

# Genuine Touch

Category: Stories

written by Jonathan Gotfried | May 13, 2011

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I was a medical student doing my fourth-year rotation on the oncology floor. The floor offered many new sights, and from the first, I was struck by the two mammoth massage chairs sitting in a corner at the end of the longest corridor.

Their exaggerated curves were plastered with jet-black *faux* leather adorned with stitching details. Long, smooth armrests of oak jutted out on either side. The remote control was a virtual supercomputer offering thousands of programs designed to enhance one's massaging pleasure—kneading, fast, pressure, heat, full-body massage. On either side of the plush headrest, strategically placed speakers would play soft classical music, drowning out the low hum of the motor that powered the massage. Proudly, the label on the back declared these to be “Genuine Touch” massage chairs.

“These chairs were purchased to make the patients' experience as comfortable and pain-free as possible,” explained my supervising physician on my first day there.

Other attempts to help ease stress and pain were everywhere. An acupuncturist sometimes joined the teams of doctors, nurses, therapists, psychologists and pastors. There was a daily prayer group, and teams dedicated solely to pain control. In a room aptly dubbed the “Shrine,” you could sit amid dimmed lights and black-and-white photographs of horses galloping along the beach as you inhaled the soothing scents of aromatherapy oils while listening to the sounds of crashing ocean waves.

There wasn't much time to process my experiences on the wards. It was my first time dealing with death close up, and I found the floor's demands—the notes, the tests, the patients' degree of sickness—far more grueling than those of the regular medicine floors. It wasn't too surprising that, after a day spent constantly on my feet, running here, there and back again, I began to find the massage chairs irresistible.

I developed a routine: At day's end, I would plop myself down into one of the behemoths, set it to deliver a fifteen-minute, full-body, high-power, deluxe-cycle massage, and luxuriate while finishing my patient notes. It was a great conclusion to a hard day's work.

Not until my second week in the rotation did it dawn on me that the oncology patients never used the massage chairs.

I sought to investigate, asking various patients why they didn't indulge. Their answers varied. Some patients didn't know the chairs existed; others didn't like massages. Most patients were too sick to get up out of their beds.

When I asked one woman if she wanted to go use the chair, she scoffed, "You think that's going to make me feel better?" Looking around her room, I noticed that it was bare—no cards, no "Get well soon" balloons.

I realized that my exhaustion after a hard day's work paled in comparison with the patients' suffering. Their pain was the unremitting, dull ache caused by cancers compressing nerve bundles, the toxic effects of chemotherapy or the destruction of innocent cells by extensive radiation regimens. Most of all, they suffered the pain of unanswered questions: *How long do I have? Why me?*

Around this time I began caring for Maricela, a woman in her mid-fifties whose extensive lung cancer had spread throughout her pancreas and abdominal cavity. Her admitting physical exam was a demonstration of just how devastatingly the human body can malfunction. The stethoscope registered absolutely no breath sounds from her lower left lung lobe, and what I first took to be an enlarged spleen was revealed by her CT to be massive tumor. Because of her inflamed pancreas, Maricela suffered night and day from a burning pain in her lower esophagus. She was pale, tired...just plain sick.

Because of her impaired lungs, Maricela could barely get enough breath to walk even short distances. But she never complained; oddly enough, she was the one who comforted her family members, not vice-versa.

One afternoon, before signing out for the day, I walked into Maricela's room and caught the end of a conversation she was having with her adolescent daughters.

One girl lay next to Maricela in the bed; the other stood beside them, flushed and teary-eyed. Stroking the first daughter's hair, Maricela told the second, "Mommy is going to be okay. This life is hard, but I'm still here. This is what I must go through right now."

The attending physicians and specialists tried to create a treatment plan that would allow Maricela to enjoy the little time she had left. Over several days we did what we could to relieve her discomfort: gave her pancreatic enzymes to relieve the burning; loaded her with morphine; even considered a nerve block to her solar plexus.

After several days of medicines and consultations and tearful conversations with family members, Maricela and her physicians agreed that she should go to a palliative-care center.

On the day of Maricela's discharge, after all the paperwork was in order, I went to her room one last time to bid her farewell. Upon entering the room, I found Maricela's bed empty, its furled sheets still warm. Her "Get well soon" balloons blew to and fro in the air-conditioned breeze, and her glasses sat on the bedside table as they always had. There was no one in the adjacent bathroom, and no family member in sight.

I walked out to the charge nurse. "Where's Maricela?" I asked. "I've never really seen her out of bed before."

“Down there,” the nurse said, pointing along the corridor.

Rounding the corner at the corridor’s end, I heard the gentle hum of a motor.

There she sat, eyes closed, a trendy beret pulled over her hairless head and a thin smile of contentment playing across her face. At her side sat one of her daughters, holding her hand.

I stood for a moment watching Maricela and marveling at the strength of will it had taken her to get to that chair. I wondered what setting she’d chosen for her massage. In retrospect, I don’t think she much cared. I had the sense that Maricela was trying to feel my colleagues’ and my pain—the fatigue of healthy people worn out by a long day’s work—as a way of escaping her own.

Not only that, I think that finding her way into the chair was Maricela’s attempt to continue being the healthy, loving and connected person she’d always been. Because to me, in that moment, it seemed clear that the only genuine touch Maricela really cared about was the touch of her daughter’s hand tucked into hers, their fingers interlocking.

**About the Author:**

Jonathan Gotfried is a graduating fourth-year medical student at the Albert Einstein College of Medicine of Yeshiva University and will begin an internal medicine residency at Temple University this summer. “I use writing to reflect and understand the complexities, struggles and challenges of the day-to-day lives of the caregivers and patients in the world of medicine.”

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