To listen is to understand

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Keywords: Humanities, residency

The observation area in the emergency department where I work is a dark, quiet, and rectangular room devoid of the sounds and chaos so familiar to us just across the hall. Patients here await admission to the hospital, arrangement of complicated disposition plans, or reassessment and discharge from the department.

I hurried in around 5:00 p.m., searching the board for the last name of the patient I was asked to see. A stack of papers in my hand with a long to-do list scrawled on a piece of scrap paper. Bed 2. The bed in the dark, uninviting far corner of the room. I was here for the monotonous plastic surgery service consult, a traumatic mandibular fracture. My pager went off yet again. Surely another thing to be added to my to-do list.

I found the man laying in bed awake, staring at the ceiling with an empty look in his eyes. Underneath his bruises, there was a weathered look to his face. He was older than the usual demographic for this type of injury. Maybe in his sixth decade.

I introduced myself and went through the motions of my usual history and physical examination. I explained that he would need surgery for his mandible and that I would book him for an operation as soon as possible, likely in the next week. He listened in silence, nodding occasionally and seeming to understand and agree with my recommendations.

I gave my usual rambling talk on the surgery and plan for follow-up. I handed him a prescription for analgesia and an information package. My writing was barely legible, written in a hurried fashion earlier between tasks.

Still, he had not spoken a word. I had caught only a fleeting glimpse of his eyes. When I was finished, I asked if he had any questions or wanted me to clarify anything.

Ages seemed to pass before he spoke. His eyes remained fixed on the floor. At last, he said, "just one thing doctor." There was a long pause, and, then, he began sobbing. "This is me at rock bottom. I just wanted you to know, this is not who I really am." His speech slurred from his injury.

Every word I had spoken to him earlier seemed meaningless and insusceptible. I stared at my paper scrawled with words as if an adequate response would be somewhere on the page.

Speaking softly, he went on to describe how he had come on rough times many months ago when he was released from prison. No one would hire him. He was forced to live on the streets. All his family members had passed away. He had no friends left. No one to turn to in a time of crisis such as now. He had spent the night in a shelter and was beaten and robbed—the true cause of his mandibular fracture. I immediately recalled the triage note in which he had said he had slipped in the shower.

At that moment, everything surrounding us came to a standstill. The sounds of the department receded into the distance. His pain and hardship were palpable. I badly wanted to say that I understood, but it felt wrong, as if to do an injustice to his anguish. Instead, it was now my turn to sit in silence. He poured out everything. Above all else, he ached for someone to listen, clearly not having had that in years. His displaced mandibular body fracture, while a pivotal piece of his care to me, was nothing more than a symptom to him, a phrase buried somewhere in the words of an entire story.

There were no beds to admit him to the hospital. People had made threats to his life, and he was unable

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 CJEM 2020;22(2):261–262 DOI 10.1017/cem.2019.374

to return to the shelter from the night before for fear of his safety. Other shelters in the city were full and turning people away. Even our incredibly resourceful social worker was out of ideas. He would be discharged back to the unwelcoming streets, like many others.

Many days went by since that night on call: dozens of patients, endless consults, and many more pages.

Early one morning, I was walking through the hospital, sleepy eyed and coffee in hand, heading to the ward to start rounds with the team. I saw a man at the end of the long hallway. I recognized the old, faded leather jacket almost immediately. He greeted me with a warm smile, and we shook hands. He told me he was there for his surgery that morning. I wished him the best, and we headed our separate ways. An odd sense of closure ensued. Though few words were spoken between us that morning, it felt as though a common ground was reached in a new place of guarded hopefulness.

In emergency medicine, we are incredibly privileged to have the opportunity to care for patients in times of despair, hopelessness, and tragedy and to experience first-hand how this intersects their lives. Let us not forget the importance of being a listener, as this alone may allow you to be a healer. These experiences leave the deepest impressions and give robust testimony to the dictum in medicine that patients are our best teachers.