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FICTION | SPRING 2016

## Your Father's Heart

By Malgorzata Nowaczyk

“I was the gold medalist in my medical school class, you know?” Brown says. Twenty-three years ago and he has nothing else since to brag about? You crack a smile just as you realize that he is dead serious. Myopic eyes drill into you, pale blue beads behind his thick lenses. He wears an impeccable, starched white coat, his name embroidered on the chest pocket; a fat gold Rolex shines on his skinny wrist. He steepled his long fingers together as he crosses his legs exposing long pink calves. Yes, you know. He is a world-leader in thrombosis, you are one of six clinical clerks starting a rotation in internal medicine during your last year of medical school. Once a contender in the medal race yourself, you thought that a gold medalist should make an easy marker. Who but a medalist should understand the desire for good marks? “Forget it,” Peter told you when you shared your theory with him. “He marks people down because he can. He’s brutal.” Not fair, you thought. Why begrudge a few marks if he’s already arrived?

And here he is: your supervising attending for the next four weeks. Also the longstanding ward chief, he reminds you all. This rotation is not your first choice. When you took time off after the third year of medical school you were told in no uncertain terms that there were no guarantees that you would be readmitted. Ever. You did it anyway, terrified, and in spite of your parents’ pleas. If nobody failed or dropped out in the year behind, you would have to wait another year. You will dream about getting back into medical school for years to come, but now you are just happy to take the first available rotation, landing at the toughest hospital.

It’s the last week of September. Since June, when clerkship started, you have rotated through obstetrics, ear-nose-and-throat, and anesthesia and done very well. In pediatrics, your desired specialty, you scored a ninety. Not gold medalist material, but honors. That is all you want now – to graduate with honors. Ever since last year, when you saw Peter with the other honor graduates leading the convocation procession. You have showed up early and stayed late, did everything you were told to do and then some. But internal medicine, an eight-week rotation you’re starting, is the most brutal of the whole year.

Brown reviews the hospital hierarchy, again, and the orientation is over. He does not need to add that you, the clinical clerks, are at the bottom of the pile.

Your first night on call for medicine, 7PM. For the next thirteen hours you and the senior resident, Kulesha, are responsible for all the internal medicine admissions. Your second patient of the evening is Mr. B., a tall, gangly Hindu with chills and fever. His wife died of AIDS a year ago in Uganda; he is now living with his brother in the northern suburbs of

Toronto. His brown skin is ashen, cracked like a tropical river bottom after months of drought; it exudes a smell of toasted cumin. His hazel eyes burn in his emaciated face. His lips are dry and bleeding, the insides of his cheeks pitted with shallow grey craters; his breath smells like a sewer. Pity tinged with revulsion and fear flood your chest, but you have a job to do.

“He’s yours,” says Kulesha. “Full infectious work-up.” Detailed medical history, a complete physical including a rectal exam, blood work. An hour later Kulesha reviews your admission note and without changing anything scribbles his name under yours. Everybody loves your clinical notes, pertinent negatives and pertinent positives, a list of active problems arranged in order of significance, appropriate treatment plans. You write the admission orders. Kulesha has to co-sign them before they can be carried out.

You watch the nurse start an IV in Mr. B.’s forearm. What if she sticks herself? You hold your breath as she carefully inserts the intravenous cannula and dark blood flows back. Lethal blood, full of virus. When she’s finished, the nurse drops the used needles into the bright, stay-away-yellow sharps’ container.

On the fourth day of the rotation the two 4B medical teams go out for lunch to a Chinese restaurant near the hospital.

Brown chooses a seat across from you and spreads a thin paper napkin in his lap. Fragrant *dim sum* steam rises from the trolleys, fogging the red-faced waitresses, frizzing up their hair. At the other end of the table, the rest of the team argues whether the Leafs have a hope of going all the way this season. Will 1989 be the year?

“You’re Catholic, aren’t you?” Brown asks suddenly from behind his menu.

“Yes,” you blurt out, caught by surprise. He has no right to ask you, these questions are not allowed, but you’ve already given him what he wanted to hear. Your eyes dart to the copper “Prisoner of Conscience” bracelet on his right wrist: he has outed you.

The next weekend the phone rings in your dorm room. It’s 5:35AM, Saturday morning. What the... You’re not on call.

It’s your mother.

