

Dr and Mrs

Meagan Lyon Leimena, MPH, CHES

From New York, New York

Meagan Lyon Leimena lives in New York City and this is her first essay about medicine.

Address correspondence to Meagan Lyon Leimena, MPH, CHES, 435 East 70th Street, Apt 15L, New York, NY 10021 (e-mail: meaganelyon@gmail.com).

Received for publication December 2, 2011; accepted December 2, 2011.

ACADEMIC PEDIATRICS 2012;12:15–16

I KNEW HIM before he was a physician. When we were politely dating and medicine belonged entirely to him and not to me. Even then, he had already spent years doing the preparatory work to become a physician and had not even started medical school.

We met in graduate school. We spent our weekends hiking and exploring a city I was used to, but it felt new with him. He played old vinyl records on a prized record player—songs we would eventually dance to at our wedding. I cooked pancakes for dinner. We read the same books about American history. He is laid back and absent-minded. I am nurturing and restless. We fit together.

At the time, a life in medicine felt abstract to me, and maybe even a little glamorous. But now I have had the opportunity to observe him becoming a physician up close. I watched him learn and eventually become fluent in all the words, the equivalent of another language. On his first day of medical school he pressed the bell of his stethoscope to my chest to listen to my heart and announced—“I hear it—it is beating.” I hoped I would always remember that moment. Somehow, it felt so romantic.

Medical school, however, proved to be almost completely absent of romance. Those years were filled with endless studying and a schedule dominated by exams. While he was at the library, I would stop by after dinner with friends or on my way home from a run, so we could see each other for at least a few minutes. I was subject to countless neurological exams and questioning as he practiced doing physicals and taking histories. He accommodated me and prioritized our time together whenever he could and we found small, sweet rituals to celebrate the time we had. Still, I complained about not seeing him enough.

On the one-year anniversary of our first date we went to the gross anatomy lab so that I could see what had so often kept us from seeing each other. He deftly disassembled the cadaver, to show me his heart with the pacemaker still inside it. I remember seeing the huge heart of a large man in his hand and hearing him describe it to me—and marveling at how comfortable he seemed in these new, strange conditions. We also went to dinner that night but the cadaver’s heart is what I remember most from that first, important anniversary. In retrospect, it feels like it was

a harbinger of all of the ways medicine—never *my* choice—would infiltrate our shared life.

After laboring through the first 2 years of medical school he began clinical rotations, happy to be finally in the hospital seeing patients. He rose before dawn to get to the hospital and soon our apartment was filled with sheaves of papers folded lengthwise to fit into his coat pocket. Next to our two sets of keys hung a stethoscope; a tuning fork sat inexplicably on the table in our entrance. Already committed to pediatrics and despite his lack of interest in obstetrics, I tacked up a copy of the note written about the first baby he delivered. Scribbled at the bottom of the note his name appeared as the one who delivered the baby. It seemed amazing to me that he had been involved in these important moments to a woman and her baby despite their being complete strangers to us, and especially to me. I was proud of him. The note stayed on the refrigerator until we moved out of that apartment.

As a partner to medicine, I find myself constantly waiting. I learned to cook our dinners on low heat as he never seemed to get home when he thought he would. Rotating weeks of him working nights and coming home in the early hours of the morning meant I would at times have to tip toe around the apartment when I got home from work as it was time for him to sleep.

One weekend I needed our car so I dropped him off at the hospital for an overnight shift. The next morning, already tired from waking early enough to pick him up, I drove through the quiet city and arrived at the hospital promptly at 6. He was waiting for a consult and said he could soon sign out his last patient and come down to the car. For ninety minutes, I sat in the car, waiting. As the minutes ticked by I recognized the absurdity of the situation and wavered between anger at the nephrologist who could not get to his consult and anger at myself for thinking it would be possible for us to negotiate his schedule in a way that worked for both of us. When he finally arrived at the car, apologetic, I was seething with anger. He had also been waiting for ninety minutes, and so had the patient, but I could not see past my own loss of time. Both tired, we drove home in silence.

