

# I Need a New Stethoscope

Category: Stories

written by Jenni Levy | June 19, 2015

## **Jenni Levy**

I need a new stethoscope. I have to wrap my fingers around the fissures in the tubing to make this one work.

For me, these days, listening to the patient's chest is more a ritual than a means of diagnosis. After twenty years as a primary-care internist, I now work full-time in hospice and palliative care. I spend more time listening to stories than to hearts and lungs. Even so, there's something about leaning over and finding the right spot on the chest that makes me feel like a real doctor and helps my patients know that they're being cared for.

Every morning I put this stethoscope around my neck and walk down the hall of our inpatient hospice unit, and every morning, I forget until I touch the first patient. I wonder about the silence in my ears, and then I remember and close my fingers over the stiff, unresponsive black tubing.

I keep making mental notes to order a new stethoscope, but I want to keep using this one.

My very first stethoscope was made of red plastic. It came in a cute little blue bag with the visiting-nurse outfit I wore for Halloween when I was six.

I loved that stethoscope. My dolls, my stuffed animals and my two-year-old brother submitted to my examinations with varying degrees of patience. I felt frustrated, though, that the red plastic stethoscope was too stiff to fold up the way my father's did. I could always see a curve of rubber tubing sticking up out of his jacket pocket. There was usually an extra in the back seat of his car, and yet another hanging on the valet in his bedroom, where he left his keys and change at the end of each day.

For most of my childhood, my father worked seven days a week and took call almost continuously. Even so, he was still more available to my mother, my brother and me than most of the commuting, golfing, poker-playing, lawn-mowing dads of our suburban community. If he wasn't working, he was home, reading and watching TV and listening to music, and never too busy to talk to us.

When early-morning choir practice forced me to walk to school before sunrise, Dad decided that this wasn't safe, so he started driving me every morning. This meant that we had to leave the house in time for him to start office hours, at 7:30 AM. I was always the first student in the building, forty-five minutes before classes started, and it was worth it to have time with my father.

I went away to college, then came home for med school. Dad no longer drove me

to school, but he answered my questions and annoyed me by figuring out the diagnosis in every case study before I'd even understood the description. I didn't have to search for a mentor; mine was sitting at the kitchen table every night, deeply pleased to share his love of medicine with me.

Although I moved 3,000 miles away for my residency, I still called home to talk to Dad about the puzzling cases. I wanted to tell him about the triumphs and needed to hear his voice for comfort when I'd stumbled, or thought I had. (In these instances, Dad always disagreed: "You did fine, honey. You did just fine.")

Dad told me about his challenging cases, too. He sent me articles and interesting EKGs. One memorable day, he even called to ask me a question. I knew, then, that I was really a doctor.

I was still living 3,000 miles away, in my third year of residency, when Dad had a heart attack.

As far as we could tell, he recovered without incident. He certainly never mentioned any problem. He couldn't disguise or deny the growing weakness in his legs--but he wouldn't discuss it, and he expected us all to go on as if nothing had changed. We did, because we had no choice.

Twenty years later, he had spinal surgery and spent six weeks in rehab, sternly informing me over the phone that there was no need to interrupt my life to come visit. By that time, I was living two hours away, working part-time in private practice, teaching in an internal-medicine residency and sending my father regular emails with pictures of my small daughter. He printed the pictures and hung them in his office.

After rehab, he returned to the work he loved. He couldn't see patients any more, but he still read echos and EKGs and taught fellows, residents and med students.

Two years after the surgery, Dad died on the way to work, in the driveway, in his jacket and tie. Sudden cardiac arrest.

It's fitting, I suppose, that I heard the news in my office, with patients in the exam rooms and charts on my desk. I left the patients--but I did finish all of my notes and sign off on all of the correspondence, fulfilling professional obligations just as my father taught me.

*I was my father's daughter when he was alive, I found myself musing. Who will I be now that he's dead?*

My husband joined me at the office so I wouldn't have to drive to my mother's house alone. When we walked into the kitchen, I couldn't look at the empty chair by the phone. Dad always sat there, because Dad was always on call.

The phone rang all that day and evening, and none of the calls were for him.

We answered the phone and the door so many times that I'd lost track by the time Mary arrived. For more than thirty years, she had worked for Dad,

following him from private practice to community hospital to county medical center, managing his office--and much of his life.

The morning he never arrived at work, she gathered up his things, emptied his desk and brought everything to us. An offering.

The box contained pictures of my daughter, a pile of certificates and diplomas, Dad's favorite rollerball pens--and three stethoscopes, all permanently arched from being jammed into his pocket.

These were ordinary Littman scopes; my father the cardiologist didn't believe in fancy specialty stethoscopes. When he gave me my first Littman, his note in the box said, "Remember: the most important part is what's between the earpieces."

I didn't need three stethoscopes. I didn't need even one--I had my own--but I saw Dad's initials stamped into the tubing of the top one. I took that one upstairs and put it in my suitcase.

A week later I returned to my own office, carrying my father's stethoscope. It became my talisman, my connection to my father's wisdom and comfort. My father was gone, yet he still came to work with me every day. I didn't shove it into my pocket; I wore it around my neck, and the tubing took on my curve instead of Dad's.

Nothing lasts forever. Eight years after my father's death, the tubing that bears his name is stiff and cracked. If I hold my fingers over the broken spot, it can still transmit sound.

Eight years ago, I was broken, and this tubing helped me heal.

Now I wonder if I am healed enough to let go of my lucky piece and trust my own heart to keep beating on its own.

#### **About the author:**

Jenni Levy worked as a primary-care internist for twenty years before becoming medical director of St. Luke's Hospice in Bethlehem, PA, where she is also on the faculty of St. Luke's University Hospital's Hospice and Palliative Fellowship Program. She is a trained facilitator and is currently vice-president of internal education for the [American Academy on Communication and Healthcare \(AACH\)](#). Her writing on parenting and adoption has appeared in *Huffington Post* and the *Motherlode* blog of the *New York Times*, and her poetry in *Annals of Internal Medicine*. "Narrative is integral to my work: I spend my days listening to people tell me stories and trying to figure out what they mean. I've seen myself as a writer ever since I was lucky enough to study with Doris Patrao and Del Shortliffe in high school. They encouraged me to write poetry and held my prose to a high standard. Over the past few years I've started writing regularly again, and I feel as if I've regained a part of myself."

#### **Story editor:**

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