intima a journal of narrative medicine

NON-FICTION | SPRING 2013

Cura Personalis

By Lauren Boehm

The woman in room seven is ninety-four. She appears on the electronic tracker screen, with its rows of room number, age, sex, a roster of current emergency department patients.
7 94 F – and a few letters of a surname, and she is ours to treat.

I am a medical scribe, which means I document for the ED physician, reporting on the patient to be seen and recording the data of the visit. I click on the 94-year-old's row. She has no significant visit history. I am with a doctor who values this, perhaps, above all else. Before he sees anyone, he wants to know: How often do they come to the ED? She does not come. We do not know her. And she is ninety-four. Already laudable.

Per the triage nurse: She was dizzy and now she is not dizzy. We go to see her. She is very thin.

Do you drink alcohol? he asks. He is a stickler for social histories.
Yes! she says. I cannot describe her voice here. She is so strong and so old. Clever, quick – so thin. She says "yes" with the sharp swiftness of a bird's beak pecking up a seed. She exclaims. She is funny; I suspect she has always been.
But she is not flirting or kidding or being cute, in the way tiny old ladies can be confronting Dr. Kane, who is a hulking ex-football player with hands the size of small melons. She is, I learn, a classicist. She is very much alive.
Yes! she says. *I do!*
I do!

Her WBC count is 300. 300 thousand. This, the lab called in, one of those urgent results that can't wait for us to click on her name, arrow over, scroll down: "WBC: 300". This is not good news. This is unexpected news; this is what ER docs will call "bad-ness"— bad disease.

Do you drink alcohol? he asks.
She says, loud and certain: *Yes!*
A good stiff drink a day? says Dr. Kane, who admires her already. Of another old lady, with a pulmonary embolism, he said to me: *she's a good person, that's why she has bad disease.* That lady had been a short-order cook for a half-dozen decades. Who worked hard and never came to the ER.

Bad disease is a recurrent phrase here. She has bad disease. So often a qualifier. *A drug-seeker, but she has bad disease.* Good disease? Something accidental or one-time. Heart disease is not quite *bad disease.* By *bad*, we mean the chronic ones, the ones that march like zombies, overstrong and ugly, under and against the bumbling, inconvenient efforts of dialysis and home O_2.

A white blood cell count of 300 thousand is bad disease. Dr. Kane tells her this, obliquely. He tells her about an oncologist. He does not say the word "cancer". He says the word "oncologist".

She says: *is there a treatment?*
For leukemia? (And Dr. Kane's eyes widen and soften both.) *Yes...there is a treatment.*

Treatment. What isn't there a "treatment" for? We can treat. Anything.
(*Let's have dinner. My treat.*
We have more pain pills than you have pain. We will treat your pain.)

Treatment is another word for effort given -- precise or blunt or victorious. We can pump a woman's pulseless body full of thousand-dollar drugs and take turns cracking her ribs with chest compressions. Always, then, it is: *yes*. Yes without exclamation. *Yes...there is a treatment.*

But *cure?* Oh – that is something different; that is magical-thinking. Cure is a word like: *eureka!* An old-fashioned word. A patient's word. Cure is a verb that needs an object. Cure what? Cure whom? Cure is like conversion – it changes the thing it acts upon. We treat. If we are lucky, our treatment ends up corresponding with – luckier, luckier to say *causing* – some measure of healing. If the patient is lucky. Patients with bad disease are unlucky. Doctors treat bad disease. They do not cure it.

She asks to sign a MOLST form.
Dr. Kane asks the relevant questions. She looks – not exasperated, no. She looks matter-of-fact, like a smart old academic, who is a woman, who was a woman and an academic when there were very few such academics, or such women.
I wonder if the Greeks taught her this, to ask so early and certain for a good death.
I say to her, later: *My friend writes on that guy, that Roman orator guy that everybody hates – what's his name?*
She says: *Cicero!*

Do you drink?
Yes!
It is the same tone of exclamation. *Cicero!* And the origin of the energy, the pleasure, comes to me. She relishes answering a question to which she knows the answer.

Yes!
Cicero!

Dr. Kane holds the form and looks up at her; he is seated now, and propped up in her bed, she has a half-foot of height on him. *So you don't want any resuscitation? If your heart stops?*
I'm 94 years old, she says to him. As though this is a stupid question. He shrugs up his huge shoulders. I look down at the chart. We become undergraduates at the bedside. Ninety-four. He knows this; we all know this. It was in the reading.

If your heart stops? It is one of those questions (*do you drink? what's his name?*) that she answers with such fierce, clipping grace. And though there is not a trace of self-pity nor resignation nor fear, and though this answer has in it that same the energy of correctness, it is not exclaimed, and it is not direct. *You don't want resuscitation? If your heart stops?* She does not say: *No.* She says: *I'm 94 years old.* Death is still death, even to Achilles.

Yes!
One stiff drink a day?
He follows her affirmation with a held-back smile.
One whiskey-and-water a day, she tells us. *One*! *But* – and she raises up a teacher's index finger – *I used to drink two.*
Two?
Dr. Kane is looking in her ears, his methodical first stroke of physical exam, no matter the complaint. In this ritual, he walks his huge body counter-clockwise around the end of the bed.
Left tympanic membrane clear, he says to me.
Two?, to her.
Yes! Two.
We learn: for a while, she drank two whiskey-and-waters a day. For a while, after her husband died – who drank one.
In the evenings, I imagine, the two would drink one whiskey-and-water – one each, together two. But then he died; and pouring a libation into the body that still lived, she drank his, too.

It didn't last long.

That was too much booze! she said, waving her bone-thin arms in a gesture of letting go.
Now it's only one.

Later, after MOLST and Cicero, we write up her discharge instructions and refer her to an oncologist, who will see her in 5 days. I ask her if she's hungry. She's hungry – *all the time.* (And this shocks my diaphragm with unwarranted hope that she will live forever.) I ask the Ward Clerk to order up a hot chicken sandwich, and french fries – though hot food is privilege for admitted patients only. Those going home get the pre-packaged turkey or tuna from the ER fridge. I pretend I don't know that, that she's going home – *a white count of 300 thousand! did you hear that? they called it in!* – and get an order from the cafeteria, which turns out not a terrible species of fries.
Everyone thinks she'll stay, go upstairs, get hooked up to monitors that beep throughout the night and begin the drawn out process of dying in a hospital gown.
300 thousand. *300!*
Ninety-four, she goes home. I picture a big empty house; a leather loveseat; those tiny yellow volumes of Latin laid up in lines on dark oak shelves.

I wonder if she has a drink.

Lauren Boehm is a medical scribe in an emergency department in Ithaca, NY. Her piece, "Cura Personalis: Notes from a Medical Scribe" appeared in the Spring 2013 Intima.