



“... for the secret of the care of the patient is in caring for the patient.”

—FWP

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The Man in the Waiting Room

... so this bell calls us all; but how much more me, who am brought so near the door by this sickness.

— John Donne, Meditation XVII

I have a confession to make. I used to be a drug rep. There. I've said it. I don't necessarily feel better, but going on the assumption that confession is good for the soul and on a rumor that forgiveness and absolution are available, I admit my wrongdoing.

The function of the drug rep is—in spite of what the pharmaceutical company's annual report might assert—to persuade the physician to write prescriptions for his or her products, thereby increasing the volume of drugs sold and the company's profit. In order to encourage physicians to prescribe a pharmaceutical product, drug company representatives must meet with them face-to-face and tell them stories—stories of the drug currently under promotion. The storyteller will tell a tale of why this drug is the best, the least expensive, the most widely prescribed, the safest, or otherwise the most advantageous remedy for the illness or injury under consideration.

This was my mission. The only obstacle impeding me from the execution of my assigned duty was that which routinely prevents, or at least delays, all pharmaceutical representatives in the attainment of their goal—the patient. Medicine, as I used to say, would be a wonderful field of endeavor, were it not for all the sick people.

On most occasions, after leaving my business card with the receptionist, who promised to deliver it to the physician just as soon as he emerged from an examination room, I was relegated to the waiting room, so aptly named. There I waited and waited, amidst the huddled masses yearning to relate their tales of exotic symptoms. The healer would then listen to the “cry of the suffering organs” (in the words of the great 18th-century anatomist Morgagni), arrive at a diagnosis, prescribe the appropriate medicament—one of mine, I hoped—and pronounce the patient a traveler on the road to recovery.

On one particular day, I sat in the only available seat, next to a man cuddling a little girl who appeared to be approximately the age of my daughter. She was sound asleep. Her breathing appeared to be somewhat labored as her father rocked her gently back and forth with a rhythm that quietly revealed his love for the little girl. Perceiving that he might be a fellow sojourner in the land of toddler-hood, I asked softly, “How old is your little girl?”

“She's almost four,” he replied.

“So's my daughter,” I responded.

He then said, “I'll bet that your daughter is running all over the place and getting into everything.”

“Yes,” I admitted. “If you don't want her getting into it, you'd better have it locked up.”

His aspect and tone then changed, and, with his words, I too changed. “This little girl,” he said, “will never do any of that. My daughter has Sandhoff disease. Have you ever heard of Tay-Sachs disease? It's a lot like that. She probably won't be alive much longer. She's here today because she has a respiratory infection. She gets them all the time. She has a lot of trouble breathing.”

The drug rep sitting next to the man in the waiting room—the one who always had a snappy answer to every question posed to him, the one who had been lulled into an illusory world where there's a cure, or at least a treatment, for every disease—was

struck dumb. “I’m so sorry,” was all that I could clumsily offer before the nurse announced that the doctor would see me now.

As I rose to walk back to the office, the man smiled and said, “Thank you. You have a good rest of the day.”

Through a forced smile I said, “I will,” and walked away.

In the inner sanctum of the physician’s office, I robotically went through my presentation, advising the physician of all things necessary to ensure that he would be able and willing to correctly prescribe my drug. Having discharged my professional duties, I asked him, “The little girl in the waiting room—the one with Sandhoff disease—is there anything that can be done for her?”

“No,” he said. “Not a thing. Tragic situation. Act of God.”

Act of God? Did not the Apostle write, “For he says to Moses, ‘I will have mercy upon whom I have mercy, and I will have compassion on whom I have compassion?’” But a little girl? Why was she, of all the available members of humankind, to be denied mercy? Surely this could not be the plan of a benevolent Creator. Was this Creator not *love*? A dying child does not signify love. This was my first true exposure to theodicy—the vindication of divine goodness and providence in view of the existence of evil. It would not be my last.

In the 30 years that have passed since that day, I have often thought about the father of the child whom I met in the waiting room, in the middle of July, in a small Central Texas clinic. My daughter grew up. She went to college, got married, went to graduate school, and became a speech and language pathologist. She works almost exclusively with autistic children, helping them acquire the means of communication that is so vital to their survival in this world. If the man in the waiting room is still among us, there must be times, during the silent moments of his day, when he remembers that there once was a little girl who would now be in her early thirties. What would she be? Would she be a wife, a mother, a teacher, a musician—perhaps a doctor? The dreams are endless—and so is the grief.

On a July day 30 years ago, I learned something from a man that I met in a physician’s waiting room who, in the midst of cuddling his little daughter, changed forever the way that I would look at the world and its inhabitants. I have no recollection of the drug that I was selling that day. I have no idea if the doctor wrote even one prescription for it. It doesn’t matter. People matter, people with all manner of disease, illness, and injury. For we all, in reality, carry within us the common malady of humankind—the finitude against which we struggle. Donne correctly observed, “Any man’s [*or, I would add, child’s*] death diminishes me, because I am involved in mankind.” I am involved in mankind, irrespective of my personal wish to ignore those members of my tribe who rob me of my comfort.

I returned home that day forever changed. I immediately went to my daughter’s room, swept her up in my arms and held her tightly.

“Hi, Daddy. I missed you today,” she said.

“I missed you too, sweetheart. I missed you a lot.”

Holding her in that moment, I silently thanked the man in the waiting room and the Providence that arranged the meeting. Somewhere along the way, I had misplaced the most important part of life—the singular importance of those with whom we share our earthly journey. The man in the waiting room was a living letter addressed to me—a reminder that I had much to be thankful for, and that I must be diligent to demonstrate my gratitude. As an observer, I used to remark lightly that medicine would indeed be a wonderful profession to pursue were it not for all the sick people. Through the lens of my retrospectoscope, I would amend my words. Medicine is a wonderful profession to pursue *because* of all the sick people, for it is from these infirm, finite creatures that we learn some of life’s greatest lessons.

Submissions for Peabody’s Corner should 1) focus on the interpersonal aspects of a specific patient–doctor experience; 2) be written in storybook fashion; 3) contain no references; and 4) not exceed 5 double-spaced type-script pages.