

Dr. Ortega and the Fajita Man

By Richard B. Weinberg

“Oh, no! Not again!” moaned the endoscopy fellow upon answering his pager in the middle of GI Grand Rounds.

“Fajita Man?” someone ventured.

“Yeah, “Mr. Gutierrez is back in the ED again with another food impaction! I’ll go get the travel cart,” he said dejectedly. “Who’s the attending on call today?”

By now, everyone in our GI section knew Mr. Gutierrez quite well. He was a 91-year-old widower from Oaxaca who had come to live with his son. Aside from moderate dementia and having no teeth, he was otherwise in good health, with the exception of a distal esophageal stricture that had defied attempts at endoscopic dilation. As long as Mr. Gutierrez followed a mechanical soft diet, all was well. But he did not do that.

With increasing frequency, after his son left for work, Mr. Gutierrez would wander the barrio in search of a restaurant that served his favorite food: fajitas. There he would savor his forbidden meal until his esophagus was packed to the top with unmasticated meat, at which point he would start to choke. A 911 call, ambulance ride to our ED, and a stat page to the GI fellow on call would ensue. This was becoming a monthly event.

As the months went by, the hospital administration became increasingly frustrated and concerned because Mr. Gutierrez was uninsured and our endoscopic services were costing the hospital thousands of dollars in unreimbursed expenses. They sent a social worker to visit his home, but she reported back that Mr. Gutierrez was well cared for by his son and appeared to be quite happy; otherwise, she had no brilliant ideas about how to stop his fajita forays. “Do something!” the administration implored the GI section.

So we arranged a meeting with Mr. Gutierrez’s son. He told us he had tried to stop his father from wandering off by locking the doors whenever he was not at home and even by hiring a sitter to watch him, but to no avail. “He can escape anything and anyone, just like Ayala,” he told us, referring to the famous Mexican illusionist who some compared to Houdini. “He’s got dentures, but he refuses to wear them, and begging him to stop eating fajitas is useless, because he can’t remember what happens when he eats them, let alone what I say from one minute to the next. And I can’t cut off his money, because he’s squirreled away cash all over the house.” Everyone was at a loss.

The next time Mr. Gutierrez appeared in the ED I was fortunate to be on call with the chief GI fellow, Carlos Francisco Ortega III, MD. A third-generation Hispanic physician, Dr. Ortega radiated a magnetic bonhomie that instantly made him everybody's best friend. Even as a resident, he looked like a prosperous private practitioner. He dressed impeccably, sported a large gold class ring, and drove a BMW M6, which he parked off site, lest our section head see a GI fellow driving a car that was much more expensive than his own. Dr. Ortega also proved to be an intuitively skilled endoscopist from the first day of his fellowship. In facing a fajita-filled esophagus, there was no one I would rather have standing by my side than Dr. Ortega (to tell the truth, I stood by his).

“¡Hola Señor Gutierrez!” Dr. Ortega warmly greeted our recurrent patient at his bedside. “¿Comiste fajitas otra vez?” (Did you eat fajitas again?) he asked gently.

“Sí, pero no están bajando.” (Yes, but they aren't going down),” Mr. Gutierrez replied, somewhat bewildered.

“No te preocupes. Te vamos a arreglar.” (Don't worry. We're going to fix you).

Sedation administered and scope in hand, “¡Traga!” Dr. Ortega exhorted, easily passed the endoscope, and set to work. Without recounting the gross technical details, let me assure you that of all the foods that can cause an esophageal impaction, fajitas are the worst. They are stringy, slippery, and frustratingly elusive to even the cleverest endoscopic foreign body removal device. A fajita dis-impaction can take hours.

Nonetheless, given Dr. Ortega's skill, we cleared Mr. Gutierrez's esophagus in record time. Once Mr. Gutierrez had awakened from sedation, I asked Dr. Ortega to question him in a vain attempt to discern the reason behind his repeated fajita transgressions.

“Señor Gutierrez, why do you keep eating fajitas?” Dr. Ortega inquired in Spanish. Mr. Gutierrez's exuberant reply made Dr. Ortega laugh out loud. “He says it's because they taste good! They're his favorite food!” Mr. Gutierrez nodded and smiled toothlessly.

Dr. Ortega chatted a bit more with Mr. Gutierrez and his son in rapid, animated Spanish, but he did not bother to translate the conversation for me. “I've got an idea,” he remarked as we were packing up the travel cart to return to the endoscopy unit.

Sometime later that year I was staffing an emergency consult in the ED with Dr. Ortega and casually remarked that no one had seen Mr. Gutierrez for months.

“Oh, I don't think he'll be coming back anymore,” he opined coyly.

“Why? Did he die?”

“No, I fixed the problem. After we did his last endoscopy, I asked him what his other favorite foods were. He told me that after fajitas, his favorite foods are dessert sweets like *flan*, *jericalla* and *arroz con leche*. I know his neighborhood pretty well, so one weekend I visited all the

restaurants and food vendors within a ten-mile radius of his house and gave them posters I printed up with a photo of him and the warning:

*If you see this man DO NOT SERVE HIM FAJITAS!
He is allergic to meat, and HE WILL DIE! Offer him a soft
dessert sweet instead, and call his son at 281-555-0154.*

“You gotta be kidding! That actually worked?” I asked incredulously.

“As far as I know, he hasn’t been back to the ED since. I visited him a couple of times to check up on him. He’s doing just fine. I brought him some of my mother’s *flan de naranja*, which he loves. He’s really a charming old man - he reminds me of my *Abuelo*.”

“This is beyond belief, Carlos! Have you told anyone else about this?”

“No, not yet. I wanted to make sure it worked first.”

“Well, maybe it’s time!”

When word finally circulated around the hospital about how Dr. Ortega “cured” the Fajita Man of his troublesome affliction, he became an instant legend. The ED staff presented him with a plaque that read “World’s Greatest Gastroenterologist”; the internal medicine house staff voted him “Clinician of the Year”; and the hospital administration arranged a special dinner at a five-star hotel for the entire GI Section as a token of their gratitude.

The evening was a grand affair, with a cocktail reception and a four-course sit-down dinner. We were not entirely surprised to see that the main course served was fajitas.

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