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NARRATIVE ESSAY

Ode to Joy

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I met Joy shortly after she was diagnosed with metastatic cancer. She had followed with my colleague, and she was understandably anxious about transferring her care to me when he retired. However, during her first medical visit, we realized that it was actually our second meeting. Our first had occurred 10 years earlier while my wife and I were looking for a home in the area. I had just graduated from medical school, and we were canvassing the city in search of something we could afford. Joy lived next to one of the houses we visited. She was out working in the yard that day, and I had asked her what she thought about the neighborhood. Her vibrant eyes and bright smile had reminded me of my grandmother. I did not realize then that advice about the neighborhood was but the first gift Joy would impart to me.

As we entered the patient-doctor relationship, Joy immediately took a liking to me, and I to her. At most visits we talked more about our lives than about her diagnosis. I learned about her great love for her children and grandchildren, her roots in the Northeast, and her dedication to her partner and desire to make sure she was cared for after Joy passed. Given Joy's diagnosis, she could have focused her attention on herself, and no one would have blamed her for it. Indeed, Joy certainly was concerned about herself, but only insofar as her life affected the people around her. Her thoughts always migrated toward others—her significant other, her son, her grandchildren, her neighbors, and at times, even me. She asked about my wife. She asked about our dog. And she joined me in sorrow over infertility as I joined her in sorrow over cancer.

When I reflect on my time as Joy's physician, I can't help but feel something akin to a strange sort of survivor's guilt—that I had benefitted more from the relationship than she did, or at least more than I expected to. I contributed very little to Joy's actual medical care, since she was incredibly healthy apart from the cancer. One of the immunotherapy treatments caused elevated blood pressure, so I prescribed her an antihypertensive, for which she was disproportionately thankful. At most of her visits we reviewed the reports from her last CT scans, and then we chatted about our lives and what she wanted to do with her remaining days. I offered little more than a listening ear. Even for this she was unduly thankful.

Joy exuded gratitude. When I left her presence after a visit, my heart was weighed down by her prognosis but buoyed by her outlook in spite of it. I often felt like she was the doctor and I was her patient. And in a way, perhaps I was. Joy spent most of her life working as a counselor. At her memorial service, several clients came to honor the lasting imprint that Joy had left on them. Some of the transformations could have been made into feature films. Her effect on me was not unique.

Cancer, however, does not operate in realms of respect or reciprocity, so eventually our approach turned to comfort care. From the beginning Joy was adamant that she wanted to die at home. Hospice was a great help, but Joy also insisted that I continue to be her physician. So, for the first time in years, I embarked on a home visit.

Joy lived in a quaint bungalow with a welcoming front porch. When I arrived, her partner met me at the door and led me into their living room, where Joy sat in her recliner, dressed in her nightgown. The mustardy tinges of jaundice colored her eyes and skin, but her smile shone as brightly as it did a decade earlier. Her partner, son, and two small dogs surrounded her. Next to her chair stood a brown teddy bear, which contained an audio device. She told me that she used it to record a message to her granddaughter. I offered little medical care

to her during that visit, but I had the honor of chatting and praying with them before I left.

A few weeks later Joy's partner informed me that Joy had passed. I felt a wrenching sensation in my chest—something I had not felt with regard to a patient for some time. Depersonalization is a component of burnout, and one that many clinicians experience to some degree.[1] The feeling made me realize that I tend to justify emotional distance from my patients. I have busy clinics, notes to sign, and students to teach. I fear that this personal-professional distance, though sometimes necessary, has the unintended yet harmful effect of making my heart even more detached. It's been said, "There is no safe investment. To love at all is to be vulnerable."[2] I don't imply that we can or will connect deeply with everyone—Joy stands out in my mind precisely because our relationship was uncommon. But perhaps *openness* to such connection must at least be present in the doctor-patient relationship.

Joy exerted a healing influence on my soul, one I knew I needed but didn't know how to pursue. She attributed virtues to me that frankly I see more in her than I see in myself. She believed in me, and in doing so she embodied the observation that "Resilience, inventiveness, and survivorship … are reflected qualities, emanating first from those who struggle with illness and only then mirrored by those who treat them."[3] Perhaps this is true in all of life. Perhaps the qualities we admire cannot be created *de novo*; they emanate first from without and penetrate the heart, working their restorative effects organically from within. We need good patients just as much as patients need good doctors, because the healer must first be healed. Joy, thank you.

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