

Winner of the 2001 AAN Award for Creative Expression of Human Values in Neurology

### Fiction

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### That's it!

John P. Sampson, MD, it said on the bronze plaque on his desk. When he was a student, his parents joked the P. stood for "Perfect." In his studies, and later in his work, John had always been meticulous and rigorous. These traits had not abandoned him through medical school, internship, 3 years of residency, 1 year of fellowship, and 10 years of private practice.

John sighed when he saw the pile of charts on his desk that had been pulled for Thursday afternoon clinic. One chart loomed taller than all the others. As he stared at it, it seemed to grow even larger. Down the hall, someone slammed the door to an examining room. The colossal chart listed to its side and began a slow slide off the edge of the desk. John jumped from his chair and scooped up the giant folder in his hands before it crashed to the floor.

Without even looking at the name, John knew that the mountain of papers in his arms belonged to Dorothy Sangler, a patient he had inherited when he'd joined his neurology group right out of fellowship. In those days, before he had gained the confidence of the referring physicians in the community, he had plenty of time to listen to each patient, administer a thorough physical examination, and even keep up with his reading. Now there was no time to review charts, a waiting room overflowing with patients, and more journals than anyone, no matter how compulsive, could ever read.

John remembered spending an entire afternoon reviewing Dorothy's records.

He summarized her complicated course in one sentence; Dorothy Sangler was a 27-year-old woman with a lifelong history of intractable epilepsy and its attendant psychosocial problems, with a normal neurologic examination, normal CAT scan, and multiple abnormal EEG studies. When John took over the case, he immediately ordered an MRI with the hope that he would find an etiology for his patient's seizures. He was not disappointed. The MRI revealed band heterotopia. He studied her electrographic tracings and found a collection of diffuse spike and waves, slow waves, scattered spikes in every lobe except the occipital, and occasional electrographic

seizures. Her neuropsychological tests confirmed a low normal IQ.

It was clear she wasn't a candidate for a temporal lobectomy or any other kind of epilepsy surgery. He started by taking her off phenobarbital and phenytoin, drugs she had been taking for years. Dorothy had become so excited when she saw that someone was finally going to help her, she literally bounced up and down on the examining table. But three new medications and a year later, they were no further along. In fact, she had just as many seizures as before and had been hospitalized once for a drug rash and on another occasion for a broken wrist sustained during a seizure.

The second year was similar, another three new antiepileptic drugs, but this time only one hospitalization, for status epilepticus. During an emergency intubation, she had lost two front teeth and aspirated one of them. Her course had been complicated by pneumonia. A bronchoscopy had located the tooth but failed to dislodge it. There had been talk of a thoracotomy, but thankfully a second bronchoscopy had retrieved the errant incisor.

When she was slowly coming out of her barbiturate coma, Dorothy had blamed Dr. Sampson for her missing teeth, her seizures, and her hospitalization. Her small frame propped up in the bed by three pillows, Dorothy jabbed her index finger at him, causing her IV tubing to wave crazily in the air. She confronted him with the fact that she had never lost any teeth before, never been hospitalized for a rash, and that he wasn't doing any better than all her other doctors who didn't have as many fancy diplomas on their walls.

John tried to tell himself that Dorothy's tirades were brought on by the residual confusion from her status epilepticus and the lingering effects of massive doses of phenobarbital. Still, he found it difficult to listen to her hostile comments on his daily rounds, and he resented her accusations. He was doing his best. Didn't she understand that?

After she was discharged, Dorothy disappeared for a while. It seems a friend had brought her to a famous epileptologist at a nearby medical school. But a

year later, Dorothy was back, too embarrassed to even mention her failed attempt at finding a “better doctor.” John didn’t mention her absence and conducted the visit as usual.

Last year, John had suggested that Dorothy try the new vagal nerve stimulator. The first month after the implant Dorothy had only two seizures instead of her usual six. But the next month she had three, and the following month four. And that’s where she stayed. Dorothy’s dream was to get a driver’s license, and it wasn’t going to happen. She started crying every day, and John sent her to a psychiatrist, who prescribed a tricyclic antidepressant for interictal dysphoric disorder.

