We give you the topic, you give us the essay. Leading off is retired country doctor A.E. Miller, who recalls the patient who helped make him the man he is today.

I was taught in med school that no prudent physician would treat his close friends or his own family. While that was good advice for Chicago, in rural Idaho it hasn’t always been an option. If it had been, I never would have seen Gus, who was easily the most memorable patient in my four decades as a country doctor.

In reality, Gus was “Dr. Gus.” He too was a country doctor — my senior by more than 30 years. In my own childhood, Dr. Gus sutured my lacerations, set my broken leg, and chased me down the hallway with a fat syringe of penicillin. When he had to do something that would hurt, he did it swiftly so the pain would quickly pass. He loved humor and you could mark his progress through the hospital by the laughter that followed him from room to room. On the other hand, Dr. Gus never shied away from unpleasant conversations — words that needed to be spoken aloud. He scolded me without mercy when I screwed up as an adolescent. Later, he would beam with pride when I told him I was accepted into medical school.

Now it was much later; I was the young doc in town and he was the old guy on the verge of retirement. Without knocking, he strolled through my office door. “I need a physical — a really good physical. Can you do it now?” he asked. I took this as a command, not a question.

He went directly to the point: “I can’t pee. My prostate is shutting down, and I know it’ll soon need fixing.” His real problem, however, was in the details. “We haven’t had a vacation for years, and I promised Betty a road trip through Mexico in the spring. Now she’s all excited, but I can’t drive 3,000 miles wearing a catheter bag. So I want to get this damn thing taken care of, pronto.”

I did the most thorough exam I had done since medical school. The only surprise was the lump beneath his left rib cage: an enlarged spleen, his only souvenir from a previously treated blood condition. As for his prostate problem, the gland was firm and enlarged with no infection and no sign of cancer — just what he hoped to hear. “You’re rougher than a cob!” he said. I’d heard that remark before, a time or two, but everyone agreed that old Doc Gus was much rougher than I.

Four days later Gus was wheeled into surgery. Aside from minor bleeding, things went off without a hitch. I spoke with him daily on the phone. His spirits were high, and he told Betty they wouldn’t need to postpone their trip to Mexico after all.

My telephone rang around 12:30 a.m. on March 18. It was Gus on the phone; his voice was weak and halted with every shallow breath. “I’m in trouble,” he said. “I’m sure I’ve ruptured my spleen, and they’re setting up for surgery, as soon as they find me the right blood type.” Would I come now, please, and would I drive Betty to the hospital? The call ended abruptly when his telephone dropped to the floor with a sharp, loud crack.

Forty minutes later Betty held Gus’s hand and dabbed the cool sweat from his forehead while I marched to the lab to donate a unit of blood. By 2 a.m. I was scrubbed into surgery, holding retractors for the surgeon. It looked like a hand grenade had exploded inside Gus’s belly — blood and blood clots were everywhere.

The surgeon did a masterful job, quickly snaking his fingers high up under the diaphragm and clasping the blood supply of the huge, battered spleen. Large clamps and heavy ligatures followed the path blazed by his fingers. Within minutes the spleen rested harmlessly in a steel basin on the nurse’s Mayo stand. All that remained was “cleaning house” in the belly and then closing the incision.

By 3 a.m., the recovery room notes said everything was dandy: patient alert, color good, vital signs normal, family visited, patient wisecracking with nurse. With a sigh of relief, I drove Betty home for a fast few hours of sleep.

Spring came early in 1969. The morning of March 18 was sunny with bright blue skies, and the first birds of summer chirped in the background as Betty and I returned to St. Anthony’s Hospital.
Halfway through the lobby I heard the subliminal click of an open microphone from the hospital speakers, then: code blue, ICU ... code blue, ICU. Pointing Betty to a couch in the waiting area I bounded the stairway, two steps at a time.

The scene in the intensive care unit was one of pure bedlam, and Gus once again was the star of the show. It didn’t take long to figure out what had gone wrong: fast pulse, blood pressures failing, and three different people stabbing frantically to find a vein. The hemorrhage had returned with a vengeance. Without hesitating I grabbed a scalpel and a hemostat from the bedside cart, made a barehanded slash across the distal tibia, and fished out the large, but empty, saphenous vein. With futile fluids running full bore, I returned to Betty and tried to explain that very bad things were happening.

Our masterful surgeon was a miserable communicator. “It should only be a few more minutes,” he said, “if you’d like to sit with him until it’s over.” Then he turned and retreated quickly through the side door of the waiting room. In the hour that followed we watched the fading rhythms of Gus’s dying heart; we gathered his belongings; we signed the stack of necessary forms; and we thanked the nurses. As our footsteps echoed down the empty corridor, Betty’s stoic silence suddenly dissolved into a primal scream.

“God damn you, Gus Miller,” she hissed, “How could you do this to me?”

Gus, my father, was dead, and Betty, my mother, had just uttered words I could not begin to fathom. Grasping for a proper answer, and finding none, I remembered the times I had avoided such conversations in the past. In truth, I was more like our ill-spoken surgeon than I cared to admit. Now, on the receiving end, I discovered what it felt like. From that day forward, the way I dealt with patients would never be the same. I would not send others to bear bad news. I would sit. I would talk. I would listen. I would look people in the eye. And I would not be ashamed when others saw my tears. Perhaps, I think, there is something to be learned when physicians must treat those persons closest to our hearts.

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