

## NARRATIVE ESSAY

## A Bone to Pick

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"I think I have a bone sticking out of my foot," said the patient who phoned in that morning to get an appointment. Our nurse put the patient on my schedule at 10 am. It was not up to me, and I was not thrilled about it. I did the calculation in my head on the time loss. At best this visit would be 15 minutes, and at worst perhaps 30. And it would be another pesky note to write. I had presentations to finish and meetings to prepare for, not to mention an already full schedule.

I knew why the nurse wanted to fit the patient into the schedule. Her husband, a retired physician, was one of my first patients when I began as an attending. He imparted wisdom such as, "Only a fool has themselves as a patient." And he predicted his death from heart failure and was eerily correct on his timing not too long after we first met. A wise man he was. And a wise woman she is. That was several years ago, and my widowed patient was no stranger to loss. Now in her late 80s, but still vibrant and independent, a few decades ago she lost a son to suicide. Now just a week or two before this visit, she lost a second son to the same.

"Sometimes we are the medicine," a few of my attendings used to say when I was a resident over a decade ago. I steal wise sayings such as this one and use them in my teaching today. I think our nurse—who really is the best of the best—also believes we sometimes are the medicine and so she scheduled the patient. But I was not feeling it that day. What kind of healing could I possibly provide? Maybe a therapy referral, a hug, kind words—so what? And in my selfish, burned-out stupor, none of it would be worth the extra effort of this visit. All that other stuff was on my to-do list. I forgot to also mention the learner evaluations I am always behind on. I always forget about those. Did I mention there were three presentations I needed to finish?

When the appointment began, and after she limped to her seat, I let my patient know that I knew what recently happened with her son. There was no need to overly dwell on recent events, but I wanted her to know we were here for her and thinking of her. She expressed her thanks. She thought talk therapy would be a good idea, and I asked what else we could do for her, as I tried to be the best genuine, but disgruntled, medicine I could be.

"I think I have a bone coming out of my foot," she said, as she pointed to the leg where she previously had total hip arthroplasty and resultant peroneal nerve injury that left her with foot drop. She went on about how hard it was for her to walk with the current pain she was experiencing. It was no easy feat for me to visualize the place of concern, that place the bone might have been coming through. I removed her shoe, the ankle foot orthosis, and the compression stocking. As she pointed to where the pain was, no bone protruded, but the culprit callous became apparent.

Most days in the work we do, I have learned, there are not quick fixes and instant healing. The visit turned out to be around 30 minutes as the patient agreed to and allowed me to shave down the callous. As I finished, I hedged and predicted with 99% certainty she would be able to walk better now. She put on the compression stocking, her ankle foot orthosis, and her shoe. Gathering her walker, she took a few steps. I was so impatient and hopeful for a positive result, I asked, "How's it feel?" She said, "Oh my goodness, that's so much better. Thank you so much!"

She did walk better. Grateful in her mourning, she carried on. She had limped in, but she walked out. And so did I. Hers was not the only callous removed that day. And I realized, yet again, that sometimes patients are the medicine too. And I am continually grateful for that.