Dear Juan/From Your Inconsequential Doctor
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I am writing this letter because I want you to know that you have reached far beyond the Bronx, burnt and destroyed and then reborn, again. Your case was so complicated, filled with the injustices of the world. I was just a single doctor, unable to save you. Yet you have stayed with me, along with the truth that my patients come with immense medical and social problems, and it is often too late for me to do enough.

The night we first met, at 2 am, your name was on my list of patients to be admitted, and I methodically read through your chart, preparing to meet you. Your chart revealed that you had seen an attending physician in our department since the early 1990s, when you were diagnosed with AIDS. He had watched your CD4 count and viral load rise and fall, as you dabbled with antiretrovirals, heroin, and cocaine. His office visit notes documented the same stories over and over again, and I wondered how he had been able to maintain a persistent hope that things might always change for the next visit.

At some point, you developed a large abscess that spread across your chest wall, constantly draining putrid material. You had been treated with antibiotics, surgeries, and antiretrovirals, and had returned to cocaine. Your story left me frustrated by the overwhelming power of your addiction and the medical needs that had been superseded by drugs. Sitting in our resident team room, I felt inconsequential. If your beloved primary care physician had not been able to change the trajectory of your life and illness, I was sure that there was little that could be accomplished by our 2 am encounter.

As I continued to read, I learned that, somewhere along the way, you had injected drugs with your four brothers, and three of them had already died of AIDS, drugs, and poverty. I was heartbroken for you, as I realized how deeply AIDS was woven into your family’s story. I knew that any successful treatment plan would have to untangle you from this history, and I wasn’t sure that was possible or something that you wanted. When you finally arrived into my care, you lifted up your shirt and said, “Doc, ¡Mire! This thing…” And I was able to see where the story of your AIDS had left you. The odor of your wound was overpowering, and I willed my face into a neutral smile. We didn’t talk long, but I sat in our resident team room for hours, paralyzed by the immensity of your needs. I had realized that the surgeon sent you to the hospital for “nutrition optimization,” in the hopes that this would improve the chance of a successful skin graft. I ordered a nutrition consult and high-calorie puddings to supplement your meals. It was clear to me that what had led to your state of “poor nutrition” was nothing that I could fix.

On morning rounds, I presented your case and then stumbled home into the Bronx sunshine, finally burrowing myself into the deep comforters covering my bed. I always struggled to leave the stories of my patients behind when I left the hospital, and I stared at the ceiling, awake and wondering how your mother survived the sadness of losing three sons to social forces far beyond her control. When I returned to the hospital that evening, you had been discharged home, with a plan for high-calorie meals and follow-up with your primary care physician. Part of me was relieved that I would no longer have to face your reality. We knew we hadn’t changed anything, and I refocused my efforts on other patients with medical problems that I could more adequately address.

I eventually stopped thinking of you every day until, suddenly, you were back on our inpatient floor. This time, there was no plan for a skin graft or nutritional optimization or drug rehabilitation. You had come to the hospital to die. There was now a fistula—or passageway—from your chest wall to your lungs, so that

From Herbert Wertheim College of Medicine, Florida International University.
every time you took a breath, there was a high-pitched whistling sound that passed through your thorax. When I put my hand, gently, over your chest, I could feel a stream of air pass out of your body. Usually, this was my reassuring gesture of life and closeness, but your skin just felt sweaty and like plastic under my hand. By the time you made it up to our inpatient floor, you were barely speaking. In the ER, palliative care had been consulted in an effort to refocus treatment on your comfort, and you had signed DNR/DNI paperwork. So we gave you morphine to keep you comfortable. Your family came, and they couldn’t understand how it had gotten as bad as it was.

After 3 days, you died. Another resident and I pulled the chest tubes out of your cold, brittle body, as the nurses prepared to take you to the morgue. I tried to ignore the macabre gesture of removing you from all your tubes but, even in death, I was engulfed by the remnants of your humanity. I thought of how you died of a serious lung infection but how your death was far more complicated than that. You died of poverty and of a NYC borough that was forgotten as it was ravaged by drugs, violence, and AIDS.

I hope you see that your body was a jumble of symptoms and diseases that I tried to diagnose and treat. But they were not just yours. They—and therefore, you—were built from your surroundings: economic, political, environmental, cultural. Your illnesses were bigger than you, or me. You showed me how I must see both you and the complex injustices that created you. Despite watching you die, I know little about who you were and what you may have been. So when I think of you, I think not of what I knew of you, but of everything else.

Thank you.

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