
essay

ON THE OTHER SIDE

by

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Yesterday morning my friend Peter woke me calling to tell me that his three and a half year old son probably has leukemia.

He called me partly because I am his friend, but primarily because of my ten years of experience counseling chronically ill children and their families. I immediately offered the name and phone number of another friend who is a pediatric hematologist-oncologist. Peter replied that he had a few more people he wanted to talk with, but was leaning toward calling my physician friend.

Over the next couple of hours I had several conversations with Peter as he struggled with the decision of whether to change physicians and transfer his son's care from one medical center to another. I was unable to concentrate on anything else as I awaited his calls. I knew that he needed to make a decision fairly quickly.

I have seen this crisis many times from the other, professional, side. When a child becomes acutely ill, an array of health care professionals provide huge amounts of information, which the parents must use to make decisions in a compressed period of time, decisions which have a profound effect on their child's life. When I am on that other side, I clarify some of the information, provide support, and help answer questions.

This time it was different: this time the parents were friends, and I felt that difference very acutely. I was torn by my emotions. I wanted to push Peter to choose my physician friend, but I knew he needed to come to that decision himself. When he finally did, he found that a colleague, not my physician friend was on call. When I offered to call the physician at home, Peter was grateful.

Arrangements for the transfer were initially confusing to me, and required clarification. My

professional side was overwhelmed by my feelings on the personal side. When I expressed some frustration, my physician friend reminded me that "this is easy—it's only logistics: talk to the nurse, get the records, put the child in the car, drive to the other medical center." He had already shifted into crisis mode, while his tone of voice reminded me that he knew exactly what to do.

I calmly repeated the instructions to Peter, who was waiting on my other phone line. I reminded him of what I had not remembered—this is "only logistics." It seemed awfully complicated and difficult to both of us. But, he understood, and began to sing "who loves ya' baby," repeatedly telling me how glad he was that I had been home when he called.

Then, my home became unbearably quiet. I did some work, and went to exercise, all the while imagining Peter on the road. In my mind's eye, I saw him making the stops he had been instructed to make in order to have all possible information available for the physician. Peter would then put the child in the back seat, in his car seat of course. He is the kind of parent who works hard to keep his children safe.

I imagined what it would be like on the other, professional, side. My physician friend would be conferring with his on-call colleague. The resident physicians would be alerted to expect an admission to the floor from the emergency room. Tests necessary for a definitive diagnosis would be ordered. In between these events, if I was on that side, my physician friend might talk with me about an unrelated matter, or eat lunch, or make a phone call—all the while remaining vigilant in relation to managing the details of the crisis. He would not resent the many interruptions of the day related to my friend's child. Again, for me there was that torn feeling of knowing how smoothly it

would go on the professional side, while feeling, on the personal side, my own pain over the suffering of the child's parents.


Today as I walked to the medical center, I remembered when I met Peter's wife, the child's mother, for the first time. "This," Peter had said, pointing to his wife's protruding belly, "is Aaron Michael."

Today Aaron Michael was asleep, still affected by the medication given to him to dull the pain of the morning's tests. He looked small, but tough, hooked up to all that equipment. He was, it was reported, a trooper, who weathered the morning well and ate coco-puffs upon initially awakening. Peter and his wife looked exhausted. They needed showers. They could not decide who should eat the BLT sandwich and who should eat the orange. Neither wanted either. They decided to share.

A counselor who works with my physician friend walked in. I had met her a couple of times before, but today, I did not recognize her until she

said her name. She, however, recognized me as a person who needed a hug. As she hugged me I fought back the tears, explaining to her that this time it was very different—these people were my friends, not my patients. This time I was on the other side.

Tomorrow, once again on the professional side, I will get up, go to my office, and see my patients. Their needs will come first, their problems will be the most important. Tomorrow Aaron Michael will get up and begin chemotherapy. He will cry, he will feel sick, and his parents will suffer as they watch him suffer. Tomorrow, on the personal side, I will suffer with them.

Aaron Michael will probably live. In my heart of hearts, I believe that my physician friend will save Aaron Michael's life. My friend will help my friend. My hope for myself is that I will use the empathy I experienced with Aaron Michael to help me better understand my patients, when I am on the other side. 

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