

## A PIECE OF MY MIND

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## A Handshake

I grab the chart from the bin outside the door, and walk directly into the consultation room. The patient sits in the room composedly, despite the fact that I am running late. He's here for the surgical portion of a kidney transplant evaluation. He is a big man with an East African accent, dressed in a long earth-tone African shirt and matching pants. I introduce myself and apologize for being late. As we shake hands, I notice, almost in passing, that his grip is not as strong as it should be, and he moves his shoulder awkwardly to meet my hand. I sit down and quickly scan his chart.

We start talking about his medical history. I notice he's a new faculty at the university—he's an English professor specializing in theater. That seems more interesting than what I do, but I try not to pry too much. He is from Uganda originally, but most recently from Canada. He's not entirely sure why he has renal failure, but thinks it is from hypertension. That portion of his history seems fairly typical for dialysis patients seeking transplant. Soon after, he tells me he had malaria a number of years ago—something not typical for most Midwestern transplant candidates. I think that is okay, I tell him, but I'll check with our transplant infectious disease physician. Then, he tells me, almost in passing, that he had been shot seven times. I inquire where he had been shot and find out that he was not shot in the abdomen, nor near the iliac vessels—I should be able to use the iliacs for the transplant without problems. There was a bullet wound in his right mid-thigh, but it seemed far enough away from the inguinal fold that it should not cause any problems.

We start talking about the transplant process and risks as I finish paging through the last bit of the chart. As I page past the social work note, I notice the word "tortured" in the distinctly vertical handwriting of our senior social worker. I look a little closer, and my eyes widen involuntarily. I don't want to make him uncomfortable, so I don't read it in detail now. He's a good candidate for a new kidney, and I tell him that. I finish my talk about transplant risks and benefits, the different donor types, the advantages of kidneys from living donors if one is available, and the organ allocation system for deceased donor kidneys. He asks a few questions. I give him my card. As I shake his hand on the way out, his grip and shoulder difficulty take on new meaning.

I finish dictating my clinic note, then Google my patient. He's a visiting professor on a two-year stint with our university. He's written some plays, including an autobiographical play about what happened to him in Uganda. I find that play on Amazon.com, and order a copy of it.

A week later, the book arrives. I read through it while I'm at my parents' home for the Mother's Day weekend. He describes the drive to the forest where the government kills people. He describes getting shot seven times—including once with a grenade launcher. He describes getting shot in the arm and the thigh. He describes wanting his family to know that he's dead, and not have the uncertainty of not knowing. Finally, he describes the shock of finding out that he's still alive, how he was rescued, and how he escaped the country.

My mother notices that I look disturbed. I don't want to violate my patient's privacy, so I take advantage of my daughter distracting her and don't answer. I've done my fair share of trauma call. The hospital where I did my residency even covered the Texas prison system. Reading about these injuries in his book is different though. I know these injuries. I've seen some of them, and I've seen their effects years later. I have read similar stories before. I have seen survivors on the news and listened to them on NPR. I have never met such a survivor before, nor have I had the opportunity to talk—yet alone examine—such a survivor.

When I was a medical student, I attended a single lecture about examining patients who had been tortured. It was the only lecture offered in the four years of medical school, as it isn't really a topic that comes up frequently in Ann Arbor. I attended the lecture out of a sense of duty and a desire to have a rounded medical education, but never thought I would be in a situation where I would use that information.

I call my patient a few days later to update him on his evaluation. I attempt to express the impact meeting him—as well as reading his work—had on me, but I only manage to tell him that I found his play to be well done. I found his work profound. It just seems like a lot to say in passing, and I desperately don't want to make him uncomfortable. Then again, he wrote a play about his experience. He wants to bear witness and to encourage understanding. I wonder if I should just show him this essay, and then he will know that he succeeded with me.

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