John checked the clock on the wall. One of his patients who worked at the local nature center had given it to him. It had little birds on it that chirped their calls on the hour. John hadn’t heard anything in a while, and thought it must be at least 1 o’clock. It was 20 past. No matter how early a start he got, he always seemed to run late. He hadn’t heard from his secretary yet, but there were bound to be a few consults piled up. His wife had suggested they go out to dinner, and he had agreed in principle. Luckily, she knew better than to count on it.

John lifted Dorothy’s chart from his desk with two hands and strode down the hall to his examining room. He plunked the chart on the little desk and faced Dorothy. “How are you?” he asked. He tried to inject a little enthusiasm into his voice.

“Hi, Doctor Sampson,” greeted Dorothy. She brushed her brown bangs away from her eyes.

“Here’s my seizure calendar.”

John glanced at the pencil marks on the crumpled piece of paper. One or two seizures a week, and sometimes a week passed without one. It was the same as always. For a few months he had actually gotten Dorothy to put down the time of day when she had seizures and the date of the start of her menstrual period. He had spent 2 hours entering the information into a computer spreadsheet and graphing the results, but he still couldn’t find a pattern.

“I’ve been taking my medications real good,” offered Dorothy. “They’re expensive, but Medicaid pays.”

John looked at the prescription bottles she had placed on the desk. After years of prodding, Dorothy always remembered to bring in her medications.

“Does the stimulator bother you?” he asked.

“No, it’s working just fine.” Dorothy replied. There was a slight hissing noise when she spoke as the air escaped through the gap where her two front teeth used to be. Then she coughed. “Oh yeah, and sometimes it makes me cough.”

Dr. Sampson put his hand on hers. “That’s OK,” he said, “coughing is one of the side effects. Can you feel it buzz in your neck?”

“Yes, but it doesn’t hurt.”

John had tried increasing the stimulation settings during the last few visits, but the next step up al-

ways seemed like too much. He decided to leave the stimulator alone for this visit.

“Follow my finger,” he said. Sampson watched her eyes for any sign of nystagmus. “Let’s see you walk a few steps.”

Dorothy got up and proudly put one foot in front of the other, walking heel to toe. “See, I remembered!”

“That’s fine,” said Sampson. “You can sit down. Would you like to try a slightly higher dose of the pills?”

“Do you think it will help?” Dorothy asked, “I’m already pretty tired.”

“Yes,” Dr. Sampson said, without much conviction. “Let’s go up by one of these pills at bedtime.” He held up the bottle.

“OK,” Dorothy agreed. “Do I need any drug levels?”

“No, I don’t think so.” John didn’t see any point in checking the serum levels of her anticonvulsants. She was still having seizures, and there weren’t any published guidelines for her new drugs. He shook his head. He’d heard on the news that the astronauts were building a space station, but he didn’t seem to be working in the 21st century. He picked up his tape recorder and summarized the visit in less than 30 seconds.

“You should really be an auctioneer or something,” said Dorothy, “I’m glad I’m not the one who has to type that.”

“Me too,” agreed Sampson. “Why don’t I see you in a month?”

Sampson looked at his watch. The visit had taken 20 minutes, and all he had done was increase the dose of one medication. Twenty minutes for a 5-second decision. And what was the likelihood it would do any good? Close to zero.

Dorothy walked toward the door. She turned around and looked at him with her big, brown eyes. “Dr. Sampson, would you give a talk at our support group? It’s next Thursday night. I’m going to bring my cousin.”

John wanted to groan. Thursday was the one night he tried to go to the gym and bicycle for an hour. He told all of his patients to exercise regularly, but somehow he never found the time for himself. He’d gained almost 10 pounds since the holidays, and all of his clothes felt tight. He needed to work out more, not less. But how could he say no to Dorothy?

“Sure, Dorothy,” he replied, “I’d like that. What time is the meeting?”

“It’s at 7. I’ll tell everyone.” She opened the door. “Oh, which pill am I supposed to take?”

John held up the little prescription bottle, which was still sitting on his desk. He got up and returned it to Dorothy. “I’ll see you on Thursday.”

