
FICTION | FALL 2015

STONE FREE

By Tim Muldoon

Patient is a 28-year-old Latina female with bilateral obstructing kidney stones and bilateral nephrostomy tubes who presents to the ED with fever, left flank pain, and cloudy urine in her left nephrostomy bag. Symptoms began two nights ago when she had subjective fever and chills. She has chronic flank pain due to her bilateral kidney stones, but her pain acutely worsened early yesterday morning and has continued to worsen since then. She works retail, and the pain made it difficult to work, but she finished her shift before asking her co-worker to drive her in...

"What kind of a name is Xochi anyway?"

"A good one, shut up. What kind of a name is Paul?"

Xochi often comes to the back to hassle Paul or to get hassled. Up front there's nowhere to sit. It's all smiling and answering questions, telling vain hipsters how great that burgundy cardigan looks with those high-waisted jeans. It makes her back hurt. The bright lights, the looped playlist of indie jams, the kids sneaking looks at her as they come out of the dressing room, as if she actually cares that they're stealing T-shirts. When the manager is not around and the front is under control, she goes back and sits on boxes with Paul. There's something soothing about the cool, gray concrete floor, the high ceilings, the shelves lined with endless boxes, the quiet.

"Where's it from? Who even named you?"

"Oooh, my name is Paaaaaul. Look at me, I'm an apostle."

"I thought you were Mexican. Doesn't sound very Spanish to me."

"It's Nahuatl."

"*Gesundheit.*"

"Xochitl. It means flower."

"What's na-waddle?"

"Cause I'm naturally beautiful. And I smell so nice."

"Your parents some kinda hippies?"

She laughs. "Nah, MEChistas."

"What's a MEChista?"

"MEChA. *Movimiento Estudiantil de—*"

"I thought flower was *flor*. Like that Selena song."

Xochi hits him playfully. "It's not Spanish, stupid. Nahuatl is the language the Aztecs spoke."

Paul starts dancing. "*Como la flor—*"

"They didn't wanna give us no Spanish colonial names."

"*Con tanto amor—*"

"They thought it was still the sixties or something. But like, Xochi is a way better name than

Flor. Flor is almost as stupid as Paul."

"Aaaaaaaayyy—" Paul mumbles a few syllables, not knowing the words.

"Dork!"

She describes the pain as dull and aching with significant tenderness to palpation. She noticed her nephrostomy output became more cloudy on the left side yesterday. Right side is normal. No blood in the urine. Denies nausea, vomiting, constipation, diarrhea, abdominal pain, headache, chest pain, shortness of breath, lightheadedness...

What a ridiculous thing. Up, down, up, down—it doesn't even look very fun. Staring at the bright orange hot air balloon rising and falling slowly across the unimaginatively named Great Park, Xochi is perched on top of a picnic table, thinking about how little she likes this town. Maybe it stands for what she doesn't like about this whole area. Where she lives, in North County, at least it feels like a real place. She has a community, something to rep. Then there's South County, where you try to go to the beach and you have to endure the bitchface stares of plastic white girls stepping out of the black Bentleys that got them there. But here—in the middle—this is just nowhere. No character, no culture. Nothing to see, nothing to do. Just endless, sanitized sprawl.

She really doesn't want to be here, but she knows her role in this family. Her aunt can't take care of all the kids alone, especially the older ones. It's her nephew C-los in 10th grade that everyone is worried about. He doesn't listen to anyone, even if he thinks Xochi's tattoos are kinda cool.

"Yo, I'm sure that's fun and all, but you keep it up and you're not gonna get into college," Xochi says, feeling like they've had this conversation too many times. "Think about it, it's a little over a year off when you have to apply. Isn't it worth a little extra effort, just for a little longer, so you can get in somewhere?"

"Why, so I can work at the mall like you?" Her little nieces stop their game and look at her, grinning, to see how she'll respond.

"You wanna end up at the mall like me, do what you want. I went to college, fool, you know I only had to stop cause—you know, when I got sick. And we needed the money."

"Yeah but you studied fashion. Like, what, you're gonna get a masters in working at the mall?"

Her nieces giggle, and Xochi can't help cracking a smile as she punches him.

"You can stay here getting high with your little friends in this shithole," she says, turning to her nieces—who are absolutely loving this—and putting her hand over her mouth in mock shame. Turning back to C-los and giving him her for-real face, she adds, "I'm gonna finish college and get the hell out."

