



Distance

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When I remember Nikki, I see her in a white shirt and black sweatpants, the sort of outfit that can connote either relaxation or exhaustion. In the hospital, surrounded by droning monitors and doors that disproportionately require badges for access, it suggested the latter. Even the simplest things here become covered in a thick coat of desperation.

I remember the way Nikki sat in her white shirt on the gray couch before her audience: me, the attending, two residents, and three other medical students. As a third-year medical student, the uncertainty in my questions revealed everything that my short white coat did not. Still, Nikki replied willingly, if shyly, as if she were not totally comfortable fielding questions about suicidal thoughts in front of strangers. I would ask Nikki other things, too: how she was sleeping and eating, whether the narcotics were controlling her pelvic pain, and if she had found a place to stay after the hospital. Usually, I concluded this awkward display by trying to hand control to her, if only momentarily.

“Do you have any questions for us?” I would ask.

More times than not, she would giggle, shaking her head.

“The questions always come later.”

The first time Nikki and I spoke one-on-one, she told me she had been adopted by a mother who never

embraced her as a true daughter. Even as Nikki sat before me, a thirty-something black woman now with her own child, I could see how the admission stung her. The current ranks of her support system vacillated between zero and one at the whimsy of Michael, her part-time boyfriend with a tendency toward delinquency. Things were hard enough when she was simply homeless and working nights at a fast food joint, but then came her recent diagnosis of cervical cancer. She was scared—for herself and for her 11-year-old son—and she was sad. This, she explained, was why she had tried to step out into oncoming traffic days earlier.

“This is the one who made me cry,” she explained to the thin, goateed man sitting nearby as I approached the next day. I responded with a tight-lipped smile, but I knew she meant the comment affectionately. “And this is Michael.” She pointed to him, his hands clasped as if to avoid contamination, and I nodded curtly. Standing between them, I felt like Nikki’s protector against Michael, whose apathy threatened to undo her progress. Nikki had shared her tears with me, and amidst the sterility of the hospital, there seemed no greater affirmation. We were on the same team.

I continued to speak daily with Nikki. She consistently deferred questions in the morning but would

pepper me with them when we were alone. “Why can’t you increase my pain meds? Where is the social worker? How can I get insurance?”

With time, she seemed to be doing better—she grew to repudiate the suicide question with more certainty and proffer her bashful smile more eagerly. As my relationship with Nikki developed, I thought increasingly about what closeness meant in this context, where someone who shared her feelings so openly was designated a patient and not a friend. I recalled advice I had received months earlier from a young doctor.

We were driving along a two-lane road, the fields on either side of us studded with cows, plowing toward a clinic where most of our patients lacked health insurance and all lacked the means to receive, from conventional doctors’ offices, the health care they deserved.

“The thing is, it’s not about you,” she told me, passing along advice from her own husband. Far from disarming, this revelation—that I could assuage worries about test scores or my own novice mistakes with a reminder that all this was secondary to caring for patients—felt wholly reassuring. I had resolved to claim it as my mantra.

One day I returned from lecture to learn that Nikki had refused her weekly chemotherapy. When I entered her room, I found her lying in bed, lights off, and eyes fixed on the

window. As I sat down next to her, I saw tears welling in the corners of her eyes. We were back in that space where we had met: loneliness, fear, and despair rendering futile any attempts to comprehend a new terminal diagnosis.

There is nothing complicated about feeling with someone. In empty rooms, words are deflected by the walls; in the company of a listener, words are absorbed. I was Nikki's sponge, and we sat together, expanding under the weight of her sadness. Eventually, I asked her if she would be willing to resume her chemotherapy. She said yes, or rather, "Okay—because of you." Though I urged her to remember that this was all for her, I felt good. I told Nikki this was her decision to claim, but it would be disingenuous to deny that I felt, in some small way, responsible.

Two weeks after she arrived, a nondescript white van pulled up to take Nikki away from the hospital. After I hoisted a paper bag of her belongings into the passenger seat, Nikki and I hugged.

"I'll be thinking of you," I told her.

"I'll think of you every day," she replied, and I gripped her shoulder extra hard in response.

Several days after her discharge, I peeked at Nikki's chart once more. She and Michael got in a fight the night she left the hospital and the program that had offered her free housing rescinded its generosity. The next day, she missed a scheduled oncology appointment.

I sat for a while, wrestling with my own feelings and whether I deserved to feel anything at all. I tried out the words of my new mantra, "This is not about you," but they fell

flat. The progress Nikki and I had made together seemed to have dissipated in the freedom outside the hospital. This thought stung, so I swallowed hard and pushed it away. I, unlike Nikki, could still do that.

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