

Birdwatcher

By Peter Bingham

Last autumn I explored an island in the Scottish West Highlands—a birdwatchers’ destination, where Golden Eagles soar. It felt good to step back from my work as a pediatric neurologist; from navigating between allowing for the possibility of recovery and explaining the potential of dying from disease to my patients’ families. Here, with the scent of wildflowers mixed with the salty sea air, I could be the wanderer who wasn’t expected to have the answers.

The trip was also a way of honoring my father, who was of Scottish ancestry, and an enthusiastic birdwatcher until he died at age 57, of a glioblastoma. I remember him leaning towards me, pointing up into the branches as we walked through the woods together one morning. “Oh look! A Scarlet Tanager!” Wanting dearly to see what he could see, I caught sight of the startling orange, though not the bird’s full profile, obscured as it was by leaves. Birdwatching seemed a daunting puzzle, but I have since come to understand my father’s delight as coming from the act of focusing his attention for a few hours on beings he might not otherwise notice, whom he found at once beautiful, spiritual, and mysterious.

On the remote island there were only a few dozen souls, and on the evening of my arrival, many of them were gathered at its sole cafe. Drawn by the sound of music and a gold light shining from the windows, I ventured in, and soon found myself in conversation with Ian, a red-bearded fellow who turned out to be the island’s bird guide.

Ian told me of his recent chance sighting in the northern sky of Golden Eagles talon-grappling—a courtship dance in which two birds join, talon-to-talon, then drop, swiveling, before un-folding their wings to catch the air again and save their lives. “What really surprised me was these were immatures!” Ian’s enthusiastic description evoked a vivid image of the birds in my mind, bolting downwards together in their abandon.

As we chatted, I began to understand a bird guide’s power. “At the end of a tour,” he confided cheerily, “if we haven’t seen any Golden Eagles, and someone in the group *really* wants to see one, I’ll point to a buzzard and say, “There’s one, a Golden!” And they’ll believe me!” I felt respect for Ian’s excellent observations and knowledge, but was troubled by his use of the expert’s charisma, deceiving his followers by telling them what they wanted to hear. Had his authority corrupted his sense of beneficence towards trusting tourists?

The next morning, I climbed up rocky slopes to get a view of the ocean surround. The sun shone on paths that crisscrossed the lonely hillside. Looking up at the bright blue sky, my thoughts turned to how a bird guide who mislabels buzzards might be similar to a doctor who does not convey the whole truth to their patient.

I remembered a conversation with Jo, a friend whose 22-year-old daughter had died decades ago of sudden unexpected death in epilepsy, or SUDEP. Jo described the way her husband Tom had been incensed at the neurologist for not having forewarned them of the possibility of SUDEP.

The sadness on her face didn't seem solely about the loss of her daughter, as she emphatically quoted the neurologist's words: "If there had been anything you could have done to have prevented SUDEP, I would have told you. My goal was to support her and your family to have a *normal* life."

I sensed Jo felt some compassion on behalf of the neurologist and the difficult decision he'd made. She explained she wasn't sure she would have wanted the *whole truth* about SUDEP when her daughter was first diagnosed with epilepsy. She questioned the value of "information for information's sake." Since that conversation, I always think of both Jo and Tom when considering whether to educate parents of a child with epilepsy about SUDEP.

My father's doctor, a highly respected neuro-oncologist, had been unflinchingly clear with my father; explaining that he would probably die from his brain tumor within the next year. Yet I never heard my father's acceptance of that prognosis. Throughout the 14 months of his illness, he held on to the idea that he could exceed his physician's expectations, citing rare cases with long term survival. He did not want to spend the rest of his life absorbed in the probability of imminently passing away. He wanted to keep his eyes and ears open to all that the world had to offer.

There was, perhaps, a wise compassion in the old tradition of not telling a patient with metastatic cancer about the serious, life-shortening truths of their disease. The idea was that "information for information's sake" could put an unfortunate traction on the patient's attention. Instead of allowing them to engage with joy and beauty in their remaining time, it would entangle their spirit in dread.

Climbing up on the green heath just under the island's peak, I found myself surrounded by a great diversity of plants which I could not name. I looked up – flying above me were two large birds—Golden Eagles? Buzzards? I could almost feel my father's hand on my shoulder that day so many years ago as he stooped towards me, pointing towards the branches as if to say, *What can we see now? A rare bird, whom we may never see again. A gift we cannot grasp.*

As I watched, I sat down among the cow-paths printed on the angelic sedge. The birds sailed behind the mountaintop, beyond my horizon. Perhaps, before leaving the island, I could find Ian and tell him about the two birds I saw. He might be able to tell me what they were.

Peter Bingham attended medical school at Columbia University and did postgraduate training at The Children's Hospital of Philadelphia. He leads the Division of Pediatric Neurology at the Vermont Children's Hospital. His educational focus with clinical trainees centers on the relationship of patient and clinicians' narrative style to diagnosis and patient outcomes. His research interests have included the role of olfaction in infant feeding behavior; training respiratory interception; and music therapy. He has published several short essays in *Pediatrics, Neurology, and Pediatric Neurology*.

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