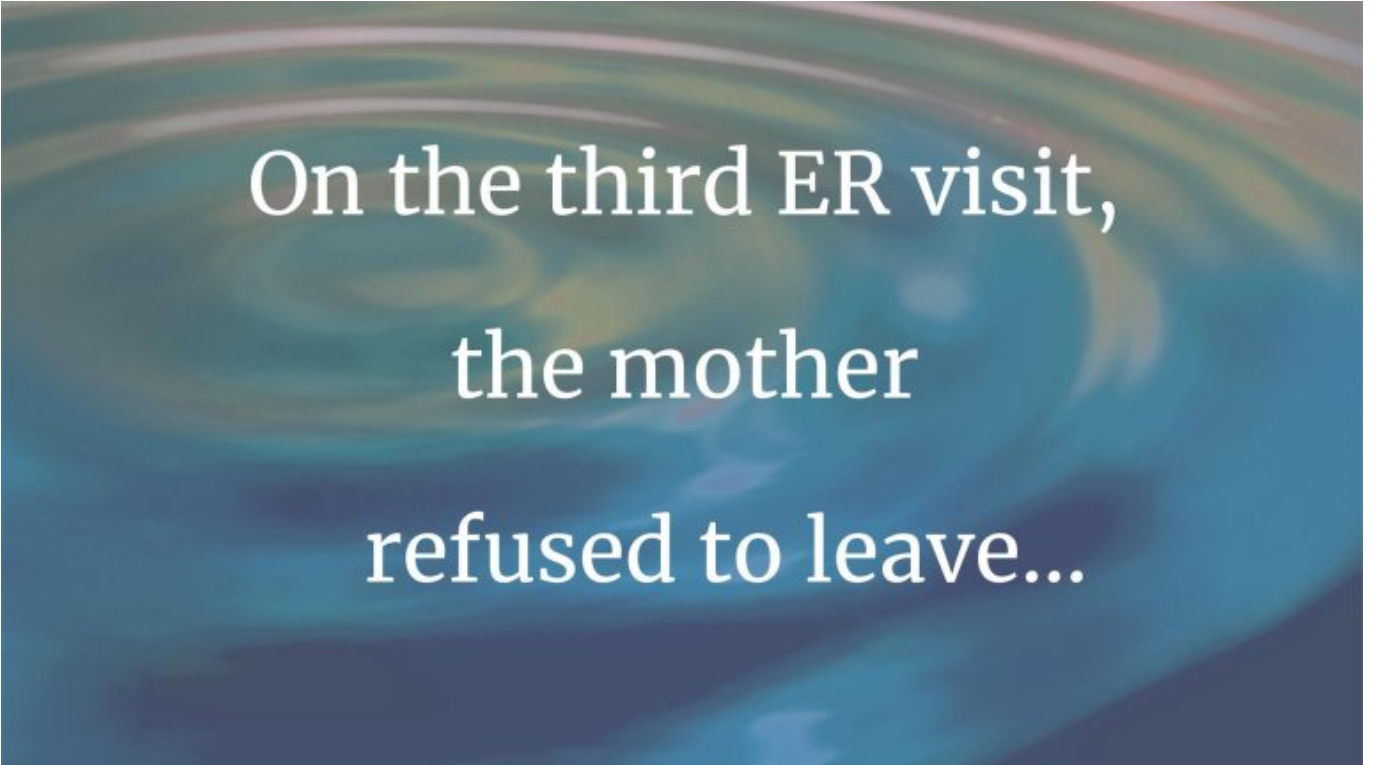


Heart Sounds

Category: Stories

written by Reece Vesperman | October 21, 2022



On the third ER visit,
the mother
refused to leave...

At his mother's request, or rather pestering, a forty-year-old male presented to an urgent-care center after several weeks of progressively worsening flu-like symptoms. His mother asked that the providers please check her son's heart. They replied that there was no need and sent the man home.

His symptoms progressed, and the pair went to the ER, hoping for better results. Again, the mother asked the doctors to check her son's heart.

"His heart sounds fine, there's no need," they said again and sent him home.

His symptoms kept progressing, and his body began to swell. On the third visit to the ER, the mother refused to leave until her son's heart was thoroughly examined. Finally, someone listened.

Her son's heart, it was discovered, had grown to the size of a large grapefruit—a response to a viral infection. He was admitted to the hospital. Had he been sent home one more time, he would have died. This is what I was told when the patient and his mother came under my care while in the hospital.

As a first-year medical student, I had no business managing a patient with newly diagnosed post-viral dilated cardiomyopathy. Yet if his mother, with no medical background whatsoever, had figured out that something was wrong with his heart, I felt that I should be able to offer something medically useful to this man.

I pored over his chart for what seemed like days on end. I read up on all the latest treatment modalities, algorithms, designer medicines and fancy implantable devices. I quickly realized, however, that I was in way over my head.

I'd barely finished my cardiology unit and had met only simulated patients up to this point. I knew just about nothing about how to deal with a patient as complicated as this.

What I could do, though, was listen. I could listen to the mother and her son and let them be heard. Heard by someone within the medical community—the community that had twice seemingly turned its back on them and nearly cost this young man his life.

So each day I sat with them. I did my best to answer their questions. If there were questions I didn't know the answer to, I would research them and bring the results to the mother the following day. Though I personally couldn't offer any useful clinical services, I could use my foundational knowledge to interpret the medical jargon and explain things in ways that made sense to them. This, I believe, was more valuable to them than anything else I could offer.

When I wasn't searching medical texts for answers to their questions or serving as their personal medical translator, I simply sat and listened to the mother and son. I listened to their worries and frustrations. I listened to them describe the financial struggles they were facing. I listened to the worries about child care that this single father was wrestling with, on top of his new diagnosis. I listened as many liters of excess fluid were drained from his body by diuretics. I listened to the beeping of the machine beside his hospital bed as the cardiac drugs and implanted device kept his weak heart beating.

I listened when the doctors told him that he would need a heart transplant. I listened to him and his family cry.

At the same time, I listened as love poured into his hospital room. I heard the laughter of family members who'd traveled across the country to be there. I heard excitement in the voices of friends who hadn't seen each other in years. I heard FaceTime calls between estranged loved ones. I heard playtimes with young sons who didn't quite understand why Daddy couldn't get up.

And, after several months, I was also lucky enough to hear the news that a heart had become available.

Together, the family and I listened as the helicopter carrying a new heart landed outside the man's hospital window. We listened as the intercom paged the transplant team to prepare. We listened as the surgeons told us what was to come. We listened as a prayer was said. We listened as the man was wheeled down the hall into the OR. We listened to each other, sharing stories all night to pass the time, anxiously awaiting news. Finally, we listened as the doctors told us that the surgery was a success.

On that night, my brother Max received a new heart.

My brother now has two birthdays: One is the day he was born, and one is the night he got a new lease on life. This would never have happened if not for my mother's instincts and persistence, and if not for one ER provider's willingness to listen to her. We now joke that no matter how many letters I have behind my name, I'll never know more than a mother's intuition. She didn't need a medical degree to pay attention and listen to her son.

This is the lesson I learned from my brother's transplant: We must listen to our patients. He was not simply a forty-something Black male with a cocktail of generic viral upper-respiratory symptoms and a couple of weeks' swelling. He was a son, a father and a brother who enjoys disc golf and IPAs, but hadn't done so lately because his feet had swollen so much that he could no longer tie his shoes. The subtle details matter. The person behind the symptoms matters.

Sometimes you don't need a stethoscope to hear what's wrong with a person's heart. Sometimes you just need to listen.