



## You don't know me

Kate Rowland

"You don't know who I am, do you?"

The hiss in his voice conveys his fury, but he's too weak for a fierce facial expression. The glioblastoma oozing into his temporal lobe has impaired his ability to scowl at me.

"You're Mr Martin", I say.

He shakes his head, hair sparse, craniotomy scar still bright red. He won't live long enough for the scar to fade to white.

"Mr Sam Martin", I say. I do know him. I've not only seen him 2 days in a row, but I also took care of him a couple of months ago, when he was first diagnosed with brain cancer. He's been through surgery and chemotherapy, and now he's back on the general medical inpatient ward.

But then I look at the aged and ill patient in front of me and admit that I might not recognise him if he hadn't come to the floor labelled with a wrist band, a chart, and a medical record number. He is not the vigorous man in his 60s who walked into the hospital a few months ago, just before the CT that changed everything. The diagnosis didn't seem to knock him down much. He embraced a pugilistic model of care. He was a fighter, he said. He'd get this tumour. On the third day after his operation he was discharged home with instructions to follow up with his primary care physician, oncologists, neurosurgeon, neurologist, physical and occupational therapy, and a social worker if needed.

"We call this your team", I told him.

"Team Sam", he said. "The better to fight with!"

I try to never wish patients good luck. I worry about sending the message, however accurate, that health is determined by chance, rather than by vigilant adherence to their treatment plan. But as Mr Martin's family wheeled him past the nurse's station where I charted, I called "Good luck!" and waved. He waved back.

So I know Mr Martin and his family, and I even think I know something about his frame of mind. On his return to hospital I tell him so, and I remind him who I am: the resident working with his primary doctor. Part of his team, fighting with him. I know who he is, but more importantly, he knows me. He can trust me.

The nurse has left his bed at a 30° angle. He can't sit anymore, so he's propped up by pillows, tucked and stuffed under and around him, still seething while I do my best to remind and explain who I am. His drawn mouth and red eyes send a clear message.

"Is there something you need today?" I ask. I realise how it sounds and I reframe it quickly: "Something I can do for you?"

"Do you have any idea who I am?"

He is so ill he cannot lift his head from his plastic hospital pillows, but the words come at a roar, a blast of emotion.

Why does he keep asking that? I wonder. Do I know who he is? I strive to know my patients, and I thought I knew him pretty well, but—what am I missing?

"What should I know about you that I don't?" I ask. I give myself a little mental pat on the back for that question. The behaviouralist faculty would be proud of me.

He nods at his bedside table, a glorified Mayo stand empty except for his glasses.

"Do you want your glasses?" I pick them up and move to put them on. He looks at me with loathing.

"The drawer."

I slide the small drawer open and look at the contents: eye drops, the case for the glasses, a business card. I don't understand at all, and I follow his scowl to the card and pick it up.

It is glossy, red and black, a heavy cardstock, with a 1-inch square photo and a name in embossed writing. This is an expensive business card, a card with some weight, from a person of some importance.

"This is yours", I say as I recognise Mr Martin 5 or 6 years younger, fully groomed and airbrushed, business-sharp. He's a high-end marketing professional.

"That's me." He waves in the direction of the card, then stretches out a finger to point, then jabs at it. "That's me. And you don't know who you're dealing with."

He's working hard to hold the anger from a moment ago, but it's a sad threat now, only as menacing as an exhausted, emaciated patient can be.

Suddenly, his arm rears back and I think he's going to hit me, but instead he starts to seize, muscles contracting and face grimacing. I call for help and move to lay his bed flat, grab a pillow, and place it between his head and bedrail, feeling his scar lumpy and linear under my fingers as I do. The seizure ends before we can administer anything for it. I leave to call his family.

"You don't know who I am, do you?"

His question bothers me as I finish my rounds, attend teaching, call consultants. I work to know my patients. I use my training to find out about them and to see more than just their illnesses, and I think I do pretty well at it. Mr Martin, for example, is in his mid-60s. He is in a long-term relationship. He has his own consulting firm. He's well travelled. I know all this and I know his medical history, his allergies, his daily alcohol intake, previous surgeries. What else should I know?

