

Toe Talk

By Barbara West

On the registration slip I draw from my clear plastic bin on the waiting room wall, the receptionist has written “Hard of hearing! Gray sweater.” So I easily find him there, tucked in among the broken-boned horde of humanity spending their afternoon in the Ortho-Podiatry 2 waiting room.

I motion for Mr. Alvarado to follow me. Tiny, slow with his walker, his feet a little twisty, but they work. His son follows behind, blank-faced. I offer a bridge: apologize for running late.

As we creep past the reception desk and turn down the hallway, the son stops sharply and says his truck is parked so far out in the back lot that he’s going to start hiking there now. We’ll “probably be done” by the time he gets back, he says; he’ll meet us afterward by the side door. He’s gone.

Mr. Alvarado and I wander through the back-hallway maze, a comfortable silence settling between us. I get him seated in my throne of padded chair and hit the #3 pre-set button with the toe of my tennis shoe to give him the “elevator up.” The chair hums as it levitates, then stops once his feet reach the level of my hands. Folks almost always enjoy that and he does.

He has a good haircut—a flattop with an even fade on the sides, thick salt-and-gray hair standing straight up. As I turn to my computer, searching for clues left by his previous nail-care nurse, the upper left corner of my screen announces he’s a hundred-and-one. Now I’m even more impressed with his hair. I look back at him and scrutinize his eyes. The skin wraps tight and thin around the sockets, confirming his age. He’s one month younger than Grandma would have been if she were still alive, at the tail end of the World War II generation.

He peers back at me quietly through special glasses—thick circular lenses inset within thinner glass shaped to the frame’s corners. He’s waiting, patiently, for me to cut his toenails. I pull myself back into focus, put on my gloves, take off his shoes and socks and roll the metal tray bearing nippers, gauze and Q-tips under his heels.

I start off keeping conversation to a minimum, to avoid all the “Excuse me?” and “What did you say?” that can get frustrating for both parties when one of us is hard of hearing. I tell myself it’s OK to rest in this quiet moment, simply cut his toenails, without getting into all the details of his life, my life, his grandkids, how many great-grands, and where my son goes to college. But after awhile he starts talking, and it turns out he can mostly understand me, as long as I look up from his feet and speak slowly, right to his face.

He only has a few small calluses at the nail corners. His feet appear healthy: warm, with good color, quick capillary refill and palpable pulses. He has no history of wounds or amputations

and his toenails have only scattered, minor thickening, nothing ingrown. This will be my easiest case out of the eleven Medically Indicated Nail Care patients on my schedule today, but I find myself releasing the habitual hurry of clinic, slowing down to Mr. Alvarado's pace. There's a lot on his mind. As I pause my nippers again, looking up to respond, I try not to think about how many other patients might be in the waiting room. Instead, I imagine my next patient will be a no-show. There's something important going on here, even if I can't put my finger on it. I know it's nothing my manager would recognize, but I trust I can wrap it all up in the amount of time an average nail care case would take.

Mr. Alvarado's voice has a soothing, raspy quality. I can't detect a Spanish accent, yet he speaks more precisely than most native English speakers. After we've moved past the pleasantries, he asks matter-of-factly if our medical system has a "Right to Die" option. It takes some back-and-forth to clarify, but yes, if there's a physician-assisted suicide option, he wants it. At first I think he's bluffing, he seems too cheerful and comfortable to be done with this world. Plus, he's savvy enough to realize the limitations of my role as the nail care nurse. On the other hand, it's what I love about my job: Foot care is just-time-consuming-enough that patients get a chance to talk about whatever is on their minds, something that rarely happens in the ambulatory care setting. While I'm quietly focusing on toenails and calluses, a whole person may reveal himself.

"I don't think there is a Right-to-Die option for folks without a terminal illness, but I'll pass the message along to your primary care doctor [I'm obligated to report this and don't want Mr. Alvarado to be surprised]. On the other hand...there are ways to leave this world sooner...without so much fuss: Have you thought about stopping eating and drinking?"

"Takes too long," he says, immediately, definitively. He's been giving the issue serious thought.

We're quiet again for a little while.

Then, somehow, Mr. Alvarado starts talking about his burns. He shows me a grid of scar tissue, like a white net on a tan background, traveling from his left shoulder down his arm, a long ago skin graft. That one was from the war, when the Japanese bombed his group transporting POWs. I forget what the second burn was from; it had to do with his post-war civilian job. It was almost as bad as the first. He returns to the topic of war:

"People killing each other makes me so upset. War makes me so angry. And it's still going on."

"Yes," I say.

His family is all churchgoers, but not him. "If there was a God, how could he allow children to be raped?"

"Good point." I don't have an answer for that.

I cut his toenails some more in silence. Plenty of patients complain: about family members, the government, how hard it was to get this nail care appointment and how long it took to find parking. People even complain about themselves, how they fail to lose weight or get their blood sugar down. But complaint is absent here. Mr. Alvarado is genuinely engaged—with me and with himself, exploring. And, like me, it turns out he wants to be of service.

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I appreciate the “first, do no harm” of Hippocrates, but it’s rarely an option in my work. Every treatment carries some threat; most conversations risk offending. Doing nothing is often the riskiest. Even beyond the risks that attend every clinical decision, the amount of time I spend trying to help one patient eats into time available for the next. With Mr. Alvarado, I’m not anxious about the physical care I’m providing. The challenge is the conversation. Does he have a plan for harming himself?

“No, no, I would never do anything like that. I would only end my life if a doctor’s help was available.”

It turns out that Mr. Alvarado still reads the Bible some, “but it just doesn’t add up, this God who’s supposed to be good.” So they can’t get him to go to church anymore. He stays home by himself while they all go.

Aside from the general philosophical issues, he describes his specific existential problem:

“I just get up in the morning, manage to get dressed. My son gets me some coffee, which I appreciate. But that’s it. That’s it for the whole day. I can’t *do* anything. There’s no point.”

“You wish you could contribute somehow? Be of use?”

“*Yes!*” he says.

“Is there anything you enjoy?”

“Well yes, when my grandkids visit, I enjoy that. Also, when my pension checks come in.”

“Your pension check?”

“*Three* pension *checks!* One from the army, one from the state, one from the feds.” He likes it when the checks come in and he decides how to divvy up the money. But, “if you could have someone send me a brochure about Right-to-Die options, I’d really appreciate it.” He’s fine with being dead right now, just doesn’t want to go through a long lot of dying and suffering. “Seen enough of that.” I promise to pass the message along to his doctor.

He thanks me for cutting his toenails. Then, as I put his socks and shoes back on, he thanks me again, for taking the time to talk to him. As I elevator-down the chair, I sense a small shift

in the direction of comfort. I can't tell if the shift is within Mr. Alvarado or me. Perhaps it's somewhere between us.

Barbara West is a writer whose second book, a work-in-progress memoir *What the Others Are Here For (And What If I'm One of Them?)* explores tension between Christian/Buddhist directives to 'help others' and her 12-step program's directive to 'focus on yourself and stop bothering everyone else.' Her work has appeared in *Bellevue Literary Review*, *Another Chicago Magazine*, *the American Journal of Nursing*, *Shambhala Times*, and *Flying South*, among others. She lives in Corvallis, Oregon, where she works as a hospice nurse, having focused on wound/ostomy/continence and foot care for the past decade. For more on her writing, go to Barbara-West.com

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