



Volume 14
Issue 1
2019

The Last Patient

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I first met Willie four or five years ago, following his release from the burn unit. The one part of him that hadn't been disfigured in the fire—thank the Lord for small mercies—was his face. His green eyes were friendly and curious; his sunken cheeks and temples were handsomely framed, like those of a slender runway model. Yet, riding up dangerously close to his jaw, was a jagged scar marking the start of an extensive skin graft, which covered most of his chest, hands, arms, abdomen and upper thighs. It was unevenly gridded, and looked a little like crumpled linen.

In the first year following his discharge, Willie went through five psychiatrists, having fired four, including three appointed by the court. His sixth and final choice was a young Ethiopian in a solo practice at the edge of the city.

“Why him?” I was curious.

“He don't talk down to me,” he said simply.

That made me wonder why he had never fired *me*. As his GP, I never prescribed a single pill for him. Willie was only twenty-one when we first met.



Despite his extensive burns, he was fit and healthy. I did, however, wean him off around-the-clock narcotics given to control his pain, and twice I'd dropped the doses of his anti-psychotics because he had become fat and doped-up, like a zombie with a potbelly. I knew the withdrawals would be nasty, but back then I believed in tough love. Weeks later, he showed up at our appointed time, tempered and drug-free, having endured the vomiting, shitting, sweating, swearing, and belly cramps without so much as a whimper or a phone call.

“Why did you burn yourself?” I asked him.

“For a girl,” he told me.

They had dated for a few years. When she broke up with him, Willie stopped his medications and started a drug binge. At the height of his drug-induced craze, he doused himself in gasoline and set himself on fire.

He spent the next three-and-a-half months in the burn unit. The fact that he recovered was a medical miracle. Showers of blood clots plugged his lungs, and drug-resistant mutant bacteria vegetated his heart valves, seeding infections to his other organs. The complex antibiotic cocktail used to sterilize his blood burned and scarred his veins. The distilled chemicals from his urine alone could have sterilized the city's water.

“I'm lucky to be alive,” he was fond of saying. “I'll never stop the anti-psychotics again.”

Willie had a history of self-mutilation. He was never violent to others, but as a teenager he took

to cutting, and burning his arms and fingers with matches. There was a two-year rap sheet from the ER in his early teens; his mother rushed him in whenever she was sober enough to notice. He had grown out of it, until the incident in which he had immolated himself.

He played guitar in an experimental rock band called the Roaming Inferno. I made a point of asking about his music during each visit, if only to hear the excitement in his voice. During our second year together, I asked Willie for a sample of the songs he had composed. On the next visit, he proudly produced a CD with some twenty-odd songs, the titles scribbled in pencil, lines slanted, letters smudged. It was a whole three weeks before I got around to listening to it. After a few songs, I turned it off.

Weeks later, I handed back his CD. “Interesting,” I said, remembering how a friend had once said “interesting” was a word you would use to describe an ugly baby. Willie took the CD back. His lips drooped slightly, but he said nothing, sparing me.

I asked about “Dusty Rain,” the song he was working on.

“Raining Dust,” Willie said softly, showing his dimples now that he had more fat on his cheeks. “But “Dusty Rain” sounds better. It’s coming.”

I cursed myself for not getting the name right.

“Can I see your hand?”

He obediently placed his right hand on mine.

“Are those flexing exercises helping with your guitar playing?”

“Yes,” he said, though I doubted this was true.

“How’s the band?”

“I’m about to call the boys to crank out some new tunes.”

“Promise me you let me know when you’ll be performing next.”

I looked up at him, smiling, trying to distract him from what I was actually doing—prying, bending, and testing the flexibility of his marble-white, skeletal fingers. He smiled back, eyes wide and mirthful, amused by my ill-concealed hopefulness.

“I promise you’ll be the first to know.”

He pulled his hand back and pressed his right fingers into the palm of his left hand. The joints snapped and cracked.

“I’ll straighten out these fingers. Don’t you worry,” he said.

“I’m not worried.”

The room fell silent. His slender fingers, I feared, had succumbed to the skin graft, and would be fixed in permanent fists.

Willie had no one except his divorced parents. His father was a seasonal truck driver who didn’t believe in mental illness or medications (“what my son needs is will power and keeping busy!”). His mother, an unemployed social worker and recovering alcoholic, took him in, albeit reluctantly.

“I need to see your arms and chest, too.”

Willie fumbled with his top buttons, which were difficult to undo as he had very little sensation in his fingertips. He finally gave up on the last

few, and pulled his shirt over his head. He shook his head when I offered the gown.

I looked at his pale arms and shoulders, haphazardly decorated in white gauze. Then I noticed that only three of these dressings, all on his left upper arm, were taped. The ones on his belly and other shoulder were only stuck to his skin via dried blood. Obviously, he had run out of medical supplies. The deepest ulcer glistened on his right shoulder. The ulcers on his belly were oozy. I lifted the gauze gently, but bloody micro dots—like the thousand eyes of a dragonfly—coalesced into bigger drops, flooding the shallow ulcer. Within seconds, they formed a bleeding rivulet. I quickly pressed the sore, hoping the pressure would stop the bleeding.

