

# Improvisation

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Mr. Jacobs, a 74 year-old black man, had once been an accomplished jazz pianist. I first met him when he had been admitted to my service with uncontrolled diabetes. With his matted gray hair, stale smell of urine, and untrimmed, dirt-filled fingernails, it was hard to imagine him ever commanding the piano keys.

“How are you feeling this morning, Mr. Jacobs?”

“Same as yesterday, doc. Just get me back to my place. I ain’t interested in all these questions, I told you that already.”

“I know sir. We’re working on getting you there, but we have to get you better first. Do you mind if I examine you?”

“Don’t like that either,” he said with a scowl on his face. “Don’t understand why you all gotta poke and prod me everyday either.”

In addition to controlling his sugars, we were treating Mr. Jacobs’ enlarged prostate: it had grown so large that urine was not passing freely out of his bladder. A catheter, however necessary, was something he vehemently refused. But he was my patient, so it was my job to get him to consent to it. If he were an infant, we would have the option of holding him down and

inserting it. We could not do that to Mr. Jacobs.

I got his consent by lying to him.

“Sir — you *need* the catheter. It’s a very small tube inserted in your penis to help you urinate. I’ve had one and can promise you it doesn’t hurt much. I’ll even put it in myself.” Standing at the foot of his bed with the urinary bag kit in one hand and the catheter in the other, the lie escaped me as if telling it were part of the actual catheter insertion technique. Despite my medical school classes and special interests in ethics, patient autonomy, and the doctor-patient relationship, the lie flowed seamlessly from my lips. It wasn’t even until after the catheter was in that I even realized what I had done. At the time, when Mr. Jacobs consented, I felt like I had won a small battle. His consent was a victory. There was no turning back.

The catheter went in with minimal effort and minimal discomfort. Over a liter of pus-tinged urine flowed from his bladder. A relieved sigh soon followed. “Thanks, Doc.”

Yet my lying to Mr. Jacobs did not end there. Over his six days in the hospital, we developed a bond based on my lies. Many times, Mr. Jacobs told me to go to the jazz club he had played in for half his life, to tell them he sent me, and that I could get in free every time. He told me the name of the owner, the doorman, and the address. Not

the safest neighborhood in Washington, DC, I had no intention of ever going. I never told this to him, but assured him I would go some evening in the coming weeks. Time after time, I knew I was lying to him, and knew he would never find out, for he was in no physical capacity to go back to the club he loved so much. I felt that my lies strengthened the doctor-patient relationship. Maybe it helped him feel like he was improving my life while I was, at the same time, somehow improving his.

The lies I told my patient did not worsen his medical care — if anything, they improved it. My gut instinct tells me other doctors have lied to patients with no consequence, but I'm not sure if that is true. Though this happened several years ago, I am still ashamed.

I have told other white lies that I don't consider all that bad: the anxious woman wondering if a hospital gown looks good on her ("it looks fine"); the delightful patient apologizing for a family member's attitude ("they are no bother, they just care about you"); the diabetic with a fetid foot ulcer ("the smell doesn't bother me at all").

But these white lies were not pre-fabricated. They were not the result of a conscious effort to convince my patient to do something he did not want to do. They did not harm the very tenet of mutual trust in the doctor-patient relationship.

Mr. Jacobs was eventually discharged to a nursing home, and I was certain his recovery would be complete and uneventful. Prior to his leaving the hospital, on a Sunday afternoon, I had wheeled him into the auditorium to play the piano. His fingernails, now groomed by the nurses, instinctively danced across the keys.

Three months later, I was listening to jazz, sitting in my car, waiting to pick up a friend. It was dark and raining. The streetlights reflected off the raindrops on my windshield.

"Ladies and gentlemen, this next song is in tribute to one of DC's great jazz legends, Ernie Jacobs, who went to be with the angels today. A man who left an indelible mark on Washington's jazz community, he was 74."