I stop in to see him later in the day. He's mottled against white-grey sheets. A nurse's aide encourages him to eat to keep his strength up, and he accepts a mouthful of pudding from her. When he's done swallowing, he falls back to sleep and I stand in his room for a few minutes. I don't need anything from him, no examination, no history, and I doubt my presence does much for him in his sleep. But his room is quiet, dark,

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and private, and I stay for the contrast with the noisy nurses' station. I take a seat in the chair the aide left.

His eyes roll back and the lids follow, a grotesque way of waking that makes me wonder if he is seizing again. Instead, he speaks, a heartbreaking voice:

"I'm going to die."

I'm sitting too close, I think. I don't know him, he doesn't know me. I shouldn't be here. His fingers twitch and his head falls back. I place my fingers almost imperceptibly on his hand. I know this is what doctors do, they comfort patients in times of distress. But he's been so angry with me all day, and he doesn't even know I'm here.

"I'm going to die."

He loses all muscle tone. Only the involuntary contraction of his diaphragm from crying and the friction between his hospital gown and the bedsheets hold him in place.

"Don't you know who I am?" A real question, real wonder.

I can't decide if I should answer or if he still doesn't know that I'm there. Whatever he's going through is terrible. He's obviously distressed, and maybe he wouldn't feel as free to speak if he knew I was here.

"This isn't what I expected. I don't want—" A pause. "This is not who I am."

I finally understand his lecture from earlier. This sick old man isn't who he is. It can't be. He is Sam Martin, Executive Marketing. He can't be a patient. He can't be dying. I want to reach out and stroke his face, hold his hands, wipe the tears, but I don't want to cross any lines. I haven't yet learned being with, bearing witness. I press my fingers slightly harder into the back of his hand.

His head turns as though he might look at me, but I can't tell if his eyes focus. Then he's asleep, contorted face relaxing. I leave quickly, knowing I'm unprepared for him to wake up and ask questions or be angry or sad again. He may not remember this when he wakes up, and I doubt he'll remember that I was there at all. The amnesia of the ill is a trainee's friend.

Mr Martin goes home with hospice care the next day, and a few weeks later I see his obituary in the newspaper. I carry his business card in my coat for 10 years, in the same pocket where I carry my own. When I reach to hand a patient my card I feel the difference between his heavy card and my regulation 1000-for-US\$15 ones.

He didn't want to die. I look at his business card, at his sharp face and executive haircut, and think about his anger and his outburst and tears but mostly about his insistence that I didn't know him. He wanted me to see him as a businessman of importance, a fighter. It didn't matter that it wasn't true anymore. That was who he was. I couldn't understand him if I didn't understand that. I wanted him to see me as a capable, trustworthy, knowledgeable physician. It didn't matter that it wasn't true yet. It felt so active: prescribing medications, managing seizures, making plans, organising teams. I was practising medicine.

He was right, though. I didn't really know him. I thought that a couple of hospital visits and care in a time of crisis bonded us. I thought that knowing his profession was the same as understanding who he was and what his image of himself meant to him. The assured photograph on his business card was the face he wanted to present to the world. It was how he saw himself, even when I saw a bald, scarred, scared dying man. In the last few weeks of his life, he spent his time making sure that I knew the business card Sam Martin.

When his image of himself broke, we both saw who he was in that moment, and neither of us knew what to do. Even now, board-certified in family medicine for 10 years, I get carried away by the amazing work of medicine, the counselling, the labs and pills, the laying on of hands, and I forget that I don't know. I sit with a patient and make recommendations and then I see a look. You don't know me, the patient's face says, and I think of Mr Martin as my image of myself and of the patient resets.

There is so much I could know. I let it overwhelm me for a minute.

"What should I know about you that I don't?" I ask.

I declare no competing interests. Names in this essay have been changed out of respect for patient privacy. I am a family physician working in a community hospital and clinic, where I practise and teach residents, and in an academic medical centre, where I teach medical students.