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Doppelgänger

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Doppelgänger

THEY STOLE IT, DOC," HE SAID AS HE SELF-CONSCIOUSLY pulled at a faded shirt that was one size too small. "They stole what?" I asked, closing the door to the examination room.

"Well, I was sitting on the bus, Doc. Minding my own business, writing down what I ate for lunch. And then, well, somebody, I don't know who, just came up behind me and snatched it from my hands." His eyes widened as he shrugged his shoulders and held up his sausage-shaped fingers, loaded with various gold-plated rings.

"Let me get this straight. Somebody stole your food diary?"

"Sure did, Doc."

"Oh. Did they take anything else?"

"Nope. Just snatched that food diary and ran out when the bus stopped," he proclaimed, stroking his thick goatee. "They must've known what it meant to me, you know."

I stared at him, dumbfounded by the outlandish, if original, excuse.

"You know, Mr C, my main priority as your primary care doctor is your health. As you yourself have told me, your weight bothers you," I said steadily, taking in his 5-foot 7-inch, 320-pound frame.

"No more excuses." My voice rose more sharply than I intended. "You must keep your food diary and you must exercise, like we have discussed. Otherwise, you will continue to gain weight."

For the last year and a half, Mr C had been my patient. Four years before I met him, before his two years in prison, he had injected heroin regularly and weighed almost half as much as he weighed now. As he walked resolutely out of his jail cell, reinvented at the age of 50, he swore off all heroin. Over the next six months, he replaced needles with bacon double-cheeseburgers and gained more than 40 pounds. He lumbered into my office, his belly as large as a duffle bag. As his internist, I dutifully tested him for HIV and hepatitis, checked his blood for high glucose and cholesterol, prodded his thyroid for oddly shaped masses, and referred him for a sleep study when he admitted his snoring woke up his wife. When these results all came back normal, Mr C said it was his "resilient family genes." I realized that unlike most of my other obese patients who had diabetes, high cholesterol, and high blood pressure, this patient was simply fat.

"The good news is, Mr C, that other than your weight, you are completely healthy," I told him during our second clinic visit.

"You have to help me with the weight thing, Doc," he implored, absently flattening the wisps of thinning brown hair

that lay on his head. "I've never been this heavy before in my whole life."

Was I the one to ask? At 5 feet 7 inches and 245 pounds, I had struggled with my own weight for the last eight years. A calculation of my body mass index placed me in the same "obese" category as him. Yet here he was, pleading for my help. Although clearly no expert in weight loss, I was his only resort. His work-sponsored health insurance would not cover weekly trips to a nutritionist and even his options for a primary care physician were limited. Out of convenience, he had opted for the resident-run clinic a few blocks from his house, and as pure luck would have it, he was assigned to me.

We were an odd pair. At subsequent clinic visits, I drew hypothetical plates of food heaped with carrots and broccoli on white paper, lectured him on portion sizes, and discovered his weakness for caramel candies, which he binged on late at night as he watched television. In the meantime, I snacked on Popeye's biscuits on my way home from clinic, drank regular Coke instead of water on call nights, and considered my daily walk to morning report from the parking lot my quota of exercise for the day. I quizzically nodded as he provided preposterous excuses for why he hadn't exercised and how his food diary was stolen, and then heard myself make the same type of excuses to my wife when my own weight-loss efforts had stalled. Yet although we were both fat, Mr C was a former drug addict and felon. I was a physician who had trained at Ivy League institutions. My obesity came from the demanding nature of physicianhood, I rationalized. His obesity replaced his addiction to narcotics. Was it hypocritical to counsel him about his weight? As a young physician, I had trained with ED physicians who could effortlessly intubate COPD patients and still manage to smoke two packs of cigarettes a day in-between their stressful shifts. I had worked with family practitioners who refused to prescribe narcotics for back pain yet popped Percocet for their own muscle aches. A healthy level of hypocrisy, although not ideal, seemed to be acceptable in my profession. Like these other physicians, perhaps I could help this 50-year-old man lose weight, even though I couldn't help myself.

