nurses and healthcare professionals, time and again. How much more he has given me than I him. But the leaves have begun to dry and become brittle, and I lose bits each time I bring them out. I’m trying to rescue the leaves, and his story, which has become vital, for future students, for doctors-to-be, for me.

Scott Pearson is a cancer surgeon and medical educator. A professor of surgery at Vanderbilt University School of Medicine, he teaches anatomy and the importance of the patient’s narrative in giving care. Pearson is a former Fellow at The Robert Penn Warren Center for the Humanities and the author of the novels, *Rupture* and *Public Anatomy*.