

The Favorite

By Amy Tubay

“We’re not supposed to have favorites,” she said.

This surprised me. I was surprised at how much it surprised me. I’d been in practice nearly twenty years, and I’d never heard this rule about patients before. About children, yes, but not about patients.

It makes perfect sense, though. It goes without saying. We’re just supposed to take care of them. We’re not supposed to love them. It seemed unwise to object, so I didn’t tell her I’ve always had favorites, from the very beginning.

I suppose it says something about me that the patients who steal my heart are usually the off-balance ones. The characters. The weirdos. Give me your high-maintenance, your cranky, your personality-disordered yearning to be understood. I will roll my eyes and tear my hair, but I will love them nonetheless.

I loved Mr. G.

He had it all. The scribbled list of questions, illegible, crumpled, a full page long. The cantankerous familiarity with each medical assistant’s fatal flaw. The drawn-out socializing that must be completed before the real business of medicine could start. The doubt about every new treatment, which required at least two appointments-worth of convincing. The distrust, the complex medication list, the history of substance abuse, the kind eyes, the interesting tangents, the broken soul of a poet. He slew me on the very first visit.

I won him over in turn by discontinuing his calcium channel blocker, thus curing his longstanding ankle edema. He knew very well our appointments were only fifteen minutes long, but that didn’t stop him from asking after my holiday plans, my children, my life. I knew very well I wouldn’t convince him to eat vegetables or cut back on salt, but that didn’t stop me from begging.

When I left the practice, he told me how sad he’d be to see me go. I told him I’d miss him too, and I meant it. I didn’t tell him I’d also be relieved. What a strange, singular feeling: the exhausted, exasperated grief of a physician handing off a dear but difficult patient. It is a lightening and a letting-go:

You are not my burden anymore. You belong to someone else. I am done caring for you.

But Mr. G was not done with me.

Six months later, halfway across the world, I got a letter. How he tracked me down I still don't know; he mailed it to my personal address. I was touched, and slightly terrified. Was he a stalker? Unhinged? What kind of relationship did he think we had? Had I given some inappropriate signal? I had tried to be professional. I'd tried not to let him see how much I liked him. I read the letter over and over. It was funny and kind and insightful. It was wistful and wise. It was him, on paper. It went unanswered.

Even then I knew the rule, though I hadn't heard it spoken aloud yet: *You're not supposed to have favorites.*

I focused on my new patient panel, which was mostly young and healthy. There were no weirdos, and very few characters. I did a little medicine and a lot of paperwork. Time passed.

Not long ago, I found his letter while straightening my desk. I hadn't put it in my 'Patient Communication' file, where I keep baby announcements and thank you notes. I had tucked it into a messy 'Do Later' pile, where it had (like everything else in the pile) not gotten done. This implied, of course, that something about it might need doing eventually. It insinuated that some part of me wanted to break the rule.

Mr. G. was not my friend. He was my patient. My only responsibility was to take care of him, and I had done that, hadn't I? I had discharged my duty honorably, had perhaps even gone above and beyond. He had crossed a line by contacting me at home without my permission. It would be inappropriate to reply, to make him think our relationship could extend beyond the exam room.

But something was different. It felt like the statute of limitations had run out. Or that some nervous fever had run its course. A kind and lonely man had taken the trouble to write me a letter, reaching over months and miles to tell me I was still in his thoughts. Why should it matter he was a patient? Why did that label make him less worthy of a response, rather than more?

The letter had been mailed nearly two years before. The return address was an apartment number. I didn't even know if he still lived there. Probably he didn't. His financial situation had been shaky. He'd been wheelchair-bound when I'd last seen him, had likely deteriorated further since. It would be silly to reply blindly, a shout into nothingness. So I googled him.

Nothing came up under his name, not even the usual people-finder sites that turn four-year-olds and grannies into people of interest. But when I added the word 'obituary,' there he was.

I had known him inside and out, from low potassium to itchy rash, but I hadn't really known him. There were many things I came to know only after he was dead: That he'd once been a teacher; that he loved birds; that the impatient companion who sometimes joined him at appointments was his ex-wife, but also still his 'beloved.' I had avoided learning these things when I'd been caring for him. It's unwise to get to know them too well. There isn't time, for

one thing. And beyond that, it's dangerous. The human heart isn't strong enough. We're not supposed to have favorites.

I cried when I read his obituary; big, ugly tears of regret.

He died only a few months after he wrote to me. The mail is very slow here. It took weeks for his letter to reach me, and it would've taken many more to return a reply. I like to think he was cheerfully awaiting my letter when he died. I like to think he somehow knew he was my favorite, even though I tried so hard to hide it from us both. I like to think he didn't give up on me, that he was wise and patient enough to know I'd come around someday.

Because I did.

I broke that stupid rule.

I wrote him a letter in my heart, and this is what it says:

You are not my burden anymore. You belong to someone else. I will never be done caring for you.

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