

The Kindness of Strangers

By Himali McInnes

My mum says that I almost died several times as a baby.

Maybe it just felt that way to her. Or maybe my lungs were sickly and filled with fluid too often.

I imagine myself back then, a small pale grub, stripped of clothing and lying on a hard cot, being prodded back to life by junior staff. My tiny rib-cage pliable with the urgent need to breath. Wheeze wheeze crackle cough. The light probably flickering and fluorescent; the ward smelling as all wards do, ammoniacally antiseptic, whiffed about with tiredness and uncertainty.

We lived in Malaysia from the time I was one till age eight. One day my mum, pushing me in a pram, slipped down a steep embankment in Kuala Lumpur. She fell into a large open drain, swollen with torrential rain and flooded with frogs. She could not swim, and neither could I. She says she held me up high and kept her footing till help arrived.

Did I get pneumonia then, sodden with a city's run-off? Her memory is vague on details, but heightened with the emotion of the episode. She is glad that strangers stepped in and pulled us out.

My lungs may as well have sprouted from my achilles. They have, my whole life, felt like the leak in my dam, the porous stones of my embattlements. My other systems have always felt like the normal cousins to my chicken-legged respiratory tract.

Growing up in Malaysia, with a brief stint back in Sri Lanka, and then escaping the civil war and riots by heading to Papua New Guinea, meant probable exposure to multiple food-borne pathogens. Yet I could happily joke about my proverbial cast-iron stomach, for I rarely suffered tummy bugs as a child. My skin is dryish and mostly spot-free. I have strongish bones, strong shoulders and good eyesight. But my sinuses and lungs repeatedly succumb to almost ridiculous sickliness. The merest hint of an invasion and the ramparts fall down, domino-fashion.

Living in the tropics may have ameliorated alveoli a little. The cloying humidity, the atmosphere charged with aerosolised monsoon spray, the crackle of ions after lightning strike. Certainly the asthma worsened steeply when I moved to New Zealand as a fifteen year old.

In high school I had an Intal puffer, the white powder inhaled and coating my throat with small plasticated motes. Running cross country I knew I would always be last. I was the child who could only blow balloons up halfway, so I would volunteer to tie them instead.

Swimming, even today, feels like a lesson in endurance. Holding my breath. Scant oxygen used up by churning arms and legs, then panic, gasping for air. Freestyle converted to doggy paddle so I can hold my head above water. My lungs have unfortunately destined me to be a hydrophobic Aquarian.

In medical school, winter would herald the onset of a hacking, bronchiectatic cough. I'd sit up high in the back rows of the lecture theatre, and watch as the heads of other budding doctors turned to stare, eyelids flickering as they scanned through their internal slide show of diagnoses.

Encounters with medical staff have changed as I have gotten older. As a teenager, I wanted my family doctor to simply tell me what I needed to do. I wanted an absence of choice, just safe obeisance. My current GP is younger than me, and kind, but I do sometimes yearn for her to take charge of my consult a *little* more. To know more than me. To startle me with insights unthought of. To say, decisively, that this is what we should do. I stay with her because I sense she cares, and she is thorough.

Increasingly, I wonder if the intangible quality that sets apart a competent doctor from an extra-ordinary one, might be kindness. Maya Angelou, the polymath African-American poet, dancer and civil rights activist, famously said: 'I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.' The simple truth of this reverberates through the rhythms of my own general practice consults. Being kind, being aware of the humanity of the other, is something to remind myself of daily.

Becoming a patient is fraught with uncertainty. The balance of power rests with the person wearing the white coat. That coat is mostly not visible these days, but it still wields a powerful presence. There is always the risk that the patient's thoughts, needs, and fears could be swamped. It is a balance, a see-saw act, of giving advice, of listening, and encouraging the patient to make decisions.

Being a doctor who becomes a patient is no different. The medical staff you see can be brusque and brush you off. They can decline requests at a whim, because they are tired and hungry and want to go to lunch. Those that do acknowledge you as a whole person seem to heal in liminal and more effective ways.

Somewhere in the continuum of life, I have morphed from a person who ignores symptoms, to someone who is all too aware of her internal milieu. Now I subject myself to too many investigations, in the hope of nipping issues in infancy before they mutate and uglify. And so I have been a patient a few times, and each time the experience has been different.

A bloated and painful tummy was initially ignored by me for some years. One day at work I was in such pain I had difficulty leveraging myself out of my chair to call the next patient in. Cue a visit to the GP.

I was sent off to see a gastroenterologist. Mine was the first appointment of her day. The light outside was weak and wintry, the waiting room had a musty overnight smell, and rustled with

magazine pages. The gastroenterologist seemed edgy, out of kilter in an undefinable way, snapping out words half-chewed.

‘No, no, no!’

The words erupted from her lips upon hearing that I ate breakfast late. A plosive irritated admonition, parental and impatient.

I was taken aback. She carried on with the consult, but remained edgy.

Later, I tried to pickaxe my way into her mind. Possibly she was having a bad morning. She may have had an argument with her partner. Or she may have crawled through traffic to get to the outpatients’ department. I’ll never know.

