

The Other Quest

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He's my age. The thought kept coming, like a deranged mantra, over and over, every time I saw Charlie's name on my schedule. Even after two decades, my brain goes first to the fact that Charlie was my age. I was 30–something, an idealistic, newly-minted attending physician at the Veterans Hospital. One day, a liver specialist called and said, “I have a patient that needs your special expertise.” I was wary. When a specialist calls a primary care doc asking for their “special expertise,” something is afoot, and it's never good. Charlie was perfectly average: average height, average build, average eyes, albeit with an air of sadness. I imagined him during his prior military service working as a spy, not ever arousing suspicion because of his unmemorable appearance.

The only thing that stood out was the yellow.

He was a bright, vibrant, electric yellow, rivaling the best that any school bus could offer, like his skin had been festively painted. He had already survived two hospitalizations; the yellow fading as the alcohol-induced liver damage slowly repaired itself. At our first visit, Charlie had a water bottle that, he admitted, was filled with vodka. Charlie said the liver specialist told him I was going to help him quit alcohol, and that his life depended on him listening to what I had to say. I asked Charlie what he thought about that, and he demurred. He wasn't exactly sure he wanted to quit, and he pivoted the conversation to all the losses he had suffered in life. He expressed a lack of control and a lack of anything to live for. The story and air about him had the feeling of a downward spiral, with farther to go. My assessment read: “Pre-contemplative: low probability for immediate reduction in alcohol usage. Frequent follow-up will be needed.” This was the beginning of my 4-year journey with Charlie.

I recruited a team to help disrupt Charlie's pattern of drinking. I referred him to Simone, a young psychologist at our hospital who had an interest in behavior change. I connected Charlie with a psychiatrist, who gave him antidepressant medication. I got to know Charlie's mom, and coordinated efforts in helping him quit. I spent long visits and even longer conversations with Charlie on the phone, talking about his past, his life, and talking some about mine too. I visited Charlie in the hospital several more times, once so severe he landed in intensive care, his organs poisoned to the point of collapse. I sat with his mom as the ICU doctors laid out the details. She turned to me, and I said, “I don't think he will survive the weekend.” But Charlie did. Every time, he recovered miraculously. Every time, I felt the pressure to get it right: *He's my age*. Every time, I talked with Charlie about the chance for a new beginning. Every time, Charlie relapsed.

One day, Simone came over to my clinic. She had been working with Charlie for 3 years and had to break some bad news. She needed to discharge Charlie from her practice. At the Veterans Hospital, there were more patients with alcohol addiction than Simone could realistically work with, and she needed to triage her services to the patients she believed she could help. Charlie was not one of those patients. Tears streamed down her face as she spoke.

I carried on for the team. Eventually, I was the only doctor caring for Charlie as, one by one, each of the other doctors discharged him from their practices. I felt a growing urgency, and I turned practically every conversation with Charlie toward quitting alcohol. I had grown fond of him, even though that doctor voice kept clanging in my ear that I was failing Charlie because I could not make him stop drinking. *He's my age*. It felt like staring at my own death—not just the death of my body, but also my skills as a doctor.

Charlie died while I was out of town. His mom called to let me know. Stuck halfway across the country and unable to find a flight back in time for the funeral, my failure was now complete. I couldn't fix Charlie's alcoholism in life, and I couldn't be there to console his mother in death. Eventually, I moved on and turned my attention back to the patients still among the living. *I just need to try harder with the next patient like Charlie*, I thought.

The bright spring morning shone through the windows of the Veterans Hospital when I received the page and picked up one of the lobby phones. Charlie's mom was calling on the 1-year anniversary of his death. She was reaching out to folks who knew Charlie. I froze. The feelings of failure came flooding back. I started to say I was sorry I hadn't done more, that I should have been more forceful, that I should have led us in some kind of intervention or something. But she quieted me with a different story. "I thought you understood that Charlie's alcoholism was terminal," she said. "He and I knew that this would eventually take him." She expressed gratitude that I never judged Charlie, for staying with him when everyone else didn't.

As I hung up the phone and descended the long, dim corridor to my office, I realized something that changed my career. Up to that point, I only thought about my professional quest, the one that had me fixing Charlie's alcoholism. There was another quest, though: a gentle, whispering personal one that began when I first realized Charlie and I were the same age, that we might have been friends under different circumstances. We'd embarked on a journey whose real purpose had been to connect – not for me to cure him, but to connect with him, to provide brief moments of respite from the pain and loneliness of a terminal illness. This quest called not for heroism, but rather the humble act of staying present.

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