“Sophie, Dad’s going to the hospital. He woke up with that burning in his chest again.”

For weeks you have been trying to get your immigrant father to see his family doctor. A respected professional engineer in Poland, after six years of driving a green-and-orange Beck taxi he landed an assembly line job at McDonnell-Douglas. “I’m not your patient. It’s not *angina*, it’s my skin.” He rubbed his hand in a small circle just to the left of his sternum, not the typical clenched-fist-to-the-chest Levine sign that all students know by the second week of medical school. He fooled you.

Peter stirs next to you. He is visiting from London, where he’s started his neurosurgery residency. He is on call again today, starting at eight.

“My dad’s going to the ER. Chest pain.” Your own heart beats a crazy staccato rhythm in your chest – he’s having a heart attack, he’s going to die, he won’t see you graduate. It’s all your fault, you should’ve stayed in school last year.

As Peter speeds uptown along the empty morning streets, you tell him about your grandmother’s fatal heart attack at the age of sixty-one. Your father did not make it from the other side of Poland in time, even though he took the first available train. Her funeral: your cousin Renata howling at the graveside, your blind grandfather’s calling for his *babcinka*, your father’s face stony. You escape Peter’s hug in the parking lot. As the ER doors whoosh past you, you see your father sitting at the triage desk. You stifle a sob.

“My skin is burning, here,” you hear your father say and you roll your eyes.

“It’s chest pain,” you say to the nurse. “He’s had it for weeks.”

Even with chest pain he wouldn’t let your mother drive him. She stayed at home with your eleven-year-old sister. His racing pulse and his appearance – wan and shaking – get him onto a stretcher in the central bay of the emergency and hooked up to a heart monitor. “I’ll get the EKG machine,” the nurse rushes out. Your father’s face glistens in a film of sweat and his skin is ashen. His eyes are blue alarm beacons.

The EKG squiggles are unmistakable. Waves flood the pink millimeter graph paper, threatening to overturn the tiny boat of your father’s heart; flipped small currents flutter in the undertow. A plaque has exploded and blocked his left coronary artery. His heart flails like a fish out of water, gasping for oxygen. And you are powerless to change anything. If you could only reach into his chest, push through skin and muscle and ribs, scrape the vessels clean with your fingernails... You could fix it.

You tear the EKG sheet from the machine and march up to the physician sitting at the main desk.

“My dad’s having a heart attack. Why isn’t somebody doing something about it?”

He looks up from his charting – a big, soft teddy bear of a man, kind brown eyes filling his thick glasses – and barks back: “And who are you?”

“Just look at this. Please. I’m a medical student.”

The teddy glances at the printout in your hand and rises. He also knows that there is only so much time to make a difference.

Your father is already hooked to an IV and propped on the bed with oxygen prongs on his face. The nurse has a syringe ready. “Three milligrams morphine” the teddy bear says to her. Your father is smiling a tiny smile, summoning all his charm to wriggle out of this one.

“I don’t need all this, doctor. My daughter exaggerates. It’s not *angina*. It’s my skin,” his rough English with short vowels and a hard *g* is barely audible over the hiss of the oxygen.

”You’re having a heart attack.” There’s no arguing with the authority in the teddy bear’s voice. “I’m getting the cardiologist to see if we can get you some medicine to dissolve the clot.” Fear replaces pleading in your father’s eyes.

The cardiologist arrives within the hour. You learn more about streptomycin in the five minutes of talking to him than you have learned in med school. Your father says he understands the risks of stroke and of bleeding into the brain and of death; you don't. The infusion is started within the required time, but just. Your father finally admits that the pain woke him up at four in the morning and he thought that a hot shower might take the pain away. He took two. Disloyalty sitting heavy on your own chest, you tell the cardiologist about your father's drinking and they start him on sedatives to prevent DTs.

Your mother arrives with your twelve-year-old sister. You wish you could have a good cry on her shoulder, but she is hysterical. You need to be strong for her. Your sister is watching you both with your father's eyes.

You wake up at the bottom of a black well. Your heartbeat thumps in your belly, your arms are shaking. Darkness. A hard bed. A crisp smell of hospital laundry. A piercing noise battering your eardrums. You're not a patient. Your father is a patient. But not here. Where is here? 2:37. AM. You're on call. You went to bed twenty minutes ago. You slept?