The other specialist I had to see was for unexplained fertility issues. As his patient, I had a sense of automation, of being simply flesh on a rotating drum, devoid of a life history, a personality, and hopes and fears. Not to say that all fertility specialists were like this; there were several who treated me with great kindness. The life-and-death tumult of fertility treatment echoes the emotions and helplessness that are felt in many other patient circumstances. Incurable brain tumours. A child bruised with leukaemia. A spouse whose mind is lost in fog, and who is a walking shell of their former vibrant selves.

There’s a film I remember seeing. It is set in a remote coastal New Zealand community. There is a small girl, playing with a friend in a junkyard. They are inside an old chest freezer when she suffers an asthma attack. Her friend rushes off to try and get help. The girl sinks down inside the freezer, struggling to breathe. There is the sound of the ocean, louder and louder, drowning out her breathing. Then finally her last breath.

It feels so familiar, this scene. I dreamt once that I was being buried alive, a large hole had been dug in the ground for me and the first spadeful of dirt was about to be thrown. Dust in nostrils, throat constricted. I felt I could not breathe. I woke up with a wheezy tight chest.

Being a family doctor means a roll-call of different viruses are weekly sneezed and coughed onto my face at close range. This full frontal facial assault is perhaps excusable in a two year old patient; much less so in adults. The tiny particles infiltrate my mucosal lining and within a day or so I will feel that all too familiar wheeze and tightness of chest. The corset not external but internal, woven of threads of inflamed airways and strings of mucus. A medieval weapon of torture that is largely invisible to external observers, but that leaves the wearer feeling exhausted and foggy-headed.

Last year I developed the worst chest infection I have ever had. It started with a burning feeling travelling down my chest just behind the sternum. It was late on a Wednesday afternoon as I sat in my office, and I thought ‘how odd.’ That night I found it hard to sleep, and had to do so propped up. The next morning saw me awaken with hastened breath, an in and out cycling much more rapid than normal, and audible wheeze and crackles. That infection

took two courses of antibiotics and two lots of prednisone before it finally dug its talons out of my bronchial tree.

I have since been sent to see a respiratory physician and done lung function tests, to delineate the constant battle for breath I feel. As if my lungs can only inhale to half their capacity; the rest is full of fluid. As if in my waking, walking, running state, those clods of earth reach out from that dream and spray into my nostrils and down my trachea, suffocating and corseting and causing me to stop and wheeze and catch my breath. The physician was polite, extremely thorough, and personable. I felt myself to be in very good hands.

The lung function tests and the CT chest were all normal. At the follow-up appointment, I caught a fleeting appraising glimpse from the physician. He may have been wondering if I was wasting his time. I was wondering that myself, except I knew that the dyspnoea I felt was all too real. We pinpointed exercise as the most frequent trigger, together with the profusion of privet and other allergens on public streets. He prescribed montelukast. So far, so good, although I still wheeze when I run. I have made it a goal to push through the shortness of breath and, in the words of an old lady I used to know, 'get on with it.'

Old age will be a different ball game altogether. The power balance will have swung definitely away from me, as a patient/neighbour/stranger, and towards whomever I am interacting with. We all try to stave off old age in different ways. Denial, pointing out how much older than ourselves others are, pills and potions. So when joints start to rust, and rotator cuffs calcify and creak, there must be a passage to acceptance of life's inevitabilities. Photos of Helen Mirren looking incredible in a red bikini in her 70s are not instructive or helpful at this point. The art of growing older and maintaining as much vitality as possible, however, interests me greatly.

Not having children makes me wonder if my husband and I will be lonely and vulnerable in our dotage. Then I consider the septuagenarian who I visit as a volunteer for Age Concern. She does have children, but that didn't prevent her from suffering a fall and various sequelae. And although her children seem dutiful enough, visiting her when they can, it does not stave off her overwhelming sense of loneliness. She lives by herself, in a state house, and is subject to possible rent increases and instability. There are rats in the garden - a tsunami of them sprouted in the recent heat wave. And during that wild storm that caused so much damage across so many cities, she was bereft of power and heat, alone and shivering, teeth chattering, until a daughter came and whisked her away. It highlighted how painfully dependent we are on others as we age.

So I work now on building up the kindness bank. On seeing others as people, and not just as a cracked bone or an ailing heart. On recognising that behind the self-destructive behaviour of excess alcohol or ignored medical advice, there is often a hurting person still stinging from the scars of life.

Sometimes it is as if the intangible exchanges, composed of smile and inclined listening head, or the touch of hand on shoulder to express sympathy, are as much medicine as the pills and diet advice I dispense. I try and quell my natural impatience in order to be still and simply

listen to peoples' stories. To feel connected to the other, to feel that someone cares - it means a lot to me when I am a patient myself.

It is hard to be the perfect doctor. Some days it is easier to not even try. Some days, my own humanity (tiredness, viraemic brain, busy-ness) butt up against a patient's humanity, and the outcome is less than desirable. On good days, I can focus my whole attention on each person, be cognisant of that unseen iceberg of needs and fears that floats underneath them, and be as kind as I can be.

Himali McInnes is a general practitioner who works in a busy clinic in Auckland, New Zealand's largest city. The clinic operates in a low socio-economic suburb with patients who have high health needs. Nonetheless, it is also a place of multiple small kindnesses and rich stories. McInnes is also a constant gardener, a beekeeper and a part-time vet to her pets. She enjoys writing essays, articles, short stories, and flash fiction, and occasionally tries to write poetry. She has been published in magazines, literary journals, online and a flash fiction anthology.