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Touch: A Surgery Rotation

By Claire Unis

At San Francisco General Hospital, injection drug users came to the hospital nightly to have abscesses drained. Hair matted, malodorous, ill-kempt and often grouchy, these patients were automatically admitted to the surgery service.

Typically during my time as a student of surgery, I did not hear about these admissions until morning. Working alone, the second-year resident would do a cursory interview and then take the patient to the operating room, where a simple incision into the abscess would release a foul-smelling mixture of pus and blood. This had to be suctioned out thoroughly, and then the cavity was packed with moist gauze.

Our duty, as third-year medical students, was to unpack and repack the wounds every morning. This would have been simple if the procedure was not so painful. Every time we went to remove gauze, patients would whimper and demand more pain medicine — and because they were heroin-users, their tolerance to morphine was astronomical. Many tried to convince us they were reliant on higher doses of methadone than they usually took. These patients were uniformly, and not inaccurately, considered "drug-seeking" by both residents and nurses. No amount of morphine seemed enough to them — but it was also possible that even high doses weren't sufficient to relieve their pain. We students weren't sure whom to believe. Patients hollered and cursed, but rarely, even after demands for morphine were appeased, expressed appreciation. This kind of patient care seemed thankless.

Each morning, the ritual was the same: our team of residents, interns, and students visited ten to twenty hospitalized patients as quickly as possible, to finish before an 8 a.m. surgery. We students were supposed to get to the rooms of abscess patients first, to "take down" the wound dressings and remove gauze from the cavities that had formed on arms, legs, buttocks, or shoulders. We carried a plastic caddy filled with supplies: gauze, tape, tweezers, bandages, scissors, sterile water, gloves. Under the impatient gaze of our superiors, we asked, begged, cajoled, and ultimately forced our patients to submit to the stripping of their abscesses. I could feel each time the dressing caught on underlying tissue and had to be peeled away — with the resistance to my pull, patients exclaimed: "Oh! OW! Huh! Ouch!" Some shouted. And then trained their accusing eyes on my face. I frowned sympathetically, apologized routinely. Their eyes were relentless. By the time I had begun stuffing a fresh length of moist gauze into the raw pink pocket, my team had departed for the next patient's room, leaving me alone with an angered man (or less often, woman).

I loathed this duty. Repelled by the wound odor, ashamed of the suffering I inflicted, and sleep-deprived on top of it, I developed an unexpectedly shallow pool of patience. Mornings went on and on with abscess after abscess to dress — all of them attached to patients painfully similar in demeanor, though different in appearance (black, white, Hispanic, man, woman, older, teenaged). Heroin abuse had altered whatever personalities lay beneath, leaving behind hulls of physical hypersensitivity and disordered emotions. I had little hope of making a difference in their lives — they would all shoot up again, and most would come back with another abscess. Almost none were comforted by a pat on the back, or a soothing voice. We were instruments of torture to them, and they understandably did not welcome our arrival.

My good friend Anne and I had both been assigned to the county hospital, and we were placed on the same surgery team. When the rotation started, we thought this stroke of luck would help us cope with the notorious long hours and the humorless supervision we expected. We started out giggling and practicing dance steps when no one was looking. But a few weeks of abscess service changed that.

Though we were supposed to follow the surgery residents around and diligently do their bidding, I remember Anne hanging back, just getting through each day. I raced around the wards in a panic, trying to do the work of two. Meanwhile, her discomfort with our role as medical students made her feel dissociated, watching me scurry to keep up with our team. She remembers me trying to reach out to the patients we breezed past in rounds, getting frustrated by a structure of care I could not alter — but she lacked the energy to care. Previously so well-matched in our observations and priorities, we were soon divided by the chasm in our responses to pressure: whereas I tried to adopt the efficiency of our team, eager to finish and be excused as early as possible, Anne resisted and retreated more into herself. I grew frustrated with her slower pace of wound-dressing. She felt betrayed by my implied alliance with the others.

