

“While you were *in* the pen? What did they stab you with?”

The exam over, I sit down in my chair by the corner of the desk, lean forward, my attention riveted as he draws a diagram and conjures up a scene straight out of an Al Pacino film. “A butter knife—filed down to a sharp point. Oh, yeah, they have all the tools of the trade there.” He explains to me how it was done—how a harmless butter knife could be turned into a weapon. You would think that, having worked at big city hospitals in Boston and Los Angeles, nothing would surprise me. It is hard to believe this guy is for real, but there are his scars as proof.

We proceed on to more prosaic matters, talking about needing reading glasses. I’m thinking that I’ve already heard all the surprises I could hear in thirty minutes when toward the end of the visit, he says, “I wish we had met under other circumstances, maybe had a cup of coffee.”

I quickly recover and say, “Well, thank you, I’ve enjoyed meeting you, too.” As I think back on this conversation, I take his remark as a compliment. He could have just been bullshitting or manipulating me, something that former addicts are prone to do; but I prefer to believe that he was responding to my having met him as a human being, having listened without judgment and accepted his telling of his story. Or maybe a little of both.

### Bad Arthritis—Good Attitude

Carol is forty-nine, smiling, and delighted to be here. She’s happy to finally be able to stop smoking heroin after a full year of using it to supplement the Vicodin from her rheumatologist and the Percocet from the pain management clinic for severe osteoarthritis of her hands.

“I’m pretty normal,” she says. “I just had to do something about this awful pain. I couldn’t do *anything*. I was sitting at home all day. I had quit taking my dog for walks. I couldn’t do anything I enjoyed anymore.”

“When was the last time you used heroin?” I ask.

“Yesterday night about 3 A.M., and I want it to be my very last!” Many patients spend their time with me whining about the withdrawal symptoms, the muscle aches, the sweats, the nausea, the slow rate of increase of their methadone dose. Not Carol—she’s grateful to be enrolled in the program, to have a chance to control her pain without

the insidious growing dependence upon narcotics. She welcomes every suggestion I have, which of course makes *me* feel good. I pull out my special stretching handout and spend extra time demonstrating some back stretches.

Why is Carol positive and open, while other patients are negative, unreachable, refusing to take responsibility? I know that the negativity and resistance come from all the adverse childhood experiences, poverty, abuse, or simply the length of time they have been addicted and the devastating consequences of addiction. We health professionals love the Carols of this world. They reinforce us, make us feel good, whereas others can make us feel as hopeless, discouraged, and angry as they feel themselves. But the angry and hopeless need our help as much as the positive and hopeful, probably more so.

I would like to always respond with as much empathy and compassion to a complaining or angry patient as to someone like Carol. But I know that I don’t. Some days I am frustrated or sad about something unrelated to that patient, or in pain myself, or just plain exhausted; and my state of mind and body affects my ability to be fully present with the patient. Despite my deep belief in the inherent worth and dignity of all individuals, I observe myself reacting in ways that are shocking to me. So I pause. I take a deep breath. I remind myself of the years of struggle and suffering of the person in front of me. And I reset my course.

*Names and identifying details have been changed to protect the identities of the patients.*

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