She has been writing in her journal a lot lately, when she's hurting and feeling trapped in her room. Even if not for fashion, she has to get out. Maybe she'll go to LA for now, but she won't stop there. Sure, family is important, but what about adventure? What about self-actualization or whatever? She's jealous of her friends who left home for college, who got scholarships or had trust funds or even went into debt, just for the dream of that college experience. Dorms, parties, studying abroad, the whole shebang. Of course there's nothing wrong with community college and the local state school, she tells herself. Family first. Who wants to live with spoiled college kids anyway?

But before this all happened, she had started making plans. She was going to career fairs and talking to recruiters. San Francisco, New York, Seattle, Houston. They were looking for talented, creative, think-outside-the-box types to be their low-paid interns. She was eager to be exploited in new and exciting ways.

In the Emergency Department, temperature was 38.4, heart rate 96, respiratory rate 20, blood pressure 111 over 61. Patient was alert and oriented, laying on her right side, in moderate pain. Both nephrostomy tubes were in place. The insertion site on the left was erythematous without exudates. She had severe left costovertebral angle

tenderness, and mild tenderness on the right side. Physical exam was otherwise normal. She was given one gram IV ceftriaxone. Ultrasound showed large stones obstructing both ureters with minimal fluid buildup...

Xochi wakes up with the same dull pain, covered in a warm sweat. Feeling gross. The sun is oppressive coming through the window. She rolls out of Marcus's bed and clutches her back. He's out cold, body diagonal, face half off the mattress. Sigh.

It's summertime, maybe August, not long before her first emergency room visit, but still a year and a half before she would be admitted under our care. In my mind, she's grumpy. It's her day off and she should have been passed out for another few hours like that big lump on the bed, but her body is being difficult. She has been drinking more lately. She just needs a night off from the pain sometimes. Actually, the nagging thoughts are the worst part. The pain at least comes and goes, but the worries never shut up. She should do something about it, sure, but sometimes she just needs to be young, go wild, get lucky. Plus, she has to get those beer goggles going if she's gonna do it with Marcus.

Or maybe Marcus isn't so bad, maybe he's got a certain husky charm. Maybe they have great sex. He's gentle in all the right ways, and when he really gets going she melts into him. The outside world falls away, and so, too, does her inner world of pain—that stupid, irritating background noise that can turn into an intolerable shriek at a moment's notice. When he finds the right spot, she's the one shrieking. Marcus is probably a sweetheart, too, and smarter than people give him credit for. He doesn't tell her that he loves her, but he's casually there for her, and burly men make the best pillars.

Anyway, how's she gonna get another man with these things coming out of her?

She wonders if she could transfer to Cal State LA. Cruising around with Rev, they would own that campus together. She's not an OC girl, she's an LA girl—and who ever heard of fashion coming out of Fullerton? Ugh, commuting to LA though, no thank you.

She has already finished peeing, but she takes her time before standing up. She's a little hung over, but it's that nagging pain that slows her down. Sometimes it shoots through her insides, as if a bunch of tiny little men were twisting a bunch of tiny little corkscrews into her organs and then yanking in sequence.

She stands up and stares at herself in the mirror. She's tallish, broad-shouldered, thick but not fat, at least not in her mind. She likes her powerful thighs. Those are some serious bags under her eyes though. Maybe she should leave some makeup and clothes over here. No no no, she's not dating Marcus.

She turns around and stops, staring at the toilet bowl. Why is it pink? Why is the water pink? God, what did that dumb bastard do down there? Her heart starts beating—nothing like fresh blood in the morning to wake a girl up. It only just came out when she peed, and it kind of hurt to pee too. Something is wrong, she thinks. Maybe it's cancer, just like her tía, whatever her name was. Cervical cancer. She was in her 20s, too. Xochi always knew something was wrong with her, she's gonna die young. *She was a nice girl, well dressed, great customer service. She had so many good years of selling clothes ahead of her...*

"Mmmm, why you up so early?" Marcus staggers out of bed.

"Don't worry about it, go back to bed."

He comes up behind her and puts his arms around her, bumping into her back lightly. Xochi flinches and inhales sharply. Marcus backs up. "Damn, girl. Today's the day I take you to see a doctor."

"It's fine, okay? Don't worry."

"We'll get you a nice lady doctor so you don't have to worry about no greasy old dude stickin' things up your hooaha."

"I don't have insurance, you know that." She turns around and looks at Marcus for a second, then looks at the floor. "I'm fine."

"I know a place, I went there that time I crashed my bike into that cop car and broke my pinky. It's sliding scale and they're real nice, they'll hook it up. Come on, I'll take you out for waffles after, it'll be fun."

Urology was consulted from the ED. They saw the patient but they only wrote a short note, and it basically just said to get IR to change her tubes and then send her out. IR was consulted—

"Wait, when will she get her surgery?" Dr. Patel asks.

