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NON-FICTION | SPRING 2016

## **THE BRIGHT SPECK**

By Dixon Yang

It was my turn to stay late and admit patients. “Mr. Sinha has arrived!” the charge nurse announced. Hoping for a straightforward history and physical, I looked through the scheduled list of admissions for the hematology/oncology floor. Non-small cell lung cancer, stage three. Not good. As I reviewed his charts, I noticed documentation of a “suspicious paraspinal lesion on PET”. His last oncology clinic note wrote in all caps to biopsy the lesion prior to admission. Despite its emphasis (and importance in determining his treatment and prognosis), the biopsy was not performed.

He was a pleasantly unusual person. I knocked on his door and found him sitting cross-legged in his freshly prepared bed. He was an Indian man wearing an oversized red Avengers t-shirt and faded plaid pajama pants. His frazzled dark hair was tied into a loose bun at the top of his head. He had a bit of graying stubble across his face and full cheeks that accentuated with his smile.

I introduced myself as the medical student on the team. He greeted me with a bright, joyful smile and addressed me as “doc” despite my many corrections. His voice was gentle with a slight accent worn down by many years in America. During the interview, he explained that this all began with chest pain a few months ago after playing basketball with his nephew. He thought nothing of it, believing it to be a muscle tear, but it never got better. He was shocked to learn of his diagnosis as he actually just quit smoking a few months before. “Yeah, you know, doc, I supposed the smoking caught up with me. Also working in that cigar shop too. But, it’s good they found it now so that I can get treated.” As I listened to his almost completely collapsed left lung, I could not share the same optimism.

The team reviewed the CT imaging the next morning during rounds. A huge mass encompassed the entire top half of his left lung, extending into his mediastinal structures. The attending leaned back in his chair as we sat in awkward silence and studied the screen. No one dared address the elephant in the room – rather the tiny orange blip appearing alongside his thoracic spine on the PET scan.

Finally, the attending asked incredulously, “Why was this not biopsied before?” “Insurance, sir,” I answered.

“Well, that’s a shame. These people without insurance are truly treated as second-class citizens. His five-year survival at stage three is about 20%, probably lower because of how large his tumor is. However, if this lesion is metastatic, which it likely is, his survival is practically zero. Does he understand this?”

I shook my head explaining that he seemed too optimistic and spoke as if he would leave the hospital in his usual state of health. “We’re going to need that biopsy,” the attending remarked as we stood up to start making our way around the unit. |

After a brief introduction, the attending dived right into his diagnosis. He stood directly to the side of Mr. Sinha, white coat buttoned up, hands folded, and carefully described the importance of the biopsy. If there were no metastasis, we would continue with current admission plans for concurrent chemotherapy and radiation to lungs, but if it turns out to be metastatic, we would step down with only outpatient chemotherapy. Mr. Sinha, sitting cross-legged, listened intently with wide eyes. Survival percentages never came up. We left the room with Mr. Sinha’s deference to our clinical knowledge as a guide to his treatment. I could not tell if he understood what stepping down the treatment truly meant.

He was placed on NPO at midnight in preparation for a CT guided biopsy tomorrow. I returned in the afternoon to let him know the plan. “Sounds good, doc. I think it could be a cyst. It’s not really bothering me at all, and in fact, I think it may have gotten smaller.” In my head, I recalled the brightness of the speck on his scan and the high SUV units. A cyst would not appear that way, but I only replied, “We hope the best for you.” He warmly shook my hand with both hands.

Mr. Sinha patiently waited, but by late afternoon, a backlog of more pressing procedures bumped him to tomorrow. We apologized profusely for starving him for nothing. Fortunately, his friends kept him company during the day with board games. They shared similar welcoming smiles. Nostalgia filled the dimly lit room as if they had been reminiscing on fond memories together. Jokingly, Mr. Sinha said that he needed to lose some weight anyway. We explained the same things as yesterday to his friends and somehow the conversation steered to football. Again, no mention on the severity of his disease, and before long we left Mr. Sinha with his friends in good spirits.

The next morning before rounds, I stopped by to let Mr. Sinha know that we’ve been

reassured the biopsy will be around 2pm and we will continue to dial their scheduler to make sure. Despite not eating and waiting, he gave me a full smile. “Thanks, doc. Hey, by the way, you like football? I was thinking when I’m done with this whole thing, I would treat you to a game and beers.” I thanked him for his generosity and quickly excused myself to take care of other work. Someone needs to be explicit with him, I thought, he deserves that much.

At rounds, we adopted the same speech. It had become routine. The team quickly hustled out of the room to the next patient. As I took a few steps away from the bed, Mr. Sinha grabbed my arm. I swung my gaze around in surprise. He looked up with a concerned expression.

“Is it serious, doc?”

My mind raced. What do I say? Do I defer to my residents? Is it my place to tell him the truth? How much do I tell him? It seemed like forever as I looked at him in the eye trying to get some clue to an appropriate response. I finally opened my mouth and mustered: “Yes.”

By the look in his eyes, I could tell his heart sank. The light and brightness on his face seem smothered. He looked down to his bed and his voiced trailed off as he said, “I think it really could be a cyst.”

“We’re going to do everything we can for you.”

He started sniffing and my heart sank too. “Are you okay?” I put my hand on his shoulder. He looked up at me with tearful eyes, “Yeah, doc. Thanks for all your help.” He abruptly lay back down on his left side with his back facing me as if embarrassed. I didn’t know what else to say so I rejoined the team.

I suppose my feelings were easily read on my face, as my team asked if there was anything wrong. “Of course not, who’s this next patient again?” But, I wasn’t listening and couldn’t pay attention for the rest of rounds. I spent the rest of the day in a daze wondering if I had done something terrible.

It was my turn to leave early for the weekend. As I checked out, Mr. Sinha was still in the OR for his biopsy. The results would arrive tomorrow when I was off work. I debated paying him a visit tomorrow anyway to see how he was doing, but dissuaded myself. I was intimidated and afraid. That bright speck near his spine would surely deliver him bad news, and I wasn’t sure how much I could offer him as a student. Returning to work from the

weekend, I opened up the patient census and felt regret. His name no longer appeared on the list and another name had taken his place.

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