"I see it on people's faces," he told me, after gaining ten more pounds by the time of our third appointment. "I hear them whispering about me behind my back at work, Doc. They call me a walking heart attack."

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His arms lay unemotionally crossed on his large belly, 80s-style acid-washed jeans clung to his thick hips, and his lips trembled beneath his goatee as he described the difficulties he was having at his job as an office manager.

"I feel like I'm being passed over for promotions. I've never been this big before, Doc. What can I do?" he said, tears welling up in his eyes.

It was in these moments that I would want to stop and wrap my arms around him and comfort him. To tell him that I knew how it felt, to be fat. I longed to tell him about my sweet, thin wife, a woman who had met me in college when I was 50 pounds lighter, who had gently encouraged me to see nutritionists and physical trainers to lose the weight I had gained. I yearned to say that I knew that fat jokes followed you even after you left the middle-school playground and that I had been, at one point or another, labeled as lazy and slow by my colleagues. The silly image of the two us, hugging, our bellies jiggling as we sobbed, our round faces covered in tears, would quickly snap me out of this reverie.

"I'm so sorry to hear that, Mr C," I would say instead. "This is something that is very hard to live with. Have you ever thought of weight-loss surgery?"

At other times, when my own efforts at weight loss bore some fruit, I would imagine my success serving as inspiration for him. We would work out at the track behind his house together after clinic, his golden retriever trailing after us. We would call each other when tempted by caramel candies or biscuits and lean on each other as though we were the only two members of an Overeaters Anonymous club. We would lose 100 pounds between the two of us and our story would be the fodder for a *New Yorker* article: ANNALS OF OBESITY: PHYSICIAN AND PATIENT COMBAT FAT THROUGH SHEER DETERMINATION AND COMPANIONSHIP.

In reality, 18 months after he first came to my clinic, despite referrals to behavioral change clinics, discussions about depression, and many conversations about eating in front of the television, Mr C had gained 60 pounds. He refused bariatric surgery and was convinced he could lose the weight on his own. Still overweight myself, I felt responsible. Would it have been better, a year and a half ago, to have sent him to another resident, someone unencumbered by a 40-inch waist? Instead of inspiring him, had my double-chinned face

smiling at the other end of the examination table sabotaged him? At the end of one of our clinic visits, I mustered enough courage to ask.

"Mr C." I cleared my throat and felt blood flushing my cheeks. "I've always wondered, you know, because I'm a big guy, and you're a big guy . . ." My voice cracked, prepubescently. "I just wonder: would it have been better for you to have another doctor? Someone thinner, I mean . . ."

"No way, Doc. No way. I mean, you are . . . like . . ." his voice trailed off, perplexed.

I continued. Awkwardly. "Well, I just think, would it have been more inspirational for you to have someone thinner take care of you? Maybe, just maybe, you wouldn't have gained this weight."

"Nah . . . Doc. Don't you think that for a moment. I mean, you're big, and all, but not *that* big," he said, glancing down at my waist. "And I've only been pleased with the kind of care I've gotten at this clinic. You always send me for all these tests and talk to me about my feelings when I eat the things I eat."

"Yeah," I said. "But . . ."

"And I always thought, although you never said nothin', that you just understood me more than someone else could have. I mean, you just knew what it felt like, to be fat, to be fat like me. Don't worry about me, Doc. I'll lose this weight. Just you wait and see." He laughed, loudly, unabashedly, his huge belly shaking, his voice echoing in the uncarpeted, sterile examination room.

I smiled crookedly and shook my head. As he ambled down the hallway, his frame obscuring the petite medical assistants who scurried past him, I wondered about Mr C, my alter-ego, my doppelgänger. I wasn't sure if he would lose his extra weight, but for that brief moment, his enthusiasm was infectious, and he filled me with hope. We would both not become two other casualties in the obesity epidemic. Through sheer determination and companionship, we would beat the odds.

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