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An early morning mist and the wing of a prayer

This morning the mist hangs heavy outside. In its wake, last night's thundershower left a detached coolness in the air, and with the coolness came the fog. Shrouded in mist, the maples in the backyard stand silhouetted in the early morning light.

I have been awake for an hour, watching this scene unfold outside the back window as though it were a stage set for the opening act of a play as yet unwritten. I take another sip of coffee from the mug cradled in my hands and recall the words of yesterday's e-mail: "My father will be having heart surgery tomorrow morning to replace a damaged aortic valve and repair the mitral valve."

I last laid eyes on the author of that sentence when he was just a boy, perhaps 8 years of age. By my mental calculations, he is now in his early 30s, 32 to be exact. I know this because he's 1 year older than my eldest son. This young man is the son of a doctor. Thirty years ago when I was a PA student, his doctor father was my clinical preceptor.

Since then, the great wheel of life has turned. Sons grow up and become men. Fathers grow older and periodically pause to remember their youth.

Although I had served as a hospital corpsman in the US Coast Guard before entering PA school, much of my medical training was mentored by this physician. When I was a second-year student, he turned me loose in the clinic, allowing me to work within my own prescribed limits. "Basically, I'm treating the fellow as though he were a second-year resident," the doctor would tell his colleagues at the local hospital. Many of them were appalled. At the time I was one of two PAs working in that conservative Pennsylvania county.

Together we did it all: office-based ob-gyn, pediatrics, adolescent and adult medicine. Every Tuesday morning, we attended grand rounds at the local hospital. Sometimes we made house calls in the neighborhood, looking in on a small cadre of bedridden patients. I learned how to do minor surgical procedures under his watchful eye. We had a microscope in the lab, and we used it to examine spun urine sediment, vaginal wet preps, KOH scrapings, and peripheral blood smears. Drug sales representatives kept us well stocked with samples of medication. Many times we handed out entire courses of medication to patients who couldn't afford to pay out-of-pocket.

One Monday morning, I arrived to find the doctor lounging behind his desk, palpating his neck. "Feel this lump," he said. "I was away skiing for the weekend and took a couple

of spills on the slope. I think I might have wrenched my neck. Could be a hematoma. What do you think?"

Gently I palpated the side of his neck, then dug my fingers in deep behind the strap muscle. "It's well-defined, smooth, and firm. Does it hurt?"

"No," he said. "If it doesn't go away by the end of the week, I'll have one of the surgeons check it out."

It didn't, and he did, of course. An excisional biopsy was performed; the pathology report showed Reed-Sternberg cells, the *sine qua non* of Hodgkin's lymphoma.

He underwent radiation therapy after surgical staging. Many times he would vomit shortly after I dropped him off at the hospital entrance for his treatments. But they paid precious dividends: several months later he was in remission.

Meantime, I had graduated from school. Desperately in need of a job, I begged the clinic administrator to hire me. Unfortunately, they had no funds to support another clinician. The morning came when I was called into the administrator's office. "You've got a job here if you want it. The doctor volunteered to take a pay cut to free up some funds to bring you onboard."

I continued my education through my daily interaction with patients at the clinic for the next two years. The day came when I announced my intention to accept a position in a postgraduate residency program in pediatrics in another state. Leaving was more difficult than I had anticipated, but I decided to play the hand that I had been dealt.

The doctor and I kept in touch over the years. In time, the cancer returned. It took several rounds of chemotherapy to beat it into submission. Unfortunately, those same lifesaving treatments eventually took their toll. He developed restrictive lung disease from the radiation. With no spleen (it had been removed for the surgical staging), he was more susceptible to periodic infection. When I learned about his valvular heart problem, my mentor had already retired from practice in his late 50s.

And so here I sit on this misty morning, sipping coffee and watching the maples materialize in first light. I reread his son's words: "A recent PET scan appears to show the cancer in remission, so he's very glad to be finally getting this much-needed operation. Cardiac catheter and carotid test results look better than anticipated, so we're optimistic that things will go as well as can be expected."

Outside the morning mists hang heavy. With a little luck and the wing of a prayer, things might clear off by mid-day. **JAAPA**