You turn off the hysterical pager. You don't recognize the number on the green screen. You dial it.

"10E." You are not on call for 10E. "Mr. H. just had a run of vee-tach."

"A what?"

"A patient on your floor who's on cardiac telemetry had a run of a potentially fatal arrhythmia," says the nurse.

"What am I supposed to do about it?" It slips out.

"You're the doctor," the nurse hangs up. You stare at the phone. A jumbled list of antiarrhythmic drugs from first year pharmacology flashes in your mind illuminating nothing but fear. Your father needed antiarrhythmics when his heart rhythm started somersaulting eighteen hours after he was admitted to the ICU. But you can't give intravenous drugs.

You need help. Calling the ward senior for something that a clerk is supposed to handle means evaluation suicide. Marks are important. But is this one of those things? You decide that "useless" branded on the forehead is better than "dangerous." You dial the senior's pager.

"McIan." He sounds awake, thank god.

"Jeff, there's a man with vee-tach on my ward."

"Have you examined him?" History and physical, of course. Absurd, history and physical are not going to fix the arrhythmia, you need to know what to *do*. You need to fix it. You slouch off to the nurses' station – you were sleeping in a patient room down the hall. Your surgical greens pants trail on the floor. Your white coat is weighted down by drug compendia, tuning forks, ophthalmoscope, stethoscope. Your yellow name-tag hangs askew on your breast pocket, your ID picture shows somebody who looks like you, but ten years younger. Mr. H. is asleep in his bed, alive and well. When you wake him up his pulse races

to a hundred beats per minute. His blood pressure is normal and he is annoyed when you hook him up to the EKG machine.

Jeff arrives and reviews the EKG strip with you, pointing out the abnormally shaped wave complexes that pop up at irregular intervals, like speed bumps on a city street. Premature atrial contractions, a benign variant. Happens with fever or by itself, often during sleep. Mr. H. is not going to die on your watch. As Jeff teaches you about ventricular arrhythmias his pager wails twice. The third time he needs to go.

“Take it easy, Sophie,” he says as he leaves the floor.

“Fifty-eight year old woman admitted with a two day history of dizziness.” You’re presenting the previous night’s admissions on morning rounds. Eight patients have blurred into a many-headed hydra waving a laundry list of signs and symptoms. “She has a past history of cer., cerebellar..., celeberral latelar stroke.” Eight years in Canada and you still struggle with pronouncing *rs* and *ls* when they come in pairs or in sequence.

“Palarreroglam,” you mangle, “celebral.” Throw in a *w*, “jewelry”, and your speech becomes a fiery plane crash, ideas smoldering at your feet.

“Lateral cerebellar stroke,” Brown enunciates. “I though it took a certain level of intelligence to get into medical school,” he adds. Kulesha smirks. With English as my second language, I’ve always depended on the intelligence of strangers... You stop yourself in time, ashamed. They probably wouldn’t get the reference anyway.

Mr. B. has spiked a fever during the night. Two episodes of low-grade fever at 11:30 PM and 4:00 AM. You examined him both times. There is still no focus for his infection.

“Hectic fever. He needs a work-up for malaria. And for TB. He’ll need triple cultures again, a spinal tap and a bone marrow aspirate, his TB could be anywhere,” the infectious disease consultant weighs in. “With AIDS we need to think outside the box.”

After rounds, Kulesha takes you aside.

“You’ll do the spinal tap and the bone marrow aspirate. I showed you last week. It’s a great learning opportunity.” You have never done either of these procedures before, but “see one, do one, teach one.” You want to tell Kulesha to stuff it, to do the bloody procedures himself. He can stick himself with a lethal needle. But your mid-rotation evaluation is looming, you need to behave and do what you’re told.

“I’ll tell you what to do,” he says.

The nurse brings the procedure trays to Mr. B.’s room. You take clean gowns from the cart in the hallway and two packages of sterile gloves, size seven and nine. You hand the nines to Kulesha. He does not put them on. The nurse shuts the door to the room.

You scrub every finger with a rough green sponge that squirts sudsy brown iodine solution; you clean up to your elbows and down again. The nurse hands you a sterile towel. “Watch out,” Kulesha hisses: you have reached your bare hand over the open sterile tray. Your hands shake as you struggle with your gloves. I have to do this, you think. How am I supposed to do this?

