

NARRATIVE ESSAY

The Misunderstood Man Who Changed My Medicine

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My journey with my first memorable patient started with listening long enough to understand, and not a diagnosis. My first day of residency: crisp white coat, sharp nerves, a taut readiness I hadn't felt before. One patient came with a warning: "Frequent flyer. Difficult. Rude. Always here for pain meds. Just get in, get out."

Even my attending—calm, measured—just shrugged. No insight, just an unspoken judgment.

I was curious, though. Outside his room, I replayed the warnings. My fingers hovered on the doorknob a moment too long, and I caught myself tightening my jaw—already bracing.

With no open chairs, I perched on the air conditioner, July heat buzzing, folded list stuffed in my pocket. I didn't start with symptoms. We talked about his work as a crisis counselor, his family, and his love of Sunday dinners. We argued about sports and swapped music stories. He asked sharp, informed questions about his health. He had layers—witty, guarded, funny. I was learning him.

Eventually, we got to the pain: chronic pancreatitis—agonizing, unrelenting. He offered his theories; I asked the usual questions. I ended with the most important one.

"Do you drink alcohol?"

"No, absolutely not. I used to, but I stopped years ago."

I accepted his answer and moved on. Later, on rounds, I said brightly, "He doesn't drink." The room fell quiet. Then came the correction—positive alcohol biomarkers, this admission and the last. My heart sank.

He improved and was discharged. I wasn't surprised when he requested me as his new PCP.

He returned to me in primary care monthly, sometimes more, though the hospitalizations kept interrupting. The same diagnosis. The same biomarkers. And a sinking feeling grew. I shortened our visits. Stopped asking about his kids. My notes became clipped. Colleagues started to ask how I was managing him because he was in the hospital so frequently. Our cheery first conversation seemed like a distant memory.

Visit after visit, I asked, "Are you drinking?"

Always the same pause. Always, "No."

He became the patient I saw most—and the one who sank my heart deepest. His complications mounted: intra-abdominal abscesses, diabetes, portal hypertension, splenic thrombosis. Periodic ERCPs led to weeklong—or longer—hospital stays. The paperwork and insurance quarrels stacked higher than I wanted to manage. But still, I asked the question.

"Are you drinking?" I said again, this time quieter.

He stared at the floor. "No."

Each visit began with hope and ended in doubt.

He kept denying and denying his drinking; and I in my own way kept denying him too—by wanting to get out of the room as quickly as possible. We met and somehow hardened around this mutual denial.

I offered less of myself each passing visit. I didn't try harder. I didn't ask new questions. I told myself he was unreachable, but the truth was I had stopped reaching. I confused proximity with presence. I filled our time and space with medication reconciliations and lab values—anything to avoid sitting with what I couldn't fix. And at some point along the way, other patients were on the receiving end of my distance too. If a patient

wept, I offered tissues and pressed forward in the note. If they deflected, I let them. It became a performance of hollow compassion.

One afternoon, I rushed into the room, laptop already open mid-step. But he wasn't sitting up, waiting. He was hunched forward, elbows on knees, face buried in his palms. The air felt still. I closed my laptop and turned toward him.

His mother had died. He had planned the funeral, written the eulogy—and missed it all while in the hospital.

“They buried her without me,” his voice low and distant.

Then, after a long silence.

“I’ve been drinking.”

I didn’t jump in with resources or medicines. I didn’t tell him I already knew. I leaned in.

“You are not alone,” I said. “Tell me what you’ve been feeling.”

“It gives me relief,” he said quietly. “But it never lasts.”

His job was in jeopardy. His insurance, uncertain. His family, exhausted. He missed the man he used to be. He kept talking. Alcohol dulled his pain—but guilt always returned stronger the next day. He wasn’t defending it. He was letting go. And with each word, something in him softened. His shoulders dropped. His hands stopped fidgeting. The silence between us wasn’t empty—it was safe.

When he finally looked up, it wasn’t with shame—it was with something closer to relief.

He wasn’t difficult—he was drowning.

And for the first time in a long time, I wasn’t backing away.

It turns out I owed it to this patient to begin learning how to resolve our impasse.

And in the months that followed, we shifted. Our visits stopped feeling like performance. He told me when he was struggling. I started asking what hurt—not just physically. We weren’t always successful, but we were honest.

Much later I found ways to be an active participant without ducking away. I started asking questions I once avoided: What’s been hardest lately? Who do you talk to when things get heavy? I practiced holding eye contact when I would have looked away. I stayed through the pauses. I still don’t have the answers, but now I know that true presence is its own kind of treatment.

I used to think I was showing up—as long as I was polite, efficient, and on time. But this patient showed me that presence is more than proximity. His honesty revealed how often I had stayed just far enough away to feel protected, but not close enough to be a part of the solution. I wasn’t the one who cracked him open; he did that himself. But in doing so, he cracked something open in me too. I learned that some truths surface only when we stop managing the moment and start witnessing it. He didn’t just change my understanding of care—he reshaped how I offer it.