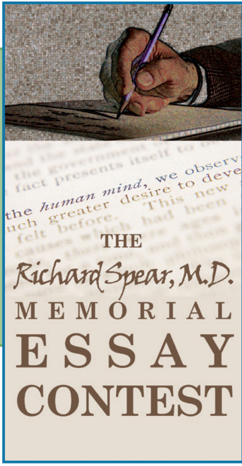
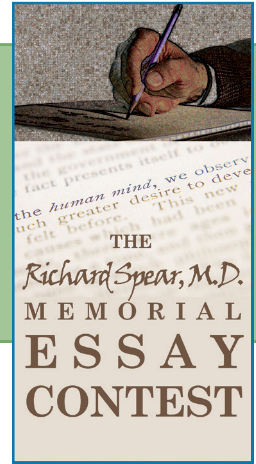


PHYSICIAN-IN-TRAINING/
MEDICAL STUDENT CATEGORY

WINNER



2015 RICHARD SPEAR, MD,
MEMORIAL ESSAY CONTEST

HOLD THE PHONE

Sarah Khayat

The child spoke Spanish and English. He was alone with a sitter as his parents were barred from visitation during the period of Child Protective Services (CPS) investigation. He appeared frail and had a stubbornly wary demeanor. Etch and Sketch® was propped up on his lap as he vigorously turned the knobs, making an unconvincing show of indifference. The hospital-issued stark white blanket was pulled up to his belly and the head of his bed elevated; he was dwarfed by his surroundings. Everything seemed too big, just like I'd imagined Alice in Wonderland felt after drinking from the bottle down the rabbit hole. We were gowned, gloved, and masked, only enhancing the depth of his suspicion. The attending's attempts at rapport- "What are you drawing? What grade are you in? How old are you?" - were met with tenuous defiance. The attending jokingly listened to his knee and then his elbow with the stethoscope, trying to render it, and by extension himself, harmless. Then came the point of actual physical contact. His tough exterior rapidly crumbled as the stethoscope approached. Finally, he abandoned all defenses and became a child again, crying inconsolably.

This was a 6-year-old child with Chronic Granulomatous Disease, a congenital primary immunodeficiency, on appropriate prophylaxis being treated for a lung abscess. He had a history of treatment for liver abscesses and poor adherence to the medications meant to preclude those complications. Upon inspection, he had what were considered potential cigarette burns- one on the face and the other on the back. I would be remiss in not mentioning a background of poverty and an exclusively Spanish speaking family. This was the situation in which I uncomfortably found myself while on my inpatient pediatrics rotation. It was problematic from many different vantage points. Aside from the obvious need for involvement of CPS, there was the quite practical issue of communication. The child could not serve as interpreter to his family, for obvious reasons. At least for this, we felt we had a practical solution: the interpreter phone.

Two days later, mom was granted visitation, but only under supervision of a hospital appointed sitter. She had the same expression of wary defiance that we had witnessed in her son two days prior, but she was generally pleasant and participatory. We noticed her child was much more interactive in her presence; he giggled at the corny jokes meant to make him feel at ease and was no longer as apprehensive come time for the physical exam. Each day, we used the interpreter phone to help clue mom in to what was happening medically and the results of the various cultures that were sent to the lab. I was intrigued by his behavior during this whole exchange. Rather than distract himself with a toy or watch television while the adults were talking shop as most well-adjusted six-year-olds are wont to do, he took a radically different approach. His precocity would peek through his prepubescent exterior as he would very astutely look from the doctor to his mom, and back again, rapidly processing what was being discussed utilizing his familiarity with both English and Spanish. He never visibly reacted; not a flinch, grimace, or groan. His composure was not for us to rescind.

Eventually, discharge day was upon us. Child Protective Services had decided that the child's home was not fit for return. The need for foster care was also likely informed by the questionable burns

on his body and the lack of compliance with the daily prophylaxis for his CGD, whether due to lack of education, poverty, or flat out neglect. Mom had been prepared for this outcome, but we couldn't know for certain if she really knew the consequences of the decision. If the child knew, then he gave no indication to that effect. The intern lifted up the receiver and asked for Spanish. Mom was given the other phone. Both mom and child looked up expectantly. Updates and instructions relating to purely medical care were offered first. Then came the unsavory news and it was so seamlessly incorporated into the spiel that it almost seemed like a matter of routine care. The proverbial bandaid had been ripped off, compliments of a third party interpreter. I held my breath waiting for the reaction that I felt would likely be an outburst of histrionics. But, mom and child both dimly nodded- yes. No tears or tantrums. Whether this was because they already knew what was coming or were uncomfortable reacting so emotionally in the presence of a group of masked strangers or they hadn't had time to fully process the news, we didn't know. The intern confirmed that mom understood what had been said and she again nodded, yes. Both receivers were set down. The attending, seated on the bed, lightly patted the child's back and told him to continue to be good, that he had a bright future ahead of him. Then, we took our leave.

This experience represented a microcosm of the remote language interpretation experience. I think the situation was dealt with appropriately and compassionately, considering the imprecise science of the interpreter phone and the sensitive nature of what had to be said. Nonverbal attempts at rapport and compassion were the rule, rather than the exception. Despite care in making eye contact and involving mom in the discussion however, it was obvious that the phone represented an ultimately inadequate compromise between relatability and communication. The impersonal nature of the technology, the extent to which it depends entirely on objective words to the exclusion of very human mechanisms of understanding and empathy, and the reliance on a stranger's interpretation for comprehension make it a tenuous technology at best, albeit a necessary one. Since it is not feasible to have human interpreters on hand for every encounter with an exclusively non-English speaking patient or family, these drawbacks have been rendered forcefully palatable.

But we don't have to swallow them whole. The key is to remember that the phone does not excuse us from trying to build rapport the same way we do with all patients. It does not and cannot perfectly relay the information we would like to get across (such is language interpretation). It has the capacity to stifle discussion and questions, thereby making it necessary for us to find ways to rekindle that exchange of ideas. It can make patients and their families feel vulnerable and uncomfortable. Gestures like a smile are universally understood and can and should be used liberally. We do not want to let it become, as Albert Einstein once said, "appallingly obvious that technology has exceeded our humanity."

The child and his mother likely will not remember the exact words used to describe his current condition or even the way in which they were told about his 'disposition' to foster care, but there is solace in thinking they might recall the gentle smiles, the reassuring glances, and the tender pats on the back that they received from their physicians.

Note: Sarah Khayat will be a fourth year medical student at the University of Louisville this fall.

The Richard Spear, MD, Memorial Essay Contest is a yearly writing competition hosted by the Greater Louisville Medical Society. Dr. Richard Spear, a respected Louisville general surgeon, passed away in 2007 and left GLMS a bequest to fund an annual essay contest. To view the Richard Spear, MD, Memorial Essay Contest archives, visit www.glms.org/Default.aspx?PageID=530.