You count in your head: two needles to inject the local anesthetic, a spinal tap needle with a stylet, and a trocar for the bone marrow aspirate. Five potentially lethal sharps. How are you going to do this?

The nurse turns Mr. B. onto his right side, and opens his gown at the back. The railway track of his spine extends from the neck to the sagging balloons of his buttocks; hip bones wing out on either side. You take a pink sponge on a plastic stick and dip it in the brown iodine soap: a raspberry Nanaimo bar. The soaped skin glistens alive, the rest is gray and flaky. You inject the area between the third and fourth lumbar vertebra with lidocaine. One needle down. You pick up the spinal tap needle, identify the boney landmarks, pierce the skin, feel the pop of the meninges, and remove the stylet. Once the water-clear spinal fluid is flowing, you breathe again. Two needles down.

“Good one, Sophie. Not a drop of blood,” Kulesha is looking over your shoulder. You collect the fluid in three more tubes, label them in order of collection, hand them to the nurse, remove the needle and put a bandage on the puncture site. Three needles down. You feel the fluid seep through the bandage. Only Mr. B.’s paper-thin skin and your healthy thick one separate you from a horrible, protracted death. Months of suffering with diarrhea and fevers, with cancer and pain, with loneliness and shame. No cure.

“Let’s see how good you are with that aspirate,” says Kulesha. Right, you’re only as good as your next procedure.

Mr. B. is turned onto his stomach. You walk to the other side of the bed and wash the skin over his left hip. Needle number three. As you inject the lidocaine you graze the iliac bone and Mr. B. bucks. The needle slips out from his body and gashes the thumb of your left glove. You gasp. Blood drains from your face. You back away from the bed, holding the syringe as far away from you as possible.

“What?” asks Kulesha.

“I almost stuck myself with the needle.”

“Clean or dirty?”

“Dirty.”

Kulesha swears. He yanks you away from the bed by the elbow, sterile fields shot to hell. He pulls on a gown, scrubs his hands, and slaps gloves on. Now he has to risk himself rather than use a clueless medical student. His face contorted, he finishes the lidocaine injection. Mr. B. groans as Kulesha pushes the trocar through the bone. He pulls back the plunger and the syringe fills with thick, black-red pudding. He discards the needles and the trocar in the sharps’ container, hands you the syringe, and stomps out of the room. The nurse lowers the bed and covers Mr. B. with thick yellow blankets.

Kulesha is talking rapidly on the phone at the nurses’ station when you come out. Brown arrives five minutes later.

“What were you trying to prove?!” Brown barks. You gasp, stunned by the attack, you feel your face blanch and your heart stumble in your chest.

Everybody at the nurses' station is listening: the nurses, the residents from the other team, clinical clerks, the patients out in the hall; by now they all know that you have almost stuck yourself with an AIDS-infected needle.

"If you don't know how to do something, keep away!" Brown snaps with finality. Kulesha says nothing.

The next day you approach Brown after morning rounds.

"Dr. Brown, my father's having a cardiac catheterization at the Western. I'd like to be with him. He had a heart attack two weeks ago ..."

"I heard. What are you going to do there? This is your work. When my younger son was five and being investigated for meningitis do you know where I was? Right here." His eyes narrow as he stares down at you.

He actually believes that he is right. I've died and gone to *House of God*, you think.

Your rotation is half done. You've lost five pounds, you live in your surgical greens and you have stopped wearing make-up. Your father's angiogram has shown a left ventricular aneurysm. A poor prognosis for recovery, a kindly consultant cardiologist you cornered on the ward has explained to you yesterday.

Kulesha walks out of the clean utility room.

"You want to know your mark?" he asks in a low voice.

"Yes," a steel fist grabs your stomach. You hate getting your marks, ever since premed when every percentage point counted.

"The staff met at lunch today. You did OK. With your dad and all. That needle mishap sure didn't help. Mid-seventy or so."

There was a time when you considered this a failure. Failure to ace it – you used to say.

"Thanks. He's home now." Your father came back home yesterday, his pants hanging loose from his belt, his cheeks pink under the purple pools of fatigue around his eyes. He hardly spoke in the car and went straight to his bedroom when you got back to the apartment. Kulesha stares at you for a moment, his forehead wrinkled.

"Oh, you mean your father," he says and walks away.

