What I do all day

Shane Neilson, MD

What I do all day? Diversions, idleness.
The doctor's life is listening, thinking,
not jackhammering or installing bathrooms.
I don my white coat and stethoscope
and am admitted to interiors,
given glimpses of lives as they are lived,
as they are died. I mention my script pad now
because it occupies me; I doodle drugs
on it, tear off sheets with the best intentions.
Come back and see me if you're not better.

Then there are the tests, the gyproc I lay,
the paces I put patients through; these occupy me too,
and mostly I get to say, gloriously, *There's nothing wrong with you*. That's my thunder. Sometimes I touch,
looking for laggard organs, rheumy eyes,
bad backs and reclusive reflexes;
other times I just sit, and wonder:
How can I help this person?
and the answer always is:
look interested. Even when I feel
like a juggler, tossing objects
of different weight in the air
as someone moans about their misery:
practice my act.

But sometimes things get serious.
In med school they have a unit called Breaking Bad News,
and a formidable professor showed us a video
of a buck-toothed Brit explaining how to say,
You have cancer, or, *You have HIV*.
The disease didn't matter, the news was the same.
I couldn't help but giggle at the sanctimony-
what can prepare one for that, both speaker and spoken to?
We paired off and told one other we had
dastardly diseases, armed with a Kleenex box
and an instructor cueing us on body language.
Artificial and absurd. I gamely told my friend he had cancer
and later we shared a pint at the Upper Deck.
The practical experience I have in breaking bad news is sad.
It's news I'd like to spare the person, just omit,
and though through hard application,
I've never gotten very good at it.
Back again to med school, where one of my friends
was taken as demonstrator to the front of the room
where he told another of my friends that he had Multiple Sclerosis.
Masterful! We clapped when he was done,
worrying more about the technique than the actual news itself.
Just yesterday I entered my examining room,
greeted my patient, sat down, took a long sigh
over her chart and said, "I'm afraid I have bad news.
You have breast cancer."

I'm used to shock,
and I'm used to indifference and I'm used to denial,
and I'm used to honest, knockdown grief.
That I'm used to this doesn't mean I'm good at it.
I try to be solemn, I try to be serious, and I grant them
as much time as they need to absorb their bad news.
But this bad news breaks me, it breaks against me,
and sometimes bad news is like the tide: out one minute,
then pressingly in the next. But then that's not fair to the news:
there's a matter of perspective. I got better at breaking bad news
when I realized that what was said or how it was said
wasn't really important (beyond obvious botch-ups,)
that even the bad news itself (life-changing) wasn't important.
This wasn't the most crucial news they'd receive that day.
For example, my breast cancer patient
might have been told by her husband that she looked beautiful
that morning, or that her breakfasts were the best.
We overvalue the bad, overestimate it's hold;
the context is a sea of good,
and though nothing will ever be the same, a lot will continue
to be the same. All my dalliances with prescription pads
and lab requisitions have taught me that bad news itself
can be a diversion from what really matters.

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