

For Carl

By Barbara Gardner, MD

We were in my exam room, where I most always see my patients. This was probably the fourth or fifth time I'd seen Carl. He was always intense, yet despite his intensity, there was a softness to his eyes. I could imagine him having thoughtful discussions with his middle-school students. His voice was soft, but direct and clear and firm.

We finished talking about the latest tack his treatment would take, and for once he didn't seem to have an endless stream of questions.

Instead, he sat and thanked me for always taking the time to answer his questions, and said he really appreciated it, it made him feel well cared for.

I thanked him. If he only knew what a struggle it sometimes was for

me talking to him. He had a bad disease, a malignant brain tumor, and I certainly wanted to take good care of him. I had struggled to make it appear that I had all the time in the world to talk to him.

He subsequently died. The image of his tweed coat, his mustache, his clear gaze, and his words of thanks remain. ♦

Life Lesson

By Shawna L Swetech, RN

7:15 am. I am sitting at the nurse's station, getting report on my group of patients for the shift. Oh, no—this one is going to be a challenge: 55-year-old male, admitted with Stage IV decubitus ulcer and septicemia. History: paraplegic x23 years from a gunshot wound to the spine, with subsequent bilateral AKA, multiple surgeries, and colon cancer two years ago with colostomy placement. He has a suprapubic catheter, triple lumen central line catheter, extensive Q shift dressing changes, and is on bed rest in supine position only. God, how awful. I can't imagine any quality of life worth waking up to, day in and day out, after all of that. Life is hard enough as it is. Now, the poor soul has weeks of around-the-

clock antibiotics and more surgery to deal with.

8:15 am. I'm at the door to his room now, initial assessment time. Knock, knock, I say as I peek around the curtain, clipboard clutched against my chest. There, floating atop the fluid air mattress, is the upper half of a body: the entire lower portion of the bed is empty. I expect to see a man with a sad, broken spirit—or at least someone with a chronic, sour disposition, rightfully earned from all those years of misery. But no. An infectious smile quickly spreads across his face when he sees me. In fact, he exudes a palpable joy that radiates into the room like a warm light. I am stunned.

This man is not just my patient; today, he is my teacher. ♦



Barbara Gardner, MD, (right) has worked as a neurologist with PMG in Sacramento for 20 years, and is also doing work in palliative care. She is married with three children and has many outside interests, which she juggles with variable success.

Shawna L Swetech, RN, (not pictured) is a medical/surgical nurse at the KP Santa Rosa Medical Center. She has been studying and writing poetry for five years. Ms Swetech finds the magnificence of the human spirit a constant source of inspiration.