"You asked Kulesha to give you your evaluation?" Brown corners you by the elevator, his voice quiet, menacing. "I give the evaluations here."

"I didn't ask him. He came up to me this morning and offered..."

"That's not what he said."

You open your mouth, but stop yourself. No point pissing him off. This mark is only a third of your evaluation. A new attending and a new senior resident start on Monday. You can still do it – mathematically speaking. What you don't realize is that your mark was decided at lunch in that Chinese restaurant a month ago.

Brown's cheeks dimple, and he produces a tiny smile.

That evening you go home. It means a long early commute the next morning, but you want to spend as much time with your father as you can.

“You don’t have to worry so much,” he says as you wash the dishes after dinner. “I’ll be OK. Just study well. I’m so proud of you.”

He’s just saying that, you think.

“I didn’t do so well on the first part of this rotation. I got a B. Not honors.”

“What is ‘honors’?”

“As, marks above eighty. I want to graduate with honors.”

“Why?” he sounds genuinely puzzled.

What kind of question is that? You go for honors because you want to show what you are worth. That you can succeed in spite of your mispronunciations and a foreign last name.

“You’ve always been so ambitious. From first grade, you’d cry if you didn’t get an A+. You don’t need it any more.”

He doesn’t know how important marks are when your attendings aren’t your parents’ friends whom you’ve known since you were a child; how dozens of candidates apply from around the world for the eight pediatric residency positions you want; how your Lacoste-wearing classmates didn’t arrive in Canada as a family of four with fifty dollars in the unfathomable emptiness of the father’s wallet. You can’t tell him that.

Barb, your new senior resident, is earnest and competent. Like everybody else she knows about your father, but unlike everybody else she asks how you are doing. She laughs easily, a clear, tinkling laugh, not the sycophantic cackling of the male residents. She knows exactly what is going on: “Kulesha loses to Brown at squash every Tuesday morning.”

“What’s this, a sewing circle?” Brown asks when he sees you together for the first time. You three are the only all-female team in the hospital: Barb, Alison – the new junior resident, and you. Although not on service anymore, Brown pops up on the ward, a liege surveying his domain. One rainy and blustery November afternoon he enters the nurses’ station where you and Barb are charting. Barb has just finished a spinal tap on Mrs. W.; her long blond ponytail is caught under her white coat. Brown comes behind her and reaches to either side of Barb’s neck, looping his long fingers under her hair and slowly pulling it from the coat. Barb’s back is rigid. Her pen stops moving across the page.

“Better?” He pats her on the shoulder and walks out. Barb looks at you, her silence screaming.

On the fifth weekend of the rotation the housestaff are invited to the Browns’ house for a Saturday dinner. Work parties are not only oxymoronic, they are also immoral, you think. They take up your precious free time. But there is no excuse – even the housestaff on-call attend, let alone a lowly clerk on her weekend off. You go, you listen to Brown brag about his timing in buying up a collection of a Native Canadian artist just after he committed



suicide – he was doing a rotation up in Sioux Lookout; you praise Mrs. Brown’s unimaginative, salt-and-pepper cooking; you are bored out of your skull.

You get home around 10 pm. Your father is sitting on the couch in the living room talking to Jacek, his university friend who has recently arrived in Canada and who is already talking about going back. Your mother glares at you when she brings in the teapot from the kitchen.

“I had to go to a party at my boss’s.”

“Was it his birthday, too?” asks Jacek.

Shit! Your father turned fifty today. You stare at him, speechless; your face and neck hot with shame. He smiles and nods: “It’s OK,” his blue eyes are saying. You rush over and hug him, and you stay by his side for the rest of the evening.

It would have been a perfect excuse not to go to Brown’s party.

Mr. B.’s brother approaches you in the hallway and hands you a note.

“My brother wants you to have this.”

You expect a thank you card, a note of gratitude for all you have done for him. You take the paper from his hand and unfold it: the note is covered with Hindi writing, edge to edge.

“I cannot read this,” you say and smile.

“It says: ‘I just want you to fix my mouth. I came to the hospital because of my mouth. I cannot drink, I cannot swallow. Stop doing all these tests, I do not want them anymore.’” Mr. B.’s brother studies your face as he speaks. You feel your cheeks grow hot. By now, you are the only one that touches Mr. B. You go into his room every morning, check his pulse and blood pressure. He never speaks to you. You should have thought about his mouth care.