Even now, I don't know how we ended up in such different states. Our friendship crumpled as our surgery rotation went on, not because we stopped caring about one another, but because we couldn't bridge the differences in our approaches and still stay floating ourselves.

The more Anne and I grew apart, the more swing dancing beckoned me.

Just before I started the surgery rotation, I had felt something click. It was the essence of partner dancing, and it was missing in the repertoire of most beginners: connection. Two bodies moved the same way to music when the leader led and the follower responded. Part of it was intuitive — like sitting on a cantering horse by relaxing into the rhythm. Part of it had to be learned: balance, frame, just the right amount of resistance. Each dance developed like a conversation, and no two were exactly alike. When I surrendered control and let myself be spun and dipped, moved back and slid forward, each eight-count was a surprise. I laughed when I danced: at myself, at the awkwardness of holding hands with people I didn't know, with joy and satisfaction at fitting moves to the music.

Perhaps most of all, after a day of difficult decisions and strained interactions, I loved not having responsibility for how the dance would unfold. It was enough to just feel a gentle hand on my back, touch on my wrists, and follow the flow.

Meanwhile, I spent my mornings trying to cope with getting in and out of each abscess patient's room as gracefully as possible.

No amount of niceness softened my patients toward me. Care and compassion got me nowhere; I faced curses and histrionics no matter what I tried. My empathy weakened. I could feel armor sliding into place, blocking out the malicious glares and cries for pain relief. The hours passed more smoothly when I learned to do it all by rote.

"Hi, Mr. So-and-so, sir, we're here to change your dressing. Can you just put your arm out here?" It would be reluctantly offered. He would remind me that this was going to hurt. "The nurses told me you

already got some morphine, sir. It won't take all the pain away, but if you hang in there, I'll be done in just a minute." There would be a sigh, a plea to wait until later. The arm would shiver under my touch, or jump. "Yes, we have to change the dressing…I know it's *uncomfortable*…" We both knew it was a hell of a lot worse than that.

My lies went unnoticed by all of my colleagues — except one. I imagined she could see the guilt I held between clenched teeth, as though I had screamed it across the room. No one else knew this was not my personality. No one else really cared. But all I had to do was catch Anne's eye, and the lack of recognition there spoke volumes of accusation that never had to reach her lips.

What confidence I retained came from outside the hospital walls, in half-lit rooms where music brought kinship to total strangers. People *liked* to dance with *me*! I ticked off the hours and days in my mind several times a shift, eager to get free. Somehow, miraculously, this anticipation sustained me.

On the dance floor, my new friends and I were athletic, playful, life-full. I developed a crush on a man with seemingly boundless energy, a gregarious smile, and a mysterious emotional inaccessibility. We often danced several songs in a row, and almost always the last one. The give-and-take connectedness of couple dancing, and the simple miracle of affectionate touch, sustained me long after I went home for my five or six hours of sleep.

Out in the world of ordinary people, I could choose who to touch. I was not bound to reach out to everybody. If I did not want affection *from* someone, I was mercifully not obligated to give it. Illness and disability and the discomfort of seeing bodies violated fell away. If asked, I could talk about the wonder of seeing inside people without admitting I had also torn away saturated bandages from five abscesses that morning, or pulled on someone's skin for over an hour while surgeons operated. My contemporaries were impressed that I was a medical student — while that title in the hospital was merely a marker of how little I knew, and what unsavory tasks I was expected to do.

Dancing taught me that I could still be worth loving, scrubbing filth and insults from my skin before leaving the hospital for the day and transforming into a woman again. But I can't pretend that it felt like anything nobler than the rush of a pure, predictable high.