We lived in a big city and whenever there were serious injuries to children on the news—fires in apartment

buildings or violence on neighborhood streets—we knew the children would end up at his hospital. One night the local news reported there was an apartment fire where several young children had been injured and taken to the hospital. I thought about the children that night and wondered, while I was lying in bed, if he was taking care of them. The next morning as I was waking up he climbed into bed—I asked if he had seen the kids from the fire. “Yes” he answered with a sigh as he settled into bed. “One was transferred,” he said. “And the other?” I pried. “She died this morning,” he said, already drifting off to sleep. I laid next to him in bed and cried quietly. I felt such deep sadness for this family who had lost their child and I worried his proximity to the sadness would harden him. The morning the child from the fire died, he drove our car home through the city and changed out of his scrubs, ate breakfast and slept. He walked out of the hospital and back into the hum of everyday life.

He would tell me about his patients and though I never knew any identifying details, I felt an intimacy with them. I know that the first time he did chest compressions on a child, the patient’s mother was in the room screaming at the bedside the whole time. I have often found myself cringing with anticipatory grief for a family. I am always once removed from his patients—they are vague sketches or abstractions of a disease or accident. Sometimes I feel as if I live somewhere in the land between the physician and the patient or family. It is a strange and confusing space to inhabit, a sort of witness to tragedy, injustice, or a cruel twist of genetic fate.

In pediatrics especially, there can be a stark juxtaposition between the sad and hopeful stories, and a mix of the mundane and the extraordinary—sore throats and swallowed pennies as well as great resilience, terminal illnesses, and devastated parents. As if I had met them or taken care of them myself, certain patients have stayed with me and I find myself inexplicably attached to their stories. Why do I get so upset about people I had never met, in circumstances that did not belong to me?

When he walked across the stage at his graduation, addressed for the first time as “Doctor” I felt a swell of emotion. In a moment, scenes from medical school flashed before my eyes as I remembered the long nights of studying and waiting for him to come home, how hard he had worked, and every small compromise and victory. I was also proud we had survived this grueling process together, the two of us, now married and forever bound up in each others’ choices.

Now he is a resident and our life is different, in a new city. He works an unremitting cycle of days, nights, and weekends. There is more of everything for him—responsibility, patients, and time spent at the hospital; there is greater intensity to it all. We continue to negotiate our

schedules to have any quality time together. His stethoscope still hangs with our keys, and there is still a lot of waiting. Some of the adjustments are more expected than others—recently, in his sleep, he asked me to change a patients’ diaper.

There is also a steady stream of new patients for me to worry about—babies with neuroblastomas and unexplained genetic mutations and general misfortune. I am especially horrified by how serious diagnoses are made during seemingly normal circumstances—a perfectly healthy child with some leg pain after a soccer game turns out to have a rare and aggressive bone cancer. When he comes home from work he often says “Do you want to hear a sad story?” I find I can never say no. He sketches out a scenario and the conversation inevitably leads to questions about how we would handle the situation if we were the parents. Did the parents make a mistake? Did they do enough of the right things? Could this have been prevented? And always, I am asking myself, how can I keep this from ever happening to *us*? After hearing about an especially scary or random scenario, I say a silent prayer to the universe, hoping that there might be fundamental differences between his patients and us, so that *their* circumstances could never be *ours*. Again, I wonder how all of these experiences affect, and maybe change him.

I often hear complaints about doctors—people feel they don’t receive enough time, attention, warmth, or generosity of spirit from their doctors. I wonder, however, about how much doctors are expected to give and whether the expectation is reasonable or compatible with the rest of life. For my partner, I worry he might give too much, and then may become anesthetized to the sadness he sees routinely. I fear he might dull to the aching pain of illness and the injustice of a flawed medical system. And yet, I want him to be insulated and protected from the onslaught of all of the agony he might experience. I know it is not reasonable or appropriate or even possible to carry around all of the stories and their grief that he has encountered, and will encounter. I wonder too, how much are the partners of medicine expected to give? Not even considering the heavy burden of medical school debt and the years given to training—there are adjustments and concessions made by everyone who lives with medicine.

Overall, I still feel it is a privilege to accompany him on the journey and observe the process of him becoming a physician. It is honorable but also nonsensical, academic, and bureaucratic in the worst ways, full of sadness, waiting, and compromises. I try to maintain a state of simultaneous reverence and perspective about his work. We continue to joke that it is just the three of us—you, me, and medicine. I no longer feel that medicine is between us, or holding us apart; it is more that she is wrapped all around us and lives in the space among us.