

Caring for the Courageous



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

—FWP

Norden M. Weingarten, MD

[C]ourage is not simply one of the virtues, but the form of every virtue at the testing point, which means, at the point of highest reality.

—C.S. Lewis,
The Screwtape Letters

I was born shortly after the end of World War II. My parents had met during the war. My father was a surgeon with the Army, and my mother was a psychiatric social worker who worked for the American Red Cross, treating soldiers for what was called “shell shock.” Sadly, both of my parents were sick all my life. My mother developed a benign pituitary tumor before I was born and went blind when I was 12 years old. The tumor would end her life soon after I started my second year of medical school. My father had degenerative back disease, and his health declined largely because of his physical and emotional war injuries. He died 6 years after my mother.

Perhaps in part because my sister and I had been surrounded by illness while growing up, I wanted to become a doctor for as long as I could remember. I believed that the course of my family’s life would have been different, had my mother’s illness been diagnosed earlier. I chose infectious diseases as my medical specialty, because it offered the possibility of “curing” patients. It enabled the study of all organ systems and the opportunity to study the natural history of diverse diseases. My mother had often told me that it was crucial to do my best, whatever my choice of profession. With work and dedication, I could become a proficient diagnostician. I was fortunate to have mentors who served as role models and helped me to develop my approach to solving diagnostic problems. I was on my way to becoming the best I could be.

I enjoyed my calling in my chosen specialty. Inpatient consultations often presented a diagnostic challenge, and I was able to examine many patients who had rare or unusual physical findings and diagnoses. This was my dream job.

My professional path then took a totally unexpected turn. On Wednesdays at noon, I would attend the Intracity Infectious Disease Conference, my favorite. Each week, 3 or 4 of the most interesting or unusual cases from all around Houston were presented, either as unknown diagnoses or as teaching cases. On one Wednesday, I heard of a cluster of patients who had an unusual presentation: homosexual men who had opportunistic infections. Then, the nature of their underlying disease, acquired immune deficiency syndrome (AIDS), was described.

It wasn’t long before I was asked to see a homosexual physician who had just been diagnosed with cryptococcal meningitis. Before he became acutely ill, I noticed that he had lost weight and had developed a curious seborrhea-like rash about his brow. Treating his meningitis was straightforward, but whether he had AIDS could not be determined, because there were no confirmatory tests at that time.

I gradually accumulated and cared for a group of outpatients who had chronic diseases—predominantly, homosexual men. I treated their infections, but it made little difference: they fell victim to opportunistic infections and died. I read everything about AIDS that I could and followed the research findings with great interest. I could not cure these patients; however, I could talk with them, listen to them, and hold their hands at their bedside as they died.

In the early 1980s, homosexual men were subjected to great prejudice and were made to feel like shamed outcasts. Fearing harm if neighbors learned that they were homosexual and infected with a mysterious disease, patients would drive for hours to see me. These men were facing a slow, often horrendous death, and I learned to respect their courage. A teenage patient gave me a needlepoint piece that he had made, depicting the sun rising with the inscription, “Every day is a gift from God.” In the hospital, I held that patient in my arms as he died—otherwise alone—because his family had

From: Carolinas Medical Center, Charlotte, North Carolina 28203

Address for reprints:
Norden M. Weingarten, MD, Carolinas Medical Center, 1100 Blythe Blvd., Charlotte, NC 28203

E-mail: watchgarden@gmail.com

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abandoned him. From its place on my office wall, his message inspired me every day thereafter.

Through the years, I watched AIDS patients become socially active. I observed how they formed a community to support each other. They demanded funding for more research into the disease and its treatment, and they worked to promote awareness. One of my patients, an executive vice-president at one of the nation's largest banks, told me that he had written a memorandum to his boss, noting that their bank lacked a policy regarding employees who had AIDS. He knew that he was suspected of being homosexual, and he fully expected to be fired after sending the memorandum.

My patient later told me the outcome. After an executive meeting at the bank, the chief executive officer stood up, walked around the large conference table, and spoke softly into my patient's ear. "I got your memo. You're right, and I want you to write that policy." This had made my patient proud and surprised. As he told me the story, he gently sobbed into a tissue, ever mindful to avoid spreading his bodily fluids.

The bank implemented my patient's policy for employees with AIDS. At one of his last office visits before he died, he thanked me for having taken care of him. I was overwhelmed by all that I had learned from him and simply said, "You are a gem." I'm grateful to have known this brilliant, courageous man.

Researchers eventually developed HAART—highly active antiretroviral therapy—and AIDS is now a chronic disease that patients can live with. Although years earlier I never could have imagined it, I came to recognize how greatly my life has been enriched as the result of caring for these courageous patients.

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 typescript pages.