Constantly sleep-deprived, episodically panicked over truly life-threatening emergencies, our surgery residents showed little concern for patients who were not in critical condition — and even some who were. The surgery team doubled as a trauma service, admitting motorcyclists with fractured legs, a man knocked into a coma by a bus, car accident victims, gunshot wound survivors, people bleeding into their guts and slipping into shock. So if our residents ignored someone hollering about what kind of pain they were experiencing, we knew it was because they took indignation as a good sign: frustration, after all, is a sign of life. And yelling means someone is breathing.

I never wanted to adopt that attitude myself. Still, it seeped under my skin when I was too tired to resist, and it shielded me against the pitiful sights and sadness I might have felt. Our job as surgeons was to repair what could be fixed and leave the "social issues" to someone else. When one of us students — and Anne and I might have been the same person, for all the notice our superiors paid — took a long history from a patient, senior members of the team fidgeted impatiently or cut us off. "So what are we going to do for him?"

One patient I remember well was a 23-year-old man who poured gasoline on himself and lit a match in a suicide attempt. The resident called him an "interesting learning case" and bid me to join them in the operating room. There each of us helped scrub the charred skin from the man's limbs, carefully padding the raw dermis with medicated cream and gauze. His face, I could tell, would be unrecognizable.

The intern knew he would not make it. "Nice 1 a.m. admission, huh?" he grumbled. "Fucking waste of two hours."

When he scuttled out of the I.C.U. for the remaining two-and-a-half potential hours of sleep, I stayed to watch the nurses arranging our patient in the glass-enclosed room where he would spend his last hours. I knew I couldn't sleep right away.

While I leaned against the wall, conspicuous in my white coat and surgical scrubs, a small group of visitors was ushered in: his parents and either a sister or girlfriend. They were all crying, but it was his mother I remember, her eyeliner streaked everywhere, eyes red and boggy, a look of desperation on her face. She caught my eye, and startled, I looked down.

"I'm sorry," I might have said. Or touched her arm. At least nodded.

But all I could feel, at 3 a.m. in the face of this young man's imminent death, was my overwhelming inadequacy. I was unable to change any of it - not the intern's lack of compassion, not her son's desperation, not the medical outcome. I slunk back to my call room before the family emerged from his bedside.

Dancing allowed me to feel joy. Not only allowed me, but begged me. Convinced me with its mellifluous whispers and sensual fingers. I could let the music fill me up and soothe the worries I brought from the hospital, all the worthlessness and loneliness left at the door as soon as I saw a familiar face, an extended hand, a smile. It inhabited me, and I let it, because there was no reason not to. I became addicted almost as soon as I could follow moves I had not thought up. I loved being held and spun and asked to dance, asked to share in this marvelous orchestration of shared physicality.

In the hospital, all of the emotion went one way: my job was exhausting simply because I took care of patients, but no one took care of me. Perhaps Anne and I gave up on one another too soon. Perhaps our needs were too similar. But when I went home after a day of work, worn out and feeling like a drop of water trying to fight a drought, what I needed more than anything was that candy-sweet connection to another person.

In the end, perhaps dancing is what separated me most from Anne. I didn't understand the depth of her melancholy, and empathy seemed like a trap-door into the same state. Rather than share her sadness, I ran to the arms of strangers. Rather than face my own guilt, I pasted on a smile and hugged my new friends, who didn't know me, who didn't ask anything of me.

Dancing reminded me how it felt to be appreciated, to be touched, to be alive — and to be someone else. That was my true addiction, the buzz that kept me aloof from what I couldn't handle while I was a student of surgery: the ache of loneliness, the responsibilities of friendship, the pain of people who looked to me for care.

Claire Unis enrolled in the MFA program at USF, while in medical school at UCSF, where she focused on writing memoir and narrative nonfiction. Now a practicing pediatrician, she also leads Literature in Medicine classes for other clinicians in one of the largest medical groups in northern California. Three other excerpts of her memoir about her experiences in medical school have been published elsewhere, two in anthologies, along with several essays and poems related to the COVID-19 pandemic. More information can be found on Facebook @LiteraryArtinMedicine (Claire Unis MD MFA) and on claireunis.net.