



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

—FWP

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The Comfort of Destiny

I had spent a long month as an intern in the intensive care unit. Near the end of my rotation, I arrived for an overnight shift, and my resident promptly approached me. “You’re up first for an admission—the kid in bed 12. Here are his transfer records.”

The patient, Jimmy, was 27 years old, like me. For 8 weeks, he had needed multiple blood transfusions; however, no diagnosis had been made. Eventually, someone had examined his blood smear, seen blasts, and urgently referred him to the county hospital.

The medical records said little, so I decided to start from scratch. Jimmy was sleeping with a frayed baseball cap over his face, and a concerned elderly woman sat beside him.

I nudged his shoulder to wake him up and said, “It’s nice to meet you. We’ll do everything we can to figure out what’s going on and help you get better.”

“Thank you, Doc,” he said. “This here’s my mom. She’s everything to me.”

Bone marrow biopsy results confirmed a diagnosis of acute myeloid leukemia, and Jimmy started chemotherapy. He remained hospitalized for more than 4 weeks, and I visited him often.

My year of internship ended, and Jimmy achieved a complete remission. He began outpatient care for his leukemia. We did not see each other for almost 2 years. One night during my final year of residency, I received a call from the emergency center. The doctor said, “I want to admit a 29-year-old guy with a white blood cell count of 50,000. His leukemia might be back. He’s in the green section, bed 8.”

I suspected that it was Jimmy, and my stomach turned. “Thank you. I’ll be right there.”

The intern and I stared into the microscope. The disease was obvious; the slide of Jimmy’s blood was filled with malignant cells that would almost certainly take his life. All I could muster was a long sigh. The intern touched my shoulder knowingly, and we sat in silence.

Even more difficult was sharing the news with Jimmy and his mother. Jimmy replied simply, “Doc, you know that we trust you to do everything you can.”

Jimmy underwent more chemotherapy but never achieved a second remission. He was frequently admitted to the hospital for symptom management because he had nearly constant nausea, vomiting, and pain. He was never well. Regardless, our time together led to friendship.

Later, when I was chief medical resident, Jimmy was admitted twice to my service, where I had the greatest possible control over his care. However, little could help, and his suffering continued. His mother traveled a long distance to be with him nearly every day.

As time passed, Jimmy became a shadow of his former self. His leukemia advanced relentlessly despite all efforts. I recommended that he be treated at a major cancer center where I was completing my training, and he was enrolled in a clinical trial. Each time he was admitted, I checked on him. Although the experimental therapy appeared to be failing, he and his mother did not lose hope.

Weeks later, my pager awakened me after 3 AM. My hazy eyes focused on the text: “Code Blue. Room 1630.”

I rushed to the room, my shoes untied. I did not notice who the patient was. No family members were present. Chest compressions were in progress. I told the respiratory team to place an endotracheal tube. We urgently administered medications. After an hour and no pulse, I stopped the efforts and accepted the inevitable.

I walked exhaustedly to the nurses’ station to complete the chart notes. To my shock, at the top of the page was Jimmy’s name.

Instead of calling Jimmy’s mother from the hospital telephone, I used my own, so she would recognize me. After 3 endless rings, she answered, voice filled with tears. “Dr. Ross, is he gone?”

Life’s seeming coincidences may instead be destiny. Jimmy and I always seemed to cross paths at important moments. As an intern, I diagnosed his leukemia and discussed

possible cures. Two years later, I shared the devastating news of relapse with him. Later during my training, we rarely went a month without seeing each other. Was it merely chance that our paths crossed that one last time?

I believe that destiny brought us to our final meeting. Sad though I was to lose my patient, I take comfort from having been with him throughout his treatment and at the end.

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.