CAME Voice/Voix

The patient in the third bed

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This morning it is my turn to be a general surgery patient. I am waiting just outside the operating room with five strangers clad in typical hospital clothing. I am not very nervous. I am familiar with hospitals and their routines, I was impressed with the young surgeon I met during the preoperative phase and I do not have any major risk factors. So here I lie in bed, naked under my blue gown, waiting for a man in a lab coat to bring in the next person to be operated on. As I wait, I observe all the comings and goings: nurses, porters, orderlies and doctors whose faces still bear the traces of the masks they wore during the preceding operation. Every time the door opens, I imagine each patient's heart jumps, either from anxiety or relief, as they wait to find out whose turn it is. There are four people ahead of me, but I know that operating room logic is not governed by such rules. So, I focus instead on the patients next to me. Since the beds are so close together, I can hear everything.

A surgeon confidently approaches the woman in the third bed. He speaks to her in low, reassuring tones, touching her arm, and though he is murmuring quietly, so as not to embarrass her, I nonetheless hear the words "hysterectomy, chemo and then we'll see…" The woman is about 40 years old. I see fear on her face, fear of this thing that she wants the surgeon to excise from her as quickly as possible, before it takes over her entire body. As the surgeon leaves, saying "It'll be fine," she responds with a forced smile. He is followed by a younger doctor who I assume is the anesthesiologist. He quickly reviews the usual list of questions and, when the patient mentions that she smoked her last cigarette the previous evening, the young doctor starts lecturing her about the harmful effects of tobacco, denouncing the dangers of nicotine, throwing around statistics and strategies to convince the patient that she is the master of her own destiny. The woman's face, already betraying anxiety, clouds over with incomprehension in the face of this admonition. In her belly, cells multiply uncontrollably, indifferent to the logic of the future, and this sermon only heightens her feelings of helplessness about her future and the guilt that has wracked her since the diagnosis. In this moment of frailty, when the sound of the word "hysterectomy" can unnerve her, when the thought of being anesthetized is conflated with the fear of never waking up, when she cannot stop thinking about the cancer, even though she has not yet accepted it, she seems to be master of nothing.

A little later she is wheeled into the operating room. Her heart is beating wildly, but no one can hear it. I will never see her again, never know if her uterine cancer will leave her enough time to stop smoking. However, I do know that inappropriate speeches can be just as toxic as smoking. The doctor did not see the distressed patient behind the cigarette. He did not recognize that critical moments such as these are not the time for useful advice. Of course, it is likely that lengthy hospital shifts, overscheduling and demanding follow-ups were what led the anesthesiologist to lose his empathy, compelling him to talk too much to cope with all the misery. The usual recommendations and protocols got the better of his compassion. That's why the patient in the third bed fell asleep thinking of her next cigarette.