I hesitate. Kim, the senior resident, jumps in to explain. "So, their note doesn't say anything about it, but I looked back and she's been here like four times in the past year and a half with infected nephrostomy tubes, and—"

"I'm sorry, what? She's had these things in for a year and a half?"

I knew I should have gone into her history sooner. I don't really know this patient yet. As the medical student, I get assigned a new patient when I get in at 6 am, and by the time the attending shows up I'm supposed to be an expert on her story—at least the medically relevant part. The computer is more efficient than the patient, so I spent a long time reading her chart this morning. I went to see her, sure, but I was running late and she was groggy. It was little more than saying hello and asking how her pain was. She had the bleary-eyed indifference of someone who has spent too much time in the hospital with no sense of control. Neither angry nor appreciative. I'm just one more person waking her up to poke and prod.

But I had an hour of morning lecture in which to let my mind wander. This patient's case is so absurd, so unfortunate, and something about her makes me want to be on her team. She shouldn't be here. She shouldn't have giant stones stuck inside her. God, what must her life be like? These days it's a cliché to say that we should treat our patients as human beings, rather than pathological specimens or numbers on a sheet of paper. But it's not like I can sit down and have a beer with every one of my patients—and why would they want that, anyway? So this morning, while the lecturer went on about hyper- and hyponatremia, I was letting my imagination wander, mentally filling in the gaps in Xochi's personhood.

Back in the team room, Kim tries to get Dr. Patel up to speed on the situation—although none of us really understands it. "When she first came in she had hydronephrosis and acute kidney failure, she was in real bad shape," she explains. "They had IR put tubes in to drain her kidneys, but she's uninsured."

"Sure, but nephrostomy tubes aren't supposed to be just left in. They're bound to get infected. I mean what, is she supposed to just live with pee-bags attached to her for the rest of her life?"

"I know, Dr. Patel, but each time she gets admitted they just give her antibiotics and change her tubes. She gets stable and doesn't meet criteria to stay in the hospital anymore, so they send her home to follow up with urology."

"And then it becomes elective, and urology doesn't do elective surgery for uninsured patients," Dr. Patel finishes Kim's thought. "Man, what a shitty situation."

"No, that would be our uninsured colostomy patients," Kim chimes in dryly, referring to patients with poop-bags attached to them. We all chuckle a little. Dr. Patel and Kim dive deeper into the legal and financial aspects of the case—a central part of patient management, I'm beginning to learn, but a part I'm completely unprepared to deal with. There's nothing on the board exam about Medicaid criteria or the limits of emergency medical treatment obligations. And now I've lost control of my presentation.

"So how's your boyfriend?" Paul asks with a grin.

"I don't have a boyfriend, shut up."

"How's that big hunk of a man, Marcus?"

"You think he's such a hunk, why don't you date him?"

"I could never come between you and your lover."

"You two would be so cute together."

"I don't wanna face the Xochi-wrath. Not after what you did to the last guy."

Xochi laughs, "That's right, don't mess." She's laying on the hard floor while Paul sits on a box at her head. "How bout you fool, you never tell me about your conquests."

"What conquests?"

"You know the ladies are all over you."

"I've conquered some good books lately."

"Yeah right. What girl wouldn't want to be wooed by a freckly white boy with a stupid grin and that enticing personal aroma, like, somewhere between curry and warm fish sticks?"

"Calm down, saddlebags." Paul's grin falters a little when he sees her reaction. Too far. He knows vaguely what's going on with her. She mentions her "rocks of shame" from time to time. The outline of her nephrostomy bags are sometimes visible underneath her clothes, despite her wardrobe talent. He even saw them strapped to her side one time when she was trying on sweaters in the back. It was almost as if she wanted him to see the absurdity of her existence. Every animal on the planet instinctively knows how to piss, but her urine comes out through clear plastic tubing into sterile plastic bags, which she empties into the toilet on her breaks. And if she doesn't keep everything super clean, she'll end up back in the hospital. Shit, even if she's meticulous, it's bound to happen eventually. She feels like some twisted cyborg, only instead of an upgrade she got a downgrade. Is this the future?

Xochi sits up, turns around, and looks Paul dead in the eye. "When I get these stones out I'm gonna shove 'em so far up your pee-hole that you have to get saddlebags, *pendejo*." They have a good, hard laugh. After a minute, she gets up slowly to go back to work, pausing to give him her best look-of-death and hold up her backhand.

