

# The Calling

Category: Stories

written by Lawrence Dyche | January 7, 2011

## **Lawrence Dyche**

I am a non-physician who teaches physicians. A clinical social worker by training, I help doctors learn to be more compassionate and skilled in their human interactions. I sit in with residents as they see their patients. I help them to become better listeners, I remind them that as they touch the body they also touch the soul, I emphasize the enormity of witnessing. And after two decades of doing this work with innumerable students, I still regard the medical profession with awe—not simply the doctors but the calling, and the extraordinary way I've seen some people answer it.

Back in the Eighties, when I was beginning this work, I shadowed a resident for an entire day on the wards of a city hospital. Despite the years that have passed, my memory of that day remains vivid.

Ann was in her second year of training in internal medicine. She was tall, with boyish hair, Gaelic freckles and a quick, self-effacing smile. Older than most of her peers, she had two school-aged children and was making the leap into medicine from a prior career in molecular biology.

Though easily among the brightest in her class, she tended to be quiet in seminars and conceded the soapbox to her colleagues. One time, watching how she stood on the margins of the conversation at a party, I'd realized how shy she was. In her role as a physician with her patients, though, she came alive—warm, at ease, often playful.

I joined Ann on the wards at midmorning, planning to follow her throughout her rounds. At the time, my personal experience of being a hospital patient was limited to a brief stay in a private bed at a private institution. Now I found myself riveted by the stark vulnerability of these public-hospital patients and the harsh realities of the setting: the woman waving futilely to a passing nurse to remove her bedpan; the attending physician lecturing from behind a half-pulled curtain, loudly enough for anyone to hear; even the ward clock, broken or neglected, that stared silently from the wall.

As Ann and I moved down the corridor towards our first patient, a young woman, I had to scurry to keep up with Ann's long, quick strides. She explained that the woman had AIDS.

"She should be leaving tomorrow, but she'll be back soon," Ann said quietly. Back then, the disease's course was usually rapid and fatal.

The woman, sitting on the edge of the bed in pajamas, looked up and greeted us. She was in her early twenties, pretty, with blond hair showing dark roots. She seemed pleased to see Ann. Except for the dark blemishes of Kaposi's sarcoma, a skin cancer that afflicts immune-compromised patients,

the woman looked healthy, her manner betraying no apprehension about an early death.

Ann called her "Sweetie," an expression I usually find demeaning except when used between intimates. But coming from Ann, it seemed a respectful endearment.

The day was a flurry of bedside-care sessions punctuated by periods of silence as Ann wrote her notes. In the early afternoon, after a lunch that she would have forgotten if I hadn't bought us a sandwich to share, we stopped at the bedside of a woman who was on a respirator. The bellows churned, her chin strained upward, sweat beaded her brow. To this day, the idea of being intubated seems like a frightening, involuntary sword-swallow to me.

Ann met the woman's pleading eyes.

"Tomorrow. I promise we'll try to remove it tomorrow," she said reassuringly.

That evening, responding to an overhead page, we visited a room where an intern was struggling to correct a central line—a large-bore IV connected to a deep vein in the neck or chest. It had become dislodged from the chest of an elderly African-American man when he'd tugged at it; blood was seeping out from under the bandage. The intern seemed irritated at the patient for having pulled at the line.

Ann removed the man's chest wrappings. As she worked, the man began to moan. She leaned down, her brow touching his cheek, and continued to manipulate the line. She began making a sound—an urgent, rhythmic, dove-like mewing or cooing. To my amazement, before she'd finished fixing the line, the man fell asleep. When I remarked on it later, Ann laughed; she had no recollection of her behavior.

In that moment, I knew that I'd found my calling, if only I could learn to live up to it. Could I emulate Ann's dedication? Could I teach her some communication skills without disturbing the essence of the caring I was seeing? Could I face the suffering and loss that are part of a doctor's daily experience?

Well after midnight, Ann and I sat together in an empty conference room while she finished her notes.

I sighed. She looked up.

"Tired?" she asked.

"Not so much," I said. "It's just that...this was incredible!"

"Really?" she said, surprised. "I thought you'd be disappointed with the wards."

"Why?" I asked.

"I don't know...the futility, I guess." She looked out the door. "Even if I get Mrs. Collier off that respirator for a couple of days, or a week, she'll have to go right back on."

"Ann..." I began. My tone reminded me of a teacher, or maybe a parent. I went on: "When I'm where Mrs. Collier is, I hope you're nearby."

She smiled. "Go home and get some sleep. I'm almost done."

**About the author:**

Lawrence Dyche, a family therapist in New York City, teaches at the Albert Einstein College of Medicine. His writings have appeared in [Pulse](#), [Families, Systems, & Health](#), [Ad Libitum](#) and the memoir [Leukemia for Chickens: One Wimp's Tale About Living Through Cancer](#) by Roger Madoff.

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