

Rebirth Certificate



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

—FWP

Salem A. Salem, MD

From: Department of Internal Medicine, University of Texas Health Science Center at Houston, Houston, Texas 77030

Address for reprints:
Salem A. Salem, MD, Department of Internal Medicine, University of Texas Health Science Center at Houston, 6431 Fannin St., Houston, TX 77030

E-mail: dr.salemsalem@yahoo.com

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"Be close to your patient, but not too close."

Those were the words of my professor of pediatrics when I was a medical student 11 years ago. They meant little to me at the time. A decade later, however, after developing my own clinical experience, I understood the wisdom of his advice.

Recently, I found myself deeply involved—perhaps too much so—in the care of one of my patients, “Mr. D.” I was a faculty member in Internal Medicine at the university hospital where Mr. D had been admitted for fever and fatigue of one month’s duration. Preliminary studies showed low platelet and high white blood cell counts. Subsequent bone marrow examination confirmed the diagnosis of acute myeloblastic leukemia, and he was transferred to the oncology ward. It was there that he and I first met one another. I introduced myself by name and title and mentioned that I would be his physician. He, in turn, replied anxiously, “I’m Mr. D, a new cancer patient.” We shook hands and spent about 15 minutes getting to know each other. I left his room unaware that this new relationship would soon cause me enormous emotional distress and spiritual disturbance.

Mr. D’s treatment was long and exhaustive: many cycles of chemotherapy, transfusions of blood and blood products, frequent monitoring of blood counts, and many lumbar punctures. In addition, numerous therapeutic side effects and sequelae presented further challenges for him and for me. Despite these obstacles, Mr. D’s leukemia went into remission, and he was discharged from the hospital, a happy man.

During that ordeal, I got to know Mr. D in detail. In fact, I knew more about him than did any of his closest friends—his hobbies, interests, how he met his wife, his favorite movie, etc. I thought about and cared for him more than I did for any of my other patients. And during his remission, I called him or he called me daily. We had more than a solid patient–doctor relationship; we had forged a special and sincere friendship.

Regrettably, the remission was short lived. Eight days after his discharge, he returned to the emergency department not feeling well. Within hours, he developed high fever and multiorgan failure, which prompted his transfer to the intensive care unit. Nearly every one of his laboratory studies was strikingly abnormal, including no detectable circulating white blood cells. One fact seemed clear: impending death.

Why this sudden turn of events, I wondered? Was I somehow at fault? Why is life so unfair? What did Mr. D do to deserve this? Many more questions were ruminated. All I could think about was Mr. D and death. I lost track of my other patients and was so disturbed that I could not carry out my routine daily work effectively, or get any sort of sleep at night. I stopped enjoying my own life and became very depressed. I now realized that I had allowed myself to become too attached to Mr. D. And because God presumably had not heard my prayers, I was mentally ready to attend Mr. D’s funeral.

Fortunately, I was wrong. Five days after his admission, Mr. D’s condition abruptly began to improve, as evidenced by normal results on an arterial blood gas test. From that point forward, his improvement was rapid. Soon he was alert, talking, and walking. After a few more weeks in the hospital, and a few months in rehabilitation, he was back home, his old self again.

To celebrate his return to health, I wanted to give Mr. D a special gift. So I placed his arterial blood gas report in a small frame, alongside a rebirth certificate that I designed, using diploma font on parchment paper. The rebirth certificate contained most of the information usually seen on an authentic birth certificate.

When I gave my gift to Mr. D, his wife was at his side. Both were speechless, overwhelmed with joy and gratitude. Tears in their eyes brought tears to my eyes as we all hugged each other.

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.