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## The Patient Resident

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I slide open the door and slip into my patient's room. Mr. C. is a 64-year-old army veteran who presented several days ago with massive hemoptysis. I say those words aloud each morning on rounds, but they hardly describe him.

I learned intimate details about his body from his laboratory, imaging, and pathology reports. But I only came to know him through the hours at his bedside. The woman he loved was working in the artichoke fields and struggling to learn English. He was proud of his three sons, scattered around the country. After a career in combat, he was a God-fearing man, but he feared death most of all.

When I first examined him, I suspected he had cancer. He was cachectic, and I could feel the uneven contours of his organs beneath my fingers. Now, I've come to share the results of the biopsy.

"There she is," says Mr. C. with a smile, pulling himself up in bed. As his intern, I am a familiar face amidst the ever-changing personnel.

"I came by to talk about your

biopsy," I say gently. Our eyes meet, and my body language gives me away. His eyes begin welling with tears.

"It's cancer, isn't it?" I nod.

His eyes slowly close as the news sinks in. A monitor alarms as his heart rate soars. I silence it — I don't need technology to tell me he's terrified. I gaze down at his trembling hands — the hands that once held his children, wiped tears from his wife's face, that traced the sign of the cross each Sunday at Mass.

We sit in silence. It's a loud silence, full of racing fears of the unknown. It's that moment when everything has changed for him: he has gone from before to after. I know this moment all too well.

I look at my own hands — hands that a year prior first held my newborn daughter. Hands that, soon after, clutched my phone as I read my own radiology report: "Mediastinal lymphadenopathy consistent with lymphoma. Bilateral pleural effusions." I remember the room started to spin but I felt paralyzed; then paralysis gave way to sobs. "I don't want to leave her," I repeated to my husband over and over. Panicked, I

called my father, a gentle, kind family doctor. "Dad . . . do I have cancer?" I asked, catching my breath — the words sounded surreal as I heard them out loud. My hands held my eyes shut as he promised he'd be on the next flight.

Earlier on the day of my diagnosis, I'd rounded as a new intern on the cardiology service. I had brushed off a nagging cough and weakness: I'd expected to feel run down after my cesarean delivery, so I pushed through. I was doubled over in pain by noon conference, but it passed. I learned in medical school to work through discomfort, prioritize patient care over my own body, and see patients and doctors as inherently different. It didn't dawn on me that I could be gravely ill. Then a rubbery supraclavicular node appeared, and I couldn't ignore it.

Just 2 weeks into my internship, the disparate identities of physician, mother, and cancer patient had collided inside me. I didn't know who I should be at any given moment. I had expected to learn medicine by observing and caring for patients; instead, I learned about chemotherapeutics,

antiemetics, and granulocyte colony-stimulating factors firsthand. At a time when I was just beginning a life of healing by day and parenting by night, I suddenly became a patient in my own hospital, at the mercy of my mercurial biology.

I was shaking as I removed my crisp white coat and climbed into a hospital bed, donning a patient gown for the first time. The radiology report had prompted an echocardiogram that revealed cardiac tamponade — my heart was straining to pump blood past an overwhelming tumor burden in my chest. That evening, I lay awake, remembering the patients I'd rounded on that morning. It struck me that I was sicker than any of them. On the verge of cardiac collapse, I felt terrifyingly mortal.

After I left the hospital, time slowed. For years, I had been in a rush — working to get into medical school; withstanding the pressure to survive classes; transitioning to wards while trying to maintain my marriage and start a family; prepping for board exams and residency interviews. Now, the cadence of my life followed a series of 2-week cycles centered around chemotherapy. My hair fell out in fistfuls, my postpartum skin hung off my aching bones, my breast milk vanished. I feared holding my daughter too close, wanting to keep her safe from the war raging in my body. When I did hold her, I felt mind-expanding love laced with an overwhelming fear of loss. She'd scrunch up her face and give me a smile identical to mine at her age, evoking a time when I was naive to this pain. She was just starting her life, and I was fighting for mine.

Over the next year, I underwent 12 chemotherapy treatments, two hospitalizations, two pericardiocenteses, four PET scans, and innumerable blood tests, echocardiograms, and x-rays. Being sick was a full-time job. Each day felt like free soloing a cliff: at any moment, bad news from a lab or scan could hasten the abyss.

On my last day of treatment, there was no bell to ring, no celebratory singing. My hospital bracelet was clipped off, and I was discharged with instructions to return in a few weeks for a final scan. The results came swiftly in a phone call. I was cancer-free. But being cured was only the start of healing.

The following day, the most glaring remnant of my disease, the long central catheter to my right atrium, was removed. My body was returned to me, no longer merely a vehicle for fighting a malignant force. But was it even still me? My oncologist cleared me to return to residency. No longer sick but far from well, I stumbled through my first steps of survivorship.

I was eager to be on the wards in this time of Covid — I had patiently awaited the chance to match the tempo and bravado of my coresidents, chasing the diagnoses and prognoses of others. But internally, I was struggling with the now-porous partition between doctor and patient. Every patient reminded me of some aspect of my own illness. Their primal fear was familiar, and the scent of their hospital gowns evoked memories of my own. The hospital was full of meaningful landmarks. One day I paused at the doorway of a patient with breast cancer, remembering when I'd been hospital-

ized in the same room. I caught a glimpse of myself in the mirror where I'd once stared at my sunken face; now a rounder face looked back at me. I felt my fear return. Would I get sick again? I had shed the cloak of cancer, yet I still carried its weight.

I stopped rushing through my ward work. When patients spoke, I slowed to listen. I pledged to be their ally in a journey through the unknown, a journey I share. Slowly, my identities as cancer patient, doctor, and parent began to complement one another, their sum greater than the parts.

The alarm sounds again and startles me out of my reverie. I squeeze Mr. C.'s hand, and he squeezes back. We sit that way for a long time.

Later that night I'm at the dinner table with my family, marking the first anniversary of my diagnosis. My husband puts his arm around me, and I begin to cry. Our daughter, just learning to walk, comes to me. She reaches for my face, gently touching my tears in wonderment. Tears that fall because I'm still here, because I'm well, because I can witness my daughter just beginning her journey. I think about Mr. C., recalling the tears and the touch of someone who is nearing the end of his own. Though all of our journeys will have beginnings and endings, our lives are what we choose to do with the precious, unpredictable, terrifying, and beautiful moments in between.

Identifying details have been changed to protect the patient's privacy.

Disclosure forms provided by the author are available at [NEJM.org](https://www.nejm.org).

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