



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

— FWP

Jeremy A. Ross, MD

From: Division of Cancer Medicine, The University of Texas MD Anderson Cancer Center, Houston, Texas 77030

Address for reprints:
Jeremy A. Ross, MD,
Division of Cancer Medicine,
The University of Texas MD
Anderson Cancer Center,
1400 Holcombe Blvd., Unit
463, Houston, TX 77030

E-mail: jrosstx@txem.com

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My Time in Jail

Crash! The door slammed shut behind me, metal on metal. I was back in jail. But I would not be staying long. My shift as the jail physician would end in the morning, and I would be free to walk through those same doors. The familiar sights, sounds, and smells of the jail filled my senses as I walked to the clinic to begin my work. As usual, it would be chilly inside, so I zipped up my jacket. The jacket had been purchased through a fundraiser for my residency program and proudly displayed the hospital logo on the left side of my chest. Out there, in the “real world,” I was an experienced upper-level resident closing in on my dreams of a fellowship in hematology/oncology. In here, I was simply “Doc.”

I started work, and the hours passed quickly. The clinic was very busy. There was a long list of new patients to see, as well as clinic appointments and even a few emergencies. After taking a short break to catch up on my documentation, I grabbed the next chart from the stack and walked toward bed 4. I read the cover sheet quickly. Mr. J. was a new patient, a 24-year-old man charged with assault and possession of a controlled substance. He had a history of human immunodeficiency virus and had previously been treated for tuberculosis. He was not taking any medications at that time and had told the nurse that he was addicted to alcohol and heroin. Nothing in his chart, including his picture, was familiar to me. He was simply the next patient. There had been thousands before him, and there would be thousands more after him.

Newly jailed patients are unpredictable. I was often surprised by the way they acted and the things they said in their extraordinarily vulnerable position. Some were tearful, some were angry, and many were afraid. Mr. J. was sad. When I first saw him, he was hunched over, staring blankly at the floor. He also appeared to be quite ill. He was extremely thin, with temporal wasting. I could clearly see his sharp clavicles through his oversized shirt. His arms and legs were covered in cuts, bruises, and dirt. I approached him and placed my hand on his shoulder, and at first, he did not move. As a jail physician, I was not required to share my name with the patients, but I immediately sensed this man’s need for compassion, and I wanted to convey that along with my name.

“I’m Dr. Ross, and I am here for you. Tell me about your medical problems and how I can help you.” There was no answer or movement. The seconds on the clock in front of me ticked away slowly. Nearly a minute passed. Still nothing. “Listen, I don’t judge you. I’m just the doctor, and I’m here to help you. I hope you will let me.” Finally, after what seemed like an endless amount of time, Mr. J. lifted his head and we made eye contact. In those first moments, I experienced the vague sensation that I had met this man before. Did I know him? Surely not, but there was something unmistakably familiar about him. As I spent more time with him that night in the clinic and learned his history, the sensation grew stronger. Eventually, he began to feel the same way, but neither one of us could figure out why.

Almost 3 years earlier, I had been nearing the end of my first month as an intern on the internal medicine wards at the county hospital. One of my final patients was a young man who had come to the hospital at his wife’s request. He had been experiencing a variety of concerning symptoms and, having become too sick to work, had lost his job as a mechanic. Laboratory tests and radiographs performed by our team revealed severe pancytopenia and multiple pulmonary cavitations. He was diagnosed with AIDS and disseminated tuberculosis. We started treatment, and he stayed with us until the end of my rotation. His wife never visited. He was extremely lonely and longed especially for his 16-month-old daughter. We bonded over many long conversations as doctor and patient. My biggest challenge was to give him hope. He was miserable and considered his life to be over. After many hours, I was finally able to convince him that there was reason to go on. His tuberculosis was curable, and

antiretroviral therapy would restore his immune system. He would have the same chance as anyone else to live a long and healthy life and to walk his daughter down the aisle at her wedding.

On my last day in the wards, Mr. J. had a huge smile when we shook hands. He was scheduled for follow-up at the clinic in a few weeks, but I gave him my phone number so that he could call if there were any problems before then. He had become my friend. "We'll talk soon, Mr. J. It's all going to be OK." But he never showed up at the clinic, and I never heard from him.

Back at bed 4, I finally realized our connection. "It's you!" We embraced. It had been years, and he was nearly unrecognizable. He had lost more than 100 pounds, all his teeth, his family, and now, his freedom. He felt ashamed, and—through tears—told me of his struggles after leaving the hospital and how his life had slowly deteriorated. He wanted to hear about my life, and as I reluctantly shared some of my joys and successes, not wanting him to feel even worse about himself, he expressed only genuine happiness for me. I prescribed all the medications he would need, ordered some laboratory tests, admitted him to the nursing unit, and scheduled a follow-up appointment for him in a few days. With protocols completed, the real job of the jail physician began. I had to restore in him the hope for a better future. The road would be long and even more difficult

than it had been years earlier. He would face charges, and he would most likely serve a substantial amount of time in prison. However, he would have access to medical care while incarcerated and would quickly gain weight and grow stronger. Time would pass and, one day, life would be good again. This time, we would not forget each other.

A few hours later, I passed through those thick metal doors again, turned in my badge, and walked out into the world. The sun was just rising and all the car windows were covered with condensation. The sound of the birds, the feel of the pavement under my feet, and even the thick summer air were welcoming and calming. I thought of Mr. J. getting settled into his accommodations. He was at the start of a long journey. I felt honored to be his physician a second time. I prayed that he would not lose hope and that he would one day walk the Earth again as a free and happy man.

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.