No acute events overnight. Patient is alert and oriented this morning, in no acute distress. She rates her pain four out of ten, unchanged from yesterday. Her urine continues to be cloudy on the left, no visible blood. IR scheduled her for two o'clock to change her tubes, and—

"No, you don't outrank me, I'm a senior resident. No, you owe us an explanation!" Kim's face is bright red as she talks on the phone with the urology resident. Her escalating voice makes it hard for me to focus on my presentation, and I know all the attention in the room is focused on her. I try to push on.

In terms of her plan, we're going to continue IV ceftriaxone with a plan to transition to oral antibiotics before we send her out. She'll get her procedure today, and then hopefully urology— well, she can follow up with urology I guess."

"I don't know what your job is, but our job is to get our patient what she needs, and you guys are stonewalling us. Yeah, I understand, but— Okay, well someone needs to come over here and talk to us. Yeah, Dr. Patel, our attending, she's here now, I know you're busy but someone just needs to come. Okay. Okay." Kim slams down the phone and throws up her hands. "He's gonna come, at some point, maybe. I swear to god—"

Dr. Patel places a calming hand on Kim's back. "Let's see our other patients first. Hopefully he'll show up sometime before 2020."

"So, let me tell you how this works," the urology resident says, standing in the doorway. He's a stocky South Asian bro with a bellowy voice and a cocky self-assurance. Total surgeon. "When she comes in with pyelo, yeah, we have to treat her," he explains. "But the urgent treatment is just antibiotics and new nephrostomy tubes. Surgery is not medically indicated at that point."

"Yeah, we know. And once she's ready for surgery it's no longer an emergency, and she's no

longer an inpatient," Kim cuts in. "We get it."

"Right, now we know it's not optimal—"

"Not optimal, it doesn't make any sense! It's costing the hospital more to keep her in this cycle than—"

"I know, I know, just let me finish. The urology department doesn't schedule charity cases, we're not allowed to. We just don't have the funding. But what we do is every fourth Thursday, we don't schedule any surgeries. If someone happens to come in that day who needs surgery, well, look at that."

"Am I understanding this right?" Dr. Patel asks. "You can't actually schedule her, but you can tell her a certain day, and if she comes in you'll do it?"

"Right, so what she would do, and you can tell her this—just don't tell admin—is come in to the ER complaining of flank pain, you know, say she's peeing blood. Basically act like these are new symptoms. We'll get them to admit her, and then we say, oh look, it's your lucky day, we happen to have an OR open."

I catch Kim's gaze. Her mouth is hanging open. "So when can she get this done?" she asks. "Cause I mean, think of what her life is like right now. It's just ridiculous."

"So, unfortunately, since we can only do this once a month, we actually have a waitlist."

"How many p—"

"Twelve patients ahead of her."

"And you do one case a month? Are you—"

"I'm sorry guys, I really gotta go, I have to get to the OR. I know, I know, trust me, I wish we could do more. You have to realize, I don't make the—"

"Yeah, yeah, we know. Thank you, you've been really helpful actually," Kim says in resignation. She's staring blankly at the table. We're all somehow stunned by the situation, even though we know how things work around here. The County decided to pull the plug on its only public hospital in the 1970s. It was ahead of its time, really. It set the trend, and the trend was to pretend the poor don't exist. Luckily, at that time the university was looking for a hospital for its medical school, so it took over the crappy little facility and turned it into a big, sprawling medical complex. Claiming to have a social mission—but without the funding to carry it out—the hospital has awkwardly straddled the line between safety-net and for-profit ever since. It has continued to be ahead of the game, though, in more recent trends like economic rationalizing and company branding. We've got a new logo on every white coat and a lot of showy palm trees out front, but our patient, who has been walking around for a year and a half with what seems like some Old Testament penitence inside her—two of them, actually—has to sneak in through the back door to get them out. And there's a line. I know the urology department is loaded, too. Each year they take the new med students to see their million-dollar-a-piece Da Vinci surgical robots. But I also know the resident is telling the truth: there's nothing else he can do. Doctors, no matter how cocky, are not in charge here.

"She's definitely not waiting twelve months," Dr. Patel assures us. "We'll get social work to see if they can get her emergency Medicaid. Otherwise, you know, there's always plan C."

When the door opens, Marcus jumps out of the bed quickly, flashing us an awkward smile. "Doctors," he says with a nod, before finding a chair in the corner and pulling out his phone. Xochi looks a bit embarrassed as she sits up in the hospital bed. Maybe we should have knocked a little louder before barging in, a flock of white coats here to interrogate.

"So, how was your procedure?" I ask.

"Fine."

"They got the tubes replaced okay? Are you in any pain?"

"Mmmm, a little bit." She looks from me to Kim, to Dr. Patel, then back to me. "It's not bad

though."

