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His Patient, My Son

he attending physician was wonderful. He was well-trained, comfortable with the clinical situation, sensitive to the patient, his anxious family and the special situation of a father who was also a physician. He had already asked my son if he consented to his discussing "the case" with me.

He was pleasant, even cordial but serious, open and direct. He told me his assessment of the clinical situation and what he proposed to do that day to stabilize and correct the cardiac rhythm. Through the dense concern which clouded my consciousness, I heard an extremely competent presentation. There was no confusion or uncertainty. It all rang true. In fact, although no longer my area of involvement, the clinical plan was exactly what I remembered it to be from my days as a resident in Medicine, allowing, of course, for the new pharmacology.

I felt assured that my son was in good hands. I could go to work, attend to my responsibilities and return later. I was pleased that his physician knew the special problem so well and seemed to belong to that special fraternity of caring, competent physicians. Yes, he cared for his patients; a bond, the doctor-patient bond had been established between him and his patient, my son.

However, did he know how special this man, his patient, my son, was to me? Did he know that this set of vital signs physical findings, informed consent, EKG, x-rays and chemistries was so special to me? He had never held him in his arms as a baby, thrown a ball to him, swam with him or went to hockey or baseball games with him. He had not loaded the family car with belongings and dropped them all off at the college dormitory nor watched him with pride as a graduate in cap and gown or as a groom in white tie and tails. He had never shoveled snow with him, mowed the lawn or painted a ceiling. Now, he was a patient, and I was an anxious father, not unlike other anxious fathers and family members whom I see regularly.

Everything turned out well. The normal rhythm returned later that day. The abnormal rhythm did not recur when the intravenous medication was discontinued nor later when the oral medication was stopped. No underlying organic cause for the "spontaneous arrhythmia" was found.

It all went well, although I would have preferred not to have been reminded that all of our patients are someone's son, daughter, husband, wife, mother, father, sister, brother or significant other. In this case, he was his patient, but he was my son.

Stanley J. Goldsmith, MD Editor-in-Chief, The Journal of Nuclear Medicine April 1997