

# Unique Empathy Gained: Liver Transplant Specialist as a Liver Transplant Patient

Terry D. Box, MD  
Katherine Anne Utech, BS

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**Section Editors:**

John A. Goss, MD, FACS  
Jeffrey A. Morgan, MD

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**From:** Medical Student (Ms  
Utech), Baylor College of  
Medicine, Houston, Texas  
77030; and Division of  
Gastroenterology, Hepatol-  
ogy and Nutrition (Dr. Box),  
University of Utah School  
of Medicine, Salt Lake City,  
Utah 84112

**Address for reprints:**

Terry D. Box, MD, Division  
of Gastroenterology, Hepa-  
tology and Nutrition, HSEB  
Suite 5515, University of  
Utah School of Medicine,  
26 S 2000 E, Salt Lake City,  
UT 84112

**E-mail:** terry.box@  
hsc.utah.edu

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**T**hroughout our medical careers, we try to understand our patients by placing ourselves in their shoes. Often, however, the shoes don't fit, because they have been shaped by individual experience. How can we possibly relate to how they feel—we who sit in the opposite chair, draped in our white coats and stethoscopes?

I learned what it means to walk a mile in someone's shoes when I traded my white coat for a patient's gown, becoming (to my knowledge) one of 2 liver transplant specialists in the world to have undergone a liver transplantation.

My evolution as a liver specialist was not planned; however, it may have been pre-ordained. In 1983, I had finished my training in gastroenterology and hepatology and left the University of Utah for what I anticipated would be a conventional gastro-intestinal medical practice. However, in 1986, I was asked to collaborate with the transplant surgeons at Salt Lake City's LDS Hospital in caring for the first patient ever to undergo liver transplantation in Utah. From then on, I was committed to becoming a transplant hepatologist.

I had always been an avid cyclist, and I spent much of my free time with my bicycling companions. I had ridden in the Race Across America twice. However, on a summer day in 2002, I began a bicycle ride that I just couldn't finish. Within the first 6 blocks, I uncharacteristically straggled at the rear of the group. Cyclists whose best efforts I had exceeded a year earlier were speeding past me. My energy was fading, as though I were riding on 2 flat tires. I didn't know it then, but my journey as a patient had just begun.

I had ignored my enlarged liver for more than 3 years, and the symptoms had finally caught up with me. My wife Lee Anne and I could both see the telltale signs of progressive illness: a vastly enlarged belly, swollen ankles and legs, and clothes that no longer fit. I awoke each morning in sweat-soaked pajamas, and my physical strength was slipping away. The symptoms that I evaluated daily in others had become my own. The diagnosis was malignant hemangioendothelioma, and I assumed my position on the transplant waiting list.

On 18 October 2002, my seemingly routine conversation with the liver transplant coordinator about our patients ended with a twist when she announced, "I've got something else to talk to you about. I think we have your liver."

My life was about to change, but I was not overcome by fear. From the start, my family and friends had surrounded me with love and positivity. Ray Thomason, my long-time friend, hepatology partner, and fellow Texan, brought a Texas flag to adorn my hospital room and a guitar to help pass the time. On Transplant Day, Ray lifted the guitar and suggested that we mark the occasion with an appropriate tune. We struggled to get through Willie Nelson's "On the Road Again"; Lee Anne began crying, and our voices cracked. As I was wheeled to the operating room, I considered the big picture: the untimely death of the donor, the family's selfless decision to donate the organ, my apprehension about the operation and recovery, and the concern and unwavering support from all who loved me. That's when it struck me: *this* was what it felt like to be in my patients' shoes.

Today, I am well. I have been able to celebrate another 16 years of marriage with my beautiful wife, see my daughter graduate from college, comfort Ray when his wife died, and eulogize my father and father-in-law. I am riding my bike again, as easily

as ever. I owe each cherished moment and surmounted struggle to the gift of life from my generous donor family. And equally rewarding is my new perspective as a physician: I have gained firsthand empathy for all my patients, and I can now walk in their shoes.