

## Close

By Alexandra DeFelice

“Does anyone have time for a quick phone call?”

I sent the message into the silent abyss of my family’s group text. I didn’t expect an answer any time soon. They were 1,300 miles away and perpetually busy—my mom as a public-school teacher, underpaid and overworked; my dad as an engineer at one of the local petroleum plants, waking up each day at 0400; my brother as a restaurant manager, closing each night at 0200; and my little sister, a high-schooler preparing for finals as she tries to get a step ahead with dual enrollment at the local college.

She wants to be an orthodontist.

“Why don’t you see this new patient?” My attending had asked earlier that day, while we reviewed the afternoon schedule.

The 72-year-old patient had listed the reason for the visit as “anxiety attacks.” When I walked into the room, I knew she’d been crying.

In retrospect, I don’t know if her eyes looked red or wet or worn. I can’t remember if she happened to be holding a tissue or wringing her hands. I’m not sure if her voice was raspy or breaking.

All I can say is that I just *knew*.

I asked what had brought her in, mentioned that I heard it might be something to do with anxiety. She nodded, quickly, and the story came pouring out of her: Her husband’s prostate cancer was back. Stage IV. She wants to take care of him, but he feels he’s a burden. She feels like a burden to anyone who sees her pain. Getting through each day is nearly impossible, and increasingly so. They’re moving to a new state soon—they were only in this area to get his treatment. She has a remote history of depression, but the anxiety is new, and it’s crippling. Constant. Uncontrollable. The panic attacks occur daily—at least. She just wants help—any help—and she is so thankful that we were able to see her today.

At first, I took notes. I’m not much one for typing on the computer while talking with patients, so I use a clipboard and pen. I can look at the patient better that way, not bound by the positioning of the keyboard or blocked by the computer screen.

But that day, even the clipboard wasn’t enough. I wrote down a few words summarizing her broader history since she was a new patient, but I mostly looked away from the paper.

No more than five minutes in, I set everything down completely. Uncrossed my legs, folded my hands. Leaned forward.

Listened.

She needed an antidepressant for the long-term and a benzodiazepine to get her through the next four-to-six weeks. She needed a therapist, too, and I was glad to learn that therapy had helped her in the past, a long time ago.

The subjective wasn’t that complicated; the story could easily be told without all the details. The objective was a few normal vitals, an unremarkable chest auscultation, and a

mental status exam—I technically collected all the information for SIGECAPS\*, but that’s not the right way to put it.

In telling me her story, she mentioned various things that happened to be in SIGECAPS, and I could whittle it all down to those eight topics and satisfy a test question, a note template, or a particularly efficient attending, if I wanted to.

But I didn’t want to.

I didn’t even want to work on the presentation. I could string together this assessment on the spot, and the plan—well, there’s the medications. There’s the therapy. We should find out if therapists do telehealth across state lines around here, and get her on a waiting list...

I left her with a box of tissues in her hand and—hopefully—some amount of weight off her chest. But I hated closing that door.

I hated it so much that I stopped. The handle clicked close, and I reached for the hand sanitizer, but I didn’t start walking down the hall like I normally would, wringing my hands to dry them, already writing the note in my head, hoping the attending would wait just a few minutes to show up so that I could collect my thoughts a bit more—no.

No, I didn’t take off. No.

I stood there.

I stood there and let the sanitizer turn my still hands cold. I stood there and tried to find a reason to go back in, but I didn’t want it to seem like I had forgotten to ask certain questions or do part of an exam or wasn’t good at time management or agenda setting—I didn’t want spending too much time with patients to reflect poorly on me in my evaluations. Writing that now makes my gut twist—it’s not right. It’s backwards. It’s shameful.

But ultimately, I walked away, and I ran into my attending almost immediately.

“How is she?”

“Uh, upset, I—”

“I’m going to try to see this one patient real quick first, okay? They showed up early.”

“Oh, yes, okay.” And then part of my heart spilled into the air, and I heard myself telling the attending I was going to go wait with the patient.

“I don’t want to leave her waiting in that room alone,” I heard myself say.

I’m not sure what I said when I went back into that room without the attending. I justified it to the patient, somehow, and then I sat down and leaned forward and listened, and sometimes talked, and forgot all about where we were and who I was and what we were even waiting for.

I don’t know how long I talked with her.

I do know that we talked about too many things to list, and that later she told the attending that I had really helped, just by being there. That made me smile.

But that night at home, I texted my family. I became acutely aware of the fact that they were 1,300 miles away and that, if something happened, I couldn’t be there. I sent a message into that abyss of a group text and waited. I couldn’t tell them what I learned and saw and read about and thought about each day; none of them are in the medical field—they wouldn’t get it. They’d just worry.

I couldn’t tell them that, as I drove back home on I-66 that day, I thought about their deaths, whether from an MVA or stage IV cancer or something else. I couldn’t tell them that it cripples me, sometimes, when I hear a stroke alert or a trauma coming in—when I hear the alert and am frozen by the realization that there is a person, and a family, behind those words. And a lot of pain.

I couldn't tell them that medicine scares me sometimes, that I walk away some days shivering and sweating beneath the events and the people and the information—and the expectations—drowning in reminders of the pain, grief, and death that await us all. And trying, still, to learn.

And hoping that the exhaustion never overrides the caring.

I couldn't beg them for a reply. I could only send the text, innocent and unassuming, and wait for a reply that would—hopefully, eventually—come. I was able to help my patient just by being there, yes, and that made me smile.

But I couldn't be anywhere near my family, even though they are healthy. I couldn't know immediately if something bad happened to them. I couldn't tell when, exactly, I would lose someone I loved—when I would be the wife with the panic attacks or the family behind the stroke alert. I couldn't be there for them, and I couldn't tell them how difficult it was to live that way.

And that made me cry.

\*SIGECAPS is a clinical assessment tool for depression.

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