COVENANT MEDICINE

Being Present When Present

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Ever since I was six years old, I wanted to be a physician. I wanted to take care of children, and children who were the sickest. Living overseas in underprivileged countries due to my father being a US Foreign Service Officer, I wanted to also take care of children in underprivileged countries. I would accomplish all of that, but not without a lot of help from a lot of people: Henry Beyda, my father, who gave me the opportunity to learn about countries and cultures that few children are ever given, and for sending me to schools that would prepare me for my vocation in medicine. To Samuel Gray III, a cardiologist who took me under his wing when I was a beginning medical student and showed me what it meant to have a "covenant" relationship with patients—and no, he was not faith based, but compassionate and caring, bringing the true sense of the word "covenant" to his relationships with patients; to Edmund Pellegrino, MD, who showed me what it means to be a caring healer in its truest sense by being present when present at the bedside; to David Tellez, MD, and Paul Liu, MD, my two partners, who gave me wisdom and insight when it came to prayer and faith at the bedside and who prayed unceasingly for me; to Charlcye, my wife,

for her caring and sacrifices while I spent hours and hours at the hospital and in underprivileged countries, for support and encouragement in my writing and for believing in me; to my sons, Justin and Nicholas, for being patient with me as a father who was absent many times and who both showed me unconditional love; to my daughter-in-law, Rebecca, who was a pediatric resident at my hospital and who traveled with me to Africa on a medical mission, where she met my son Nicholas. They got married a year and a half later. She has a gentle presence with patients, a comforting smile, and gives meaning to being "present when present." To Reverend Robert Stanley, who believed in me and taught me what faith is. God has put you all in my life and I'm so grateful for that. To Dr. Jacque Chadwick who served as a silent mentor, showing me how faith can be powerful even when it is silent. And to the children who were and are my patients and to their families: for showing me the light and for making me realize that they are my first and foremost responsibility to care about and to care for. To serve and to be present when present.

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PROLOGUE
WHO'S JEFFREY?

The familiar yet "stop what you're doing" announcement barked loudly overhead. The trauma team was alerted. The trauma team assembled, the high-intensity lights turned on over the gurney, people taking their assigned positions around it waiting to begin the dance of resuscitation with a child who was about to enter. Gowned and gloved, each person silently hoped for the best, but expected the worst. They had all been there before. Many times. The boom of the helicopter's rotors were heard, the team shuffled from side to side, all silent, rehearsing in their minds what they were expected to do. The rotors slowed. All eyes were now turned to the entrance to the trauma bay. Within minutes, a rush of people surrounding a gurney raced through the doors, one person calling out the child's vitals, preliminary assessment of injuries, and a cry for help as they were losing him. The dance began.

He was four years old and not restrained in the vehicle. He arrived in the trauma bay with a severe head injury, multiple fractures, a liver that was bruised, a spleen that was

shattered, and more. His face, covered in blood, was pale. A breathing tube was urgently placed down his throat, catheters were threaded into his veins and arteries, limbs were splinted, blood transfused, medicines given to keep his blood pressure up, and he was transferred to the pediatric intensive care unit. We put in more catheters, measuring the oxygenation of his brain cells, put catheters into his brain to measure the pressures that were building up, hooked him up to monitors, and danced a dance of medical interventions that we hoped would make a difference. It was going to be a long night.

"This four-year-old boy arrived last night after being involved in a motor vehicle accident," the resident began. We were starting rounds, I as the attending doctor, and an entourage of residents, medical students, respiratory therapists, nurses, and more. Fifteen people in total. The resident continued with the presentation, citing numbers, results of X-rays, events overnight, and the morning's latest vitals. I took over.

"Cerebral edema is massive, intracranial pressures are uncontrolled, and cerebral metabolism is in jeopardy. The heart is marginalized, liver is failing, the spleen is not functioning, and we have a brain that is ready to burst." I was on a roll with my academic introduction to the physiology of cerebral blood flow, cerebral oxygenation, cardiac output, and more. Taping a large piece of paper to the wall, I began to draw diagrams, figures, formulas, and more. There was rapt attention. The

parents were with us, as was customary in our unit. They were encouraged to attend rounds to hear what we said, and to ask questions. We would meet with them again after rounds to go over the care in more detail and to use language that they would better understand.

As I was moving from brain physiology to cardiac physiology, the mother interrupted me.

"Excuse me," she said softly. There was silence. I stopped mid-sentence and looked at her.

"You really don't know who Jeffrey is, do you? All you know is what he is. A bunch of broken pieces that you are trying to put back together." There was more silence. I didn't reply.

"You don't even call him by his name. He is a 'thing' to you. Well, not to me. His name is Jeffrey. He is my son." She turned and walked back into his room. We stood silently for a moment. Each of us had realized how far off the mark we were. Rounds were never the same after that.