* * *

During the first few months following Willie's departure from the burn unit, his mother had called once or twice a week. She was worried about his fast heart rate, his low-grade fever, and his lack of appetite, which was followed by a ravenous hunger once his anti-psychotics kicked in. She also worried about his non-healing wounds, his refusal to go outside, and their arguments.

"You cannot argue with a miracle," I said to her, making light of things when her tone got too angry or desperate. "He shouldn't even be around." I felt like a board-certified asshole for laying guilt on her like that. However, I was afraid he might end up on the street—or with his father, who would get him off all his pills. She went quiet. When she talked again, her voice was hoarse.

She told me she had caught Willie picking at his skin graft and eating the scabs. I brought him in right away.

“I like the taste.”

“You like the taste of what?” My sharp voice surprised myself.

“I just like the taste.” He looked away like he was already bored with the conversation.

“Are you depressed?”

“No.”

“Honestly?”

He shrugged his shoulder.

“Are you taking your medications? All of them?”

“Yes,” he said.

I glanced guiltily at his swollen belly—he was packing on weight furiously from the anti-psychotics.

“Are you using drugs?”

“No.”

He couldn't look me in the eyes, and slumped low in his chair. For a minute, I contemplated calling his young psychiatrist. Then I remembered how many psychotropic meds he had tried, only to have them fail. He gave me a blank look. Finally I let him go and promised to call him later.

The prospect of finding a substitute for his self-eating forced me to be creative. That weekend, I set off to a large Chinese supermarket and confronted the junk food section. Right off, I grabbed two bags of dried cuttlefish, five-spiced, with sea salt. Then I picked out bags of yam strips coated in powdery sugar, along with spiced beef and pork

jerkies in different flavours: orange, pepper, and tangy barbecue. I bought sheets of congealed malt sugar, saturated with black or white sesame seeds, and rock candy, frosted like amethyst crystals.

I was too excited to wait until Monday to call him. Willie answered on the second ring. He said he was happy that I had surprises for him that might help.

“Anytime, any day is fine,” he told me.

I visited his mother’s house by the old city park. His mother welcomed me with a bright, lip-sticked smile. I had forgotten how young she was. Willie hid shyly behind her. I handed them two plastic bags full of groceries and promised more.

In the end, it wasn’t the cure I’d hoped for. Willie reported that the food was “interesting” and didn’t need more. In subsequent visits, though, the old ulcers healed more and new ones popped up less. I said nothing, giving him room.

It was around this time that I decided to retire. To improve efficiency, the hospital had implemented sweeping practice changes, and I couldn’t keep up anymore. The decision seemed abrupt, but deep down I knew I had been struggling with burnout for years. In my last month, all my patients received a letter explaining my departure. It was a long month. I shook a lot of hands and held back tears. On my final hour, I checked my emails one last time, and discovered that Willie had just visited the ER. The attending doctor described him as “appearing disheveled and intoxicated.” Her

suspicion was confirmed by the urine toxicology. Marijuana, cocaine, and various tranquilizers were found. The one thing that was glaringly missing was any trace of anti-psychotics.

“He is asking for you.”

I wanted to scream. For all these years, I never thought I had done much to help Willie. I had always been frustrated and scared by his impossible-to-treat mental illness and hopeless social circumstances. What I didn't get until that moment is that my fumbling attempts at a “cure” had sustained his sobriety, along with my acceptance and genuine respect for him.

I wanted to call him. The toxicology results glared at me. I typed calmly: Message to the Nursing Phone Pool.

Please call Willie in a.m. Make sure he shows up for his new patient appointment. Dr. Tufte is a great doctor. I'd go to him myself.

Please tell him I'm sorry. I will probably never see him again. Not at the rate he's going, anyway. He is going to kill himself by doing something impulsive, again. It's unlikely he'll fail the second time.

Tell Willie I'm sorry. I'm very sorry to leave him and for neglecting to prepare him for the change.

Tell Willie I thank him for sticking with me, and earning my respect all these years.

Tell Willie not to hang his emotions and trust on people so much. Not girls, not his band members, not his father or mother, not me. He needs to rely on himself. No, no, that's not true. We do care,

his mom and dad and friends and doctors and nurses. We all care. But we're all too human—well-intentioned, but selfish and limited.

I kept writing and writing, as if I was penning a goodbye note to a wayward son.

Tell Willie I want him to stay well.

I highlighted everything—and hit “Delete.”

Tell Willie best of luck.

I logged out of the hospital computer for the last time, staring until the screen went blank and there was nothing left except the grainy reflection of a tired face. I threw my stethoscope in the briefcase. Then, I gave one last look at my white coat hanging on its hook and decided to leave it there.

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