

Taking Time

By David N. Korones

I SPEND far too little time with my patients. I don't mean the time for the obligatory history and physical examination followed by a quick synthesis of the information obtained and a discussion of what is broken and how to fix it. I mean taking the time to penetrate deeper, find out who they really are, who their parents are, and what is important in their lives.

The examination room makes these personal discoveries a more formidable challenge. With its fluorescent lighting, hard linoleum floor, and maybe a window looking out on another building of examination cubicles, it confers an unjust sameness to a rich diversity of people. This can be a good thing because it makes everyone equal — whether it be the prompt, crisply-dressed, perfumed, suburban matron or the inner city woman with 3 kids in tow, perspiring after a run from the bus stop to make the appointment on time. But it can be a bad thing, too, because this sameness dulls our senses and prevents us from seeing the many different worlds in which our patients live.

Sometimes there are clues — a book on the night-table, a Game Boy, a Yankees cap, a tin of fried gizzards. It is up to us to seize bait like these and fish for more information about the world in which our patients live. Just as we ferret out clues about their illnesses, we must cast the line far and deep into the stream to learn about our patients' lives and to find out what makes them tick. This is as important as filling in all the little boxes on the "history and physical" forms that federal law mandates. It gives us a fuller context, and helps us to more fully understand the impact of our interventions on our patients' lives. More important than that, it establishes a human connection, providing an acknowledgment from us that their lives have meaning.

And so, when I opened the envelope containing an invitation to Cecy's high school graduation, I should have leaped at the chance to go to see her world. But I did not. "Another invitation," I muttered. "It would be nice to go, but it's on a Saturday, and it's 2 hours away." "You should go," said the nurse practitioner with whom I work, "It would mean a lot to her." Of course I should go, but I also wanted to stay home and

sip coffee on the porch with my wife, to take my son to guitar lessons, to mow the lawn, to take my daughter to the mall, to read a journal, to dictate a note. The weight of the "I should's" and "I want's" filled me with ambivalence, and made me tense with indecision.

I kept staring at that invitation, turning it over and over in my hand and in my head. Cecy had been diagnosed with a brain tumor more than 10 years previously. After chemotherapy and radiation, she seemed to "have it beat." But 5 years ago, her mother noticed that every so often, the girl would brush against the wall as she walked down the hall; a magnetic resonance imaging scan confirmed her Mom's keen observation — the tumor was back. Since then, it has been an exhausting struggle. Five more times the tumor has roared back, and five more times it has been beaten back down. But Cecy, too, has been worn down; countless rounds of chemotherapy, two bone marrow transplantations, surgery, and two stereotactic radiosurgeries have all taken their toll. Remarkably, however, she has persevered. She continued to go to school, she traveled to all ends of the world, and she even attended her high school prom. Although I knew all these things, my patient's life was still an abstraction to me; I did not know what going to school meant, or where her trips to Norway and Brazil really took her. I only knew Cecy in the examination room and in the hospital, her adventures and triumphs summed up in a sentence or two and neatly tucked into the "social history" box.

After some reflection, I knew I had to go to her graduation. The late spring day on which it was held was an unusually warm one for upstate New York. The leaves on every tree seemed to sag under the weight of the thick and humid air. The trip was long, and the summer haze washed out the normally lush, green, rolling countryside. I thought about how many times Cecy made this same trip, often back and forth in a single day for a clinic visit, or sometimes unexpectedly, in the middle of the night, when things were not going well. Now it was my turn to make the trip.

By the time Cecy's nurse practitioner and I arrived at her high school, the football stadium stands were already packed with proud parents, relatives, and friends of the nearly 200 graduating students. One by one, the names of each Senior were called as the sun rose higher and higher in the sky. I worried about Cecy. Was the heat too much for her? How was she holding up down there? The principal continued to plod through the long list of graduates so that each student could rightfully glory in his or her own moment. There were cheers, usually from a pocket of particularly vociferous fans in one part of the stadium or another,

From the Golisano Children's Hospital at Strong, University of Rochester Medical Center, Rochester, NY.

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Address reprint requests to David N. Korones, MD, Golisano Children's Hospital at Strong, Box 777, University of Rochester Medical Center, 601 Elmwood Ave, Rochester, NY 14642; e-mail: david_korones@urmc.rochester.edu.

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as each student walked up confidently and accepted his or her diploma. Soon it would be Cecy's turn.

I saw her approach the stage slowly and unsteadily. The student behind her gently took her arm so with her wobbling gait, she would not go tumbling to the stadium turf. I wondered what her classmates were thinking. Did they know her? Did these bright, energetic 18-year-olds slow down and make room for her in their busy lives? Did they have any idea what she had endured? Were they the self-absorbed adolescents we see on television shows and in the movies? Or did they appreciate their classmate's accomplishment?

When Cecy's name was finally called, her 200 classmates spontaneously leaped from their chairs to give her a standing ovation, cheering and whistling as she approached the stage. The entire crowd followed suit, standing and roaring. A big sign appeared with the letters C-E-C-Y! Cecy beamed, her four-cornered cap tipped on a head that had not seen hair for 5 years, and her gait became more steady, more purposeful now. She did it. Tears rolled down many cheeks, including my own. So this

was Cecy's world — this was where she has been in between all those visits to the examination rooms.

I cannot attend every celebration of every patient. But Cecy reminded me that we do not need to do so to share in our patients' joys and triumphs. All we have to do is seize the clues that are offered to us in our barren examination rooms. All we have to do is take the time to ask them what they are reading, what CD they are listening to, what they are doing this weekend, what television shows they are watching; to take the time to look at their vacation pictures and ask them where they are going next.

We should share in our patients' triumphs. It does not have to be a graduation. Sometimes it's walking again. Sometimes it's finally getting back to school. Sometimes it's just living one more day. For each patient we care for, that triumph is a uniquely shaped and a specially wrapped gift. And even though we are all too busy, and we worry that it takes up too much of our time, part of being a physician to our patients is to unwrap the gift before us and to savor its magical contents.