The week passed swiftly, and John didn’t have a spare moment to prepare his talk. On Thursday, he finished seeing his last patient by 6 o’clock. If he skipped dinner, that left an hour to put his slides together before the support group meeting. John

reached for his notebooks of slides from the bookcase, located his slide viewer, and started searching for slides on the vagal nerve stimulator.

John lifted his head when he heard the distinctive yodeling call of a common loon. It was 7 o'clock. He quickly sorted through a few more slides, picked up the carousel, and hurried across the street to the hospital.

When he arrived at the conference room, he was surprised to see over 30 people there. His eyes widened when he saw Dorothy speaking with an attractive woman holding a tape recorder and a man carrying a television camera. The woman looked familiar. Yes, he had seen her many times on the 11 o'clock news. What was she doing here? Dorothy's case was hardly a newsworthy success story and he was certainly no national expert. John gritted his teeth. He could be on his bicycle at the gym happily watching the sports channel instead of facing all these people. John suddenly cringed when he remembered Dorothy's nasty behavior in the hospital. A dark cloud crossed his mind. Was she trying to embarrass him in some way?

Before he could consolidate his thoughts, Dorothy ran up to him and dragged him across the room to the news crew. "This is Dr. Sampson," she said, as if displaying a previously undiscovered mammalian species.

"I'm Mary Collins," announced the news anchor. "I report for Channel 6."

"She's my cousin!" exclaimed Dorothy. Her bangs danced across her face as she bobbed her head with enthusiasm.

Still stunned, John held out his hand.

"I'm pleased to meet you, Dr. Sampson, Dorothy talks about you all the time." She motioned to the young bearded man carrying the camera. "This is Charlie, he's terrific." Mary motioned to the podium. "I don't want to rush you, but we've only got a few minutes. Are you ready to get started?"

"I . . . suppose . . . so," John said haltingly.

"Good," said Mary. "But before you do, would you just spell your name and tell me your exact title?" She thrust her tape recorder out in front of his face.

John complied. Then he put his slide carousel in the projector and walked to the front of the room. As he arrived at the podium, Dorothy unexpectedly appeared at his side.

"Don't start yet, Dr. Sampson," she said, the words hissing from her lips. "I want to say something first."

"I . . . don't think that's really necessary," John managed to stammer out.

"Oh, I have to," Dorothy insisted. "I practiced."

John reluctantly sat down in the first row and waited for Dorothy to begin. He took a deep breath and braced himself.

"This is Dr. Sampson," Dorothy began. She stopped and pointed her finger at him. John squeezed into his seat. He looked up and realized the camera was aimed at his face.

"He's my doctor," continued Dorothy. "He's been my doctor for 10 years."

"And I still have epilepsy," she's going to say, John predicted.

"And I still have epilepsy," said Dorothy.

"Here it comes," John's muscles stiffened. He forced himself to stay in the chair and not bolt from the room.

"Dr. Sampson can't cure me." She paused. "But I take the newest medications, and I have this stimulator that gives me less seizures. And I have Dr. Sampson. He's always there. He makes me remember my medications and my calendar. He helps me." She paused. "That's it!"

Everyone in the room clapped and Dorothy grabbed his hand and led him up to the podium. "And now Dr. Sampson's going to talk," she proclaimed.

John wiped a few beads of sweat off his brow with his sleeve. He looked around the room at the expectant faces. Charlie was already packing up his tripod and Mary Collins was gone. "Thank you," he said to Dorothy. He turned to the audience. "I'd like to thank you all for coming, and I'm going to tell you about some of the advances in epilepsy treatment. Maybe we should dim the lights for the slides."

John talked for about 45 minutes and answered a few questions from the audience. Two patients wanted to know where they could get a stimulator. Then Dr. Sampson retrieved his slides from the projector. On his way out the door, Dorothy came up to him.

"Thank you for coming, Dr. Sampson. I'm glad you met my cousin."

"Yes, of course. You didn't tell me she was a reporter."

"I didn't?" Dorothy frowned. "I guess I forgot. I watch her show every night. You should watch tonight, Dr. Sampson, you'll see yourself."

"I guess I will, won't I?" John mused.

That night John watched the 11 o'clock news in bed with his wife. He heard Dorothy's words again and saw himself clearly for the first time in years.