You clear your throat and blink. Why is Mr. B.’s brother smiling?

“I will take care of this.” You go back to the nursing station and stare out the window at the first snowflakes of the season blurring the buildings in the opaque light of the morning.

Barb recommends an idiot-proof on-call manual and you memorize the approaches to common inpatient problems. No more middle-of-the-night confusion about how to evaluate an arrhythmia or manage urine retention. With Barb’s guidance you perform spinal taps and arterial stabs, but not on AIDS patients; those Barb does herself. You learn things from Barb painlessly, by osmosis. You gain confidence. You study for the final exam with the determination of a miner staring down a rock face.

The final oral is on the last Friday of the rotation. You meet the examiners at 9 AM: a nondescript endocrinologist and a general internist with a handlebar moustache and a bunch of keys attached to the belt loops of his black jeans. They watch you interview and examine the patient: a Latvian grandfather of three with a mop of grey hair and a kind smile. He is older than your father; he went to the hospital with the first twinge of chest

pain, no permanent damage to his heart. “The patient is a 66 year-old male with a recent history of a myocardial infarction admitted for percutaneous balloon angioplasty of left main coronary artery.” Questions follow: What is the first line of treatment for acute myocardial infarction? Morphine and oxygen all those weeks ago. How do you evaluate cardiac muscle function after an MI? An angiogram that you did not see. How long is the recovery from an MI and how is the patient rehabilitated? Cardiac rehab classes and a low-fat, bland Canadian diet, a readjustment for the whole family. No more fatty *bigos*, no more Wiener *schnitzels*. They throw in some questions on chronic obstructive lung disease and on fluid management and it is over.

“Excellent,” says the general internal medicine attending ticking off boxes on his clipboard. “Eighty-five.” The endocrinologist nods.

You almost skip back to your ward. Barb tells you that you are professional and reliable, that your knowledge is impressive for a clerk, that it’s amazing how well you’ve done “considering everything.” She gives you a ninety for the second half of the rotation. You’ve done it! You’ll have honors in your medicine rotation!

At four that afternoon you meet Brown in his office to get your final mark.

“Great mark on the oral,” Brown says, sounding almost proud of you. “But it wasn’t enough to bring your mark up. Your final mark is seventy-eight.” You have calculated and recalculated your mark since this morning, in your head and with a calculator. He must have lowered your initial mark to sixty to get a seventy-eight overall. But it was a mid-seventy, Kulesha had said...

“Anything else?” This time he actually smiles.

And suddenly you just don’t care.

The long ward hallway is dim in the December afternoon dusk. Doors to patients’ rooms open on both sides. Mrs. S. sits in her bed, back from the surgical ward, her esophagus mending from a rupture during transesophageal echo; you made the diagnosis one evening when her neck puffed up. Next is the room where Mr. C. was before he went for resection of a frontal lobe glioblastoma – your exam showed right-sided leg weakness that the admitting team had missed, Kulesha was ecstatic that he could show McIan up. Mr. B. died in the room next to the stairwell, all the biopsies, needles and aspirates never curing his mouth ulcers.

There is lightness in your chest and limbs. Marks do not matter. You are bobbing on air like a balloon escaping a kid’s birthday party. Marks are arbitrary. You float up to the sky. Your knowledge and skills are rock solid. Your father is doing well and will be going back to work next week. You do not need marks. You are free.

The elevator dings.

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You are meeting Peter in the hospital library. After a year in London he is back at the Toronto hospital. He proposed on your birthday; your parents were ecstatic. They love him, their Canadian doctor son-in-law-to-be. You graduated medical school with honors overall – your pre-clerkship marks helped – but you did not get into pediatrics. You cried for two days, but you have already reapplied for next year.

The elevator door slides open and Brown steps out, holding the door for you.

“I hear you’re getting married. Congratulations.”

“Thank you.”

“To that Peter Lamonidis?”

“Yes.”

“You do know what Greeks like in bed, don’t you?”

You open your mouth to scream bloody invectives at him, you want to run down the hallways of the hospital and yell so that everybody knows what an asshole he is, you want him denounced and exposed. You do nothing. Your epiphany, your honors, your medical degree mean nothing. You need to finish your internship, secure your license, get into pediatrics. You let it go. Again.

The elevator door screams instead. Brown removes his hand and it closes on his smug smile.

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