The Waiting Room

Roman had been in the hospital for 7 days, and no one had visited him. He had been diagnosed with metastatic lung cancer after losing pounds from an already thin frame. He had not been very active since retirement, but the cancer left him even more sedentary, and he had to move into a nursing home. He was admitted to us on this occasion with pneumonia. Because the infection was located in his upper lung, we uncovered a distant history of tuberculosis exposure and moved him to a negative-pressure isolation room.

Each morning, wearing suffocating baby-blue isolation masks, we entered one door and knocked on the second to find our patient hidden inside, wooden and silent like a Russian doll. He did not have many hobbies and was not much of a reader. Most mornings we would find him lying in bed and staring at the ceiling, wearing thick glasses that seemed to weigh more than he did and left moist, red welts on the bridge of his nose.

Roman was 68 years old. He had worked as a carpenter, then as a welder, and finally as a salesman. He had served in the Army but did not talk much about his experience. His wife had died 10 years ago, and he had been living alone until the cancer left him too weak to manage on his own.

Years ago, he had been told that he had diabetes and made a point of staying away from cookies and potatoes. He also smoked heavily and was never able to kick the habit. He realized he had only months left, and his voice was steady when saying he was not ready to give up. He wanted to live as long as possible and wanted "everything done."

His hospital room was like a waiting room—clean, sterile, and value-neutral to the point of blandness. It was meticulously devoid of any of the signs that accompany patients with histories. There were no red-eyed pictures of sons, aunts, adoptive grandparents, hard-smiling mothers, or half-lidded uncles. There were no oddly shaped, dark wood trinkets from the Caribbean. There were no bowls or plates, no collection of glass figurines or mugs.

Each morning, we stuffed ourselves into our masks and then into this borrowed room and asked what we could do to make him more comfortable. Perhaps a magazine, a chaplain, or a chat. He was very pleasant but not ingratiating—calm, almost aloof. He was polite but didn't have much to say. We asked how he was feeling. His cough was improving. He had no fevers the night before. He admitted to craving a cigarette. But he made no mention of a friend or an old neighbor. There was no personal connection anchoring him to the world. The stillness of that space was uncomfortable, and we sought to ease this discomfort by swaddling it with a diagnosis. Maybe he was depressed? We asked in several different ways, but no, he "was not depressed," he said. He just had a lot to think about.

He had a topographic face. The deep crevasses of his cheeks highlighted a mountain of a nose. Parallel streams ran across a chronically furrowed brow. I could picture the smoke curl up from his cigarette, find purchase on his face, and work its way into a crevice.

I can still picture this because I still think about his loneliness. He was in his final months of life, and there was no one we could call to break the news to. No one he had known longer than a few days to hold his hand, no one to help him make decisions, and no one to help keep his financial affairs in order. Usually after a day or two, props from our patients' lives creep in and change the set. But in Roman's room, there were no block-lettered cards from grandchildren and no photo collages. There was no evidence of fried chicken contraband from an evening family visit. There were no half-finished crosswords or dog-eared cowboy novels to suggest he had spent any time outside his own thoughts. His face seemed to say that a lifetime of circumstance and choices had led to this isolation. He was coming to face his own regrets within our whitewashed hospital walls.

The hospital is the sieve that catches many of us at our most delicate and trying moments. Diplomats, teachers, presidents, paupers, and inmates all lay side by side on this grate, and every one of them has a doctor. We get exposed to a multitude of emotions and experiences, and with many of these—anger, fright, gratitude—I have an improvisational rapport. Roman's loneliness, though, confounded and devastated me. I have cared for several patients over the years whose palpable loneliness still shocks me. And this is not loneliness that 5 minutes of handholding or a visit from the volunteer dog can fix. This is institutionalized loneliness, refractory loneliness, the end stage of a life that has somehow not gone as planned. It is mixed with the memory of poor choices and their residual regret. I am sometimes witness to tragedy that I cannot define, diagnose, manage, or cure. I am increasingly aware of the tragedy of social isolation, but I have a hard time understanding it. The mechanism of disease—if one can call it that—is too overwhelming, too multifaceted. Social isolation is not a medical illness in the way that I was taught to think about illness, but it is often the ubiquitous fact that envelops every medical decision and even haunts the way I think about a patient's terminal illness.

I have never asked a patient why he or she and society had parted ways, but in quiet moments, I occasionally think about it. Sometimes clues present themselves: an offhand remark about an accident, a history of incarceration or drug abuse, or a financial dispute with a family member. Roman, however, did not offer many clues. The next-of-kin information in his chart was blank. He had a daughter,

but they had not spoken in years. I don't know why. Sometimes it's better not to know—sometimes too much history can corrupt empathy.

Roman would die soon, and no one who knew his thoughts or his history would be there to witness it. Even if he had made mistakes, a death not mourned is a tragedy in our rich society. Maybe society had failed him. We did not rush in to mortar the gaps.

I realize that in thinking about him, we have drifted far from our medical mooring. I could stage his lung cancer and offer him a nicotine patch, but these are not the real problems that have washed up on our beachhead. The hospital is the net that catches societal tragedy all the time, but I struggle with the realization that medicine does not have all the answers.

One morning, I again put on the isolation mask and prepared to knock on Roman's door. Moving to the left, I caught sight of him sitting on the edge of the bed, a figure framed by the door's rectangular window. It was a perverse Vermeer. Light streaming through the window, pushing through the dark interior, illuminating his face and his knobby hands set carefully upon his lap. His face was upturned to the sky, and I imagined he was looking for answers, searching for closure, trying to come to terms with the way life had turned out. He sat patiently and was waiting.

He was waiting for a philosopher, a prophet, a king. He nervously anticipated his historian, his ghosts, his usher. He was not waiting for his doctor.

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