It's not good bedside manner to stand in a circle around her like this, but we do it all the time on rounds. Especially when the patient has something interesting to see or hear or feel—crackly lungs, a lumpy liver—we can't help but crowd around. When I go in to talk to patients on my own, I try to sit down and face them at eye level, as if the right spacial configuration can take the power out of the relationship. As if the fear, the alienation, and the disempowerment is all a matter of a certain arrangement of bodies, a certain angle to the gaze.

I sneak a look at Kim as I try to decide how to approach the next subject. "Xochi, do you have any family in Los Angeles?"

She's a bit taken aback. "Yeah, I got a cousin and an uncle. And my best friend, she's like family, she lives in East LA, like Monterey Park. Umm, why?"

Dr. Patel jumps in impatiently. "Did a social worker come to talk to you at all?"

"Yeah..."

"About getting Medicaid and all that? What did she say?"

"Well she had me fill out a form but said cause my condition isn't an emergency, it might take a long time for it to go through. And she said I should try to get insurance from work, but I already tried, back when all this started. I mean, my work insurance sucks, and they made me jump through all these hoops cause it was a pre-existing condition or whatever. I don't know, I don't think they would cover me for what I need, and I'm just—" She presses her fingers against her temples.

"I understand, these things can be really difficult," says Dr. Patel in her best soothing voice.

"I just don't know what to do," she says, tears welling up.

"Well, we've been talking about that with some of the other doctors." Dr. Patel looks at us, then back at Xochi. She explains the gist of what the urology resident told us.

"Ugh, that's just— I can't just—" Xochi is trying extremely hard not to explode at Dr. Patel, at all of us. She's squeezing her pillow with both hands, crushing its bones, twisting mercilessly, cutting off the oxygen to its brain.

"I know, hun, I agree, it's not good enough. And I'm not proud of the way the system works, honestly. The reason, uh, our med student—sorry, your name?"

"John," I say, flashing a smile.

"The reason John asked you if you have any family in LA County is that we don't have any county hospital here. If this hospital won't do it, there isn't really another option. But LA does have a county hospital—actually they have three. And they see patients who can't get the care they need anywhere else. Now, technically they're only for residents of LA County, and I wouldn't suggest this if there was another option, but—"

"So she can just go there and get it done?" Marcus asks from the corner. "Goddamn, why didn't I think of that?"

Xochi is trying to process all this. "Why didn't someone tell me? I mean— How do I—"

"Now, they do ask for proof of residency. This is off the record, but if you had some mail sent to your family member's house with your name on it, you could take that in to the hospital. They have some hoops of their own for you to jump through, but you should be able to get the surgery within a month, maybe two. I mean your condition is serious, and there's no medical reason — I mean I don't think they'll make you wait very long. They also have social workers there that can help you. Just remember, you live in LA, right?"

Xochi is quietly crying. She nods. Kim and Dr. Patel leave, and I stay to give her the discharge paperwork. She's annoyed, scared, tearful, confused – yet she's also visibly relieved, almost smiling. She already has her phone out, furiously texting as I drone on about her medications, but before I leave she pauses to look me in the eye. "Thank you," she says. It's an unusually genuine thank you—strong, bitter, and complex. It leaves a pleasant taste in my mouth as I walk back to the team room.

"You sure you don't want me to come in? That place is like a maze you know."
"No no, I got this."
"It's like a labyrinth, like that one with David Bowie, ya know? There's like trolls and stuff."
"Thank you for the ride, though, for real. Since my stupid cousin left me hangin'."
"Hey, no worries, brah. Next time I see you you'll be stone-free."
Xochi smiles. "Ugh, I guess you're, like, a pretty good guy."
Paul has already started playing air guitar. "Stone freeeee to do what I please—"
"Where do you think I should go after all this?"
"Stone freeeee to riide the breeze—"
"Where are you gonna go?"
"Stone freeeee baby I can't stay—"
"Hey! Dum dum! What are you even singing?"
"What, are you kidding me? It's Jimi Jim, the man, Jimi Hendrix! God, you're so uncultured."
"Well maybe if you didn't sing it like a freakin' howler monkey."
"I GOT TO GOT TO GOT TO GET AWAYYYY!" Now he starts really peeling out.
Xochi smiles wider and opens the car door. She holds out her fist, and Paul takes a split-second break from his shredding to give her a fist bump before she turns and walks away towards the hulking concrete mass that is LA County/USC.

Patient is a 28 year old Hispanic female with a history of bilateral obstructing renal calculi, bilateral indwelling nephrostomy, and multiple episodes of acute pyelonephritis, admitted for laparoscopic vs. open stone removal...

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