Gabriel

I trained as an internist in the HIV-discovery era. One experience remains with me in my daily practice life, reflecting the challenge of caring for people with unknown risks.

Early in my second year of residency, my friend Rick, a fellow resident, signed-out a 24-year-old critically-ill man with full-blown AIDS to my service. Rick said, "Mary, if Mr. (Smith) spikes a fever, it would be good to pan-culture him. We suspect a fungal septicemia. He was cultured within 48 hours, so you *could* defer it!" I knew Rick was trying to be judicious: Culturing for aerobic, anaerobic, and fungal cultures, in the middle of a shift that included admissions from the Emergency Room and cardiac arrests, was a big job. The patient was HIV-positive, and that was a lot of blood. I smiled and said, "Okay, Rick!" but I was thinking, *I hope that doesn't happen!*

Around 2:30 am, I fell exhausted onto the plastic-sheathed hospital bed in my call room. At 4 am, my friend Tammy, an experienced nurse who trained at Massachusetts General, called me, reporting, "Mary, Mr. (Smith) has a fever of 102.4! What do you want to do?" I sighed. Rounds were only three hours away. However, I knew the best chance of isolating the bacterium or fungus was during the fever's height. Tammy temporized, "Mary, you could just wait 'till morning." Tammy was giving me an out: She had a reputation for excellent judgment. We discussed what we already knew. The patient had Mycobacterium avium intracellulare, a well-known source of persistent high fevers and rigors. He had been on azithromycin steadily, a compelling new treatment. However, he could be harboring another infection, common in AIDS. Resignedly, I said, "Tammy, I'll be right down!" It was four am.

I gathered my supplies; six culture bottles, long needles, tourniquets, and betadine swabs. The fungal culture bottles were ominous, huge cylindrical tubes with wasp-yellow plastic stoppers and complicated instructions. When I entered my patients' room, I was startled to meet his young parents, both in their early forties. They hovered at their son's bedside, holding his hand and caressing his diaphoretic brow. Their eyes were wide with anxiety and sorrow.

In the mid-1980s, I became accustomed to rounding on unaccompanied patients. They were alone because their families had rejected their sexual orientation or their often-lost battles with addiction. After explaining my purpose, I asked the parents to leave. Face-to-face with my young patient, I was filled with sadness. Until this illness, he had been a working actor, blonde and leading-man-handsome. Now, my patient lay in this hospital bed, a wraith-like Norse God. Flaccid from fever, he acquiesced weakly to the procedure. I quietly moved around the room, omitting my rapport-building patter. With sterile technique, I obtained six blood cultures. After fifteen careful minutes, my shoulders relaxed: No errors, no blood in the room, no needle-sticks, mission accomplished.

Gathering up my tools, I looked again at my patient. He was emaciated and pale, an ethereal beauty. *Too ethereal*, I thought to myself. As I stripped off my gloves in the room vestibule, I heard a wan "Thank-you!" I flushed with humility. I had just performed a painful procedure, with foreboding, and my patient had the grace to thank me. I met his concerned parents outside the room. I offered reassurances: "Perhaps this can help, maybe we can find the source of the fever, identify the right medication, improve his chances....". His parents hung on my words. They sensed I, too, needed consoling and expressed gratitude. Rounds were in two hours.

At 6:30 am, Tammy called me: My young patient had died of septic shock. His parents, veterans of countless rounds of antibiotics and treatments, ordered no resuscitation. I hung up the phone, suddenly crushed with self-doubt. *Was this young man's last memory in life the pain of six blood draws? Why had I pushed diagnostic concerns and duty to one's colleagues above rational respect for the patients' comfort?* My intentions had been right: *We must try! It's not moral to lose this opportunity for diagnosis because I'm tired and apprehensive!*

At morning sign-in, Rick thanked me for caring for his patient. I could not meet his gaze, my lips twisted thinly in denial. I conjured my patient's visage: A blue-eyed Gabriel looking down at me. What did he see? A dedicated Doctor who cared enough to get out of bed and do something hard in the middle of the night? Or, a Kafka-esque bureaucrat, ticking boxes of work-to-be-done? I told myself the former but wondered about the latter.

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