

The person first

This essay is based on the winning entry from the UBC Faculty of Medicine Book Club's 2016 writing competition.

Trish Caddy, MD

The Family Room," the triage nurse said, nodding me in and handing me a crumpled scrap of something.

A receipt. Weird. I yawned and stuffed the paper in my pocket as I stepped into the windowless space. Stopping short, I saw her. Elise was young, deaf, and mute. She sat erect, clutching a cardboard tray in shaking hands. Waves of nausea were racking her, and her smooth, dark skin had a greenish cast. Her translator shook my hand. I had met many women by that time in those rooms with their faded couches, Kleenex boxes and dusty plants on dated sideboards.

Ms Caddy recently received her MD from the University of British Columbia and is excited to start her residency training in family medicine. Having forgone a creative writing degree to pursue biology, she attended Malaspina University-College (now Vancouver Island University) before earning her BSc in biology at the University of Victoria.

UBC Medicine's writing competition aims to encourage writing as a way to reflect and communicate, just as adjuvants boost the immune system in vaccines. The competition was open to all UBC medical students. The winning submission was selected by a panel of judges with literary experience and an interest in fostering the relationship between the written arts and medicine.

Rooms that were beepless and halogen-lit, trying to soften the blow of loss. I introduced myself, explained my role, and sat down. She looked at the ground, at the door.

I said, "I know you've told your story a hundred times tonight. It's okay. You don't have to tell me."

She started to tell me. Slowly at first, but soon, the ideas tumbled out and over each other as fast as her hands could form them. Pausing only once or twice, she would lift the tray to wrutch uselessly at the cardboard before setting it into her lap again.

"Nothing left," she signed, and sighed. She shifted her weight in her seat, and I noticed something odd about the way her movements translated themselves down her limbs.

Her insteps were slightly different shades, and I wondered at first if she had a rash.

Maybe a burn? Then, all at once, I realized that Elise's left leg was prosthetic.

The translator's voice became hers. I was an on-call support worker for survivors of sexualized violence. I was also 20 years old, a med school hopeful, technically prepared, and yet, not ready at all for what she would tell me.

That very morning, same as me, she had gotten out of bed, changed her clothes, and brushed her teeth. She stopped by a friend's house for coffee. Once inside, he barred the door. She

plunged into a nightmare. This person she had trusted threatened murder, then assaulted her. Try as she might, she found she couldn't overpower him, or even shout for help. Faced with no alternatives, she prayed he wouldn't kill her, and waited.

Afterwards, he cried and said he didn't know what to do; now it was over. She swore she'd never tell. She even told him she loved him. It was fine. She'd keep it quiet. He let her go, and she got herself to an Esso around the block. On the back of a receipt, she wrote to the cashier: "Call me an ambulance. Tell them no sirens." As she waited for paramedics, she wrote down the rest of her story for the nurse at triage.

In that job I had heard many nightmare stories, but hers hit me the hardest. Her courage was monolithic, butting up next to the giants of grief and fear, filling the room completely.

I felt useless, tiny, foolish. I thought, "Why am I here, in this stranger's nightmare, at 11:30 p.m. on a Friday? I shouldn't know these terrible things. Who am I to her?" She might have wondered all this, too. Her story told, I played my part, discussing prophylactic medication, hospital policy, police procedures. After all that, we still had time to kill before seeing the doctor. Maybe to lend the encounter some semblance of normalcy, we began to chat. She asked me about myself, and I answered.

Three older brothers, yes. Coffee with extra cream, no sugar. A job teaching med students pelvic exams. Surprised, she asked why anyone would ever sign up for a job like that. Smiling, I told her I loved to teach, but what I really wanted was to be a doctor, like my students would be. She frowned and wrinkled her nose. “I hate doctors,” she signed. “I’ve dealt with them all my life, and I hate them. I hate them.”

“... But why?”

She looked at me, incredulous.

“Because they don’t care. They don’t look at you and see a person, they see a problem. Especially me.”

She consented to a special, extensive pelvic exam that collects evidence in cases like hers. It was optional. I explained that pelvic exams don’t usually hurt, but that, in light of her injuries. . . . She nodded in haste that she understood as she signed her consent, determined. But she had turned from green to grey, frightened, despite herself.

Slamming down the pen, she turned briskly and asked if I would hold her hand. I felt myself pale. I had always waited down the hall as women were examined.

“Of course,” I said. Inside, my heart hammered. The blood in my ears was torrentially loud. Down the hall where I usually sat, the story she told me was safely sequestered by all my professional boundaries. But in the exam room. . . .

The nurse was ready for us. The curtain swung around, sealing us in. The day-surgery wing abandoned, we helped Elise to lay supine on the table and guided her foot and prosthetic to the footrests. Stupidly, I told her that I had two hands and could afford to have one broken. Her face blank and stony, she watched the translator as I spoke, but signed nothing. A knot in me tightened, somewhere.

It was a difficult exam. Elise crushed my fingers together, and

whipped her head around to seek my eyes. Nobody, before that moment, had ever fixed me with that look. Years later, I’d see it again and again in the eyes of soon-to-be mothers in labor, close to the end. That fear of death, the pain, and dread of pain, mingled with tears and a coarse resolve. Elise grit her teeth and stared through me, inside of me, holding on in desperation, a drowning woman adrift. Staring, clenching her jaw, refusing to stop the exam, it was clear she was taking me with her. I followed her down as far as a person who had never lived her life, who would never truly understand, could go. Her desperate grasp was counterpoint to everything her face beheld: gratitude, shades of dignity and pride in the corners of her mouth, and a deep, enduring sorrow ringing the sockets of her bloodshot eyes. Looking back at her, I was flooded with certainty.

This. This mattered. This was why, at 3:00 a.m., I was not fast asleep in my comfortable bed. This moment was why I wore that pager, and later, this one. Without any warning, a total stranger mattered in a way that deeply affirmed something shared, and resilient, between us. Its relation to bruises and bloodwork was only tangential. My eyes pricked with tears as I held that hand, that stare, that moment of deep and honest human, humane connection. This was the heart and soul that would drive the years of sleepless nights, on-call disasters, and overtime hours. The live, electric brilliance of that unguarded, understood moment had lit the way through an evening of hell.

I looked at Elise, surrounded by people she barely knew, on the very worst day of her very young life. Her hand in my hand, I said nothing. But then, and forevermore, I would see the person.

The person first, Elise. I promise.

BCMJ

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At home, my rainwater barrel is standing ready and my garden is looking good.

But my kids are still angry at me. They hate tomatoes.

—Lloyd Oppel, MD

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