Sometimes one needs to get slapped to wake up. And slap me she did and everyone there. We had missed the mark of relationships. We were concentrating on the "what" and not the "who." We talked around the "who" and talked about the "what." It is this very aspect of relationships that I want

to share with you. That medicine is centered on a physician-patient relationship based on the "who," the person, and not only on the complaint, the injury, the illness, or the diagnosis. It is about knowing who the patient is, his life, his goals, his wants, and his fears. It is about honesty, integrity, trust, and respect. It is about having a "covenant" relationship between patient and physician. We are used to "contracts," where we hire others to fix what is broken, expecting that all will be fixed and if not, the "contractor" is faulted. Medicine is a lot like that; not all of it, but more and more of it is. I am walking a fine line here implying that there is a disconnect between all physicians and patients. Not so. But as you'll see, it is can be more often than one would expect. I'll tell how we got there and why. I'll give you examples of "contracts" and examples of "covenants." I'll tell the stories that will give you pause to think about your own relationships with patients. I'll talk about faith and how that can bring a physician and patient closer. You may disagree with much that is said, but maybe not. I can only take you there and let you find your own way.

CHAPTER 1
WHO CARES?

On the other hand, who cares? Who cares who Jeffrey is? Aren't we supposed to just get him better and fix him? Isn't that what you want, mom and dad? Isn't that what we want? Isn't that what the insurance company is paying us for and what you expect of us? Is it really important that I know who Jeffrey is? Wouldn't you rather I understand the reasons why his brain is swelling and what I need to do to fix that? Isn't that what we are taught to do ethically? Aren't we supposed to engage the primary virtues in healthcare: trust and beneficence (doing good)? Isn't that supposed to be the end all? To act for the good of the patient, do no harm and to always be clinically competent? Look, if I can get your son home, then won't that be what you want? I can do that. I can keep him alive. So, who cares what his name is?

Hard and harsh words aren't they? But, reality begins to sink in when we look at what our society expects of us as physicians: "Cure me and cure me fast. I want the diagnosis

now, and the treatment now, and it better work." Well, not all of society I grant you, but I dare say, more than we realize. We find ourselves in a self-centered medium that limits caring for others. I say this not to downplay all those wonderful people who give to others, the servants of society like hospice workers, nurses, social workers, clergy, charitable organizations, and more. You know who you are. You get the point. When push comes to shove, we find ourselves torn between our duty to care for others and our duty to care for ourselves (families included). Do we risk putting our families and ourselves in danger in order to help others? Policemen, firefighters and the armed services do. But even they sometimes find themselves questioning how far should they go when they are faced with danger.

It comes down to who cares. Do I care enough about "you" the "who", to do my best, to make sure that as a physician I ask the question "do I try and keep you alive and send you home with whatever morbidity comes of it, or do I ensure that you leave the hospital with a meaningful life as you define it"? I need to know "who" you are to understand your goals and wishes.

I witnessed something a few years back that made me realize how uncaring some can be. I was a far distance from the event and when it was over, a policeman gave me the details of "who" this person was. He had known him, seeing him

during his beat for several years. The event was not good. Not good at all. For what it's worth it shouldn't have happened, it was unexpected, and it was simply not good.

Somewhere between the sun coming up in the east and the sun going down in the west, Mr. Arrand found himself lost in a city that he had grown up in. At eighty-six years old, he had spent his life as a textile importer in the heart of Manhattan, moving rolls of cloth from the warehouse he owned to clothing manufacturers throughout the States. Having sold his small textile importing business he was retired these past twenty years which had given him time to make up for the years when he never took a vacation, working weekends, and missing out on a family life. Never married, childless, he lived alone from one day to the next working the textiles. During his retirement years he did he same thing everyday. Early to rise, a cup of coffee, a piece of toast and a stroll to Central Park to read the day's paper and to check out the horses running that day at the tract. He never betted. He would check the next day on how he did the day before, and more often than not, he was a winner. If he had been a betting man he would have been living in a posh retirement community in the Florida Keys by now with all the money that he would have won.

But this day would be different. He was in Central Park. Sitting on his usual bench, the paper that he had been reading, now lay at his feet. His face drooped off to the left, his left eye wide open, his tongue protruding off center, drool pooling

on his chin and his right arm and leg hung limp, held up only by the fact that he had tilted toward the nylon bag with the worn handles that he bought with him everyday that held a torn windbreaker, a banana and a bottle of water. He looked out towards Central Park, but he didn't see. He couldn't hear. He had had a stroke I would learn later. People passed him, thinking he was a homeless lost person who was sleeping off the effects of alcohol. Three teenagers came up to him, taunted him, and when he did not respond, they pushed him over on the bench and spit on him. And people just walked by. He lay like that for hours until a patrolling police officer came by and told him to move. The police officer turned him over and recognized him. Mr. Arrand didn't respond and an ambulance was called and it all began. All that was to be. All that should not have happened. All that would be with me for a very long time. The people walking by didn't care. The teenagers didn't care. And I wonder just how much the policeman would have cared if he had not recognized Mr. Arrand.

So, who cares?