



Reflection: A Light in the Darkness

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Three doors. Three patients. Three stories. Each encounter served as a window into understanding how powerful the art of medicine can be in the field of orthopaedic oncology.

Behind the first door, an elderly woman sits quietly. Anxious hands address a fold in her loose-fitting floral sundress. She had woken up early today, double-checked her appointment time, and headed out to one of many postoperative visits following an above the knee amputation two months prior. She brings her hand to her mouth and quickly stifles a cough. A small nuisance, she thinks little of it as she waits patiently for her surgeon.

The air was thick with worry, her face betraying her thoughts. She was afraid. The patient didn't seem to notice his entry into the small clinic room. The surgeon lightly touched her shoulder and softly spoke her name with an air of familiarity. Seeing the surgeon now, she immediately recognized the somber look on his face and grasped him by the arm, securing herself to the white coat.

With eyes closed and voice trailing she said, "It's back."

"Yes," he replied as he enveloped the patient in a long embrace.

Three words were exchanged between a long-time patient and her surgeon. They needed to say no more, as they already shared the most intimate of bonds. Their embrace wasn't just an empathetic gesture, or a social cue picked up by someone who genuinely cared for others, this embrace was different. Sadness and pain emanated from them both.

This surgeon *knew* her. He had made a connection. He had been both the original bearer of bad news and her champion of hope. He had fought and won clear margins in the operating room. He had helped her through recovery and its difficult setbacks. He cheered all of her successes, celebrating many of them with her family.

However, it was her recurrence which brought them all closer. Her strength and resolve on display as she signed consent for him to take her leg knowing full well her time was borrowed.

She wasn't a patient. She had become his friend. The twenty-minute visit went well beyond as he turned the monitor to show numerous PET-avid spots now in her lungs.

He held her hand the entire time.

We all have a persona, an identity, a unique mosaic of our likes, passions, and aspirations. It is the restoration of a patient's identity through the reconstruction of form and the renewal of function that lies at the heart of orthopaedics.

Is a person a runner if they can no longer walk? Can one say they are a climber if they have lost their ability to grip? Can one identify themselves as a musician if their instrument permanently lays silent?

"If I am no longer who I was, then who am I now?"

Through the practice of orthopaedics, many patients will not have to ask themselves this difficult and life changing question at the hands of acute injury or musculoskeletal disease.

The second door slides open silently. The unmistakable sound of an alerting ventilator cuts through the dim ICU room. A man lays in the bed grimacing, fighting the ventilator. Soon the respiratory therapists and house-staff will pull out the endotracheal tube and he will take his first of few precious remaining breaths. He has known he will die soon, that he will likely miss the birth of his first grandchild, that his life has been cut short. He fights for every moment. His orthopaedic surgeon enters the room with the ICU physicians. The patient's wife and his pregnant daughter wait outside the room, a nurse sharply draws the curtain.

It had happened a few nights prior, cleaning up after his wife had made his favorite for dinner.

Opening the plate cupboard, he lifted two dinner plates from the drying rack to put them away. The sound of the plates shattering on the tile brought his wife at a run, she found him kneeling, right arm flaccidly hanging at his side. Tears streamed down her husband's face.

On the day of surgery, he had been uncharacteristically yet understandably withdrawn. He looks up at his orthopaedic surgeon, his head covered with a blue bouffant cap. Tears forming in his eyes, the certainty that he would spend the "few months" he had left showing his wife how much he loved her was fading.

His voice breaking, he asks, "Will I ever hold my wife again?"

His orthopaedic surgeon, gently took his patients hand in his own, and smiled. His smile carried with it the knowledge of who his patient

is and the reassurance and confidence that he could make this man whole.

A simple “Yes,” was all that needed to be said.

The postoperative X-ray showed a well-placed intramedullary nail that spanned an impressive pathologic midshaft humerus fracture.

The man’s first word after his extubation was his wife’s name. He called out to her. The curtain is flung back and he sees her like it’s for the first time. He instinctively lifts his previously non-functional arm and embraces her. His daughter presses in and joins.

The nail does its job.

The third door is the hardest to open.

“Is it cancer?”

A little girl played while sitting on her mother’s lap, unaware of the hyperintense lesion in her leg. The mother was panicked, uncertain and fearful of her only daughter’s future, her voice cracked as she discussed the need for surgery her surgeon. He was masterful in the way he assuaged her anxiety. As he spoke, her terror began to fade and her posture relaxed. As the conversation continued, trust began to form, and then something amazing happened. She began to breathe, angst evaporating, and then she emotionally released her daughter to his care. A man she had just met. The most humbling of experiences, an honor and privilege that can only be described as a bond formed between a patient and their surgeon.

The trust that we are given is sacred—as an orthopaedic surgeon it allows us to intervene in the most invasive and decisive manner to save form, function, and even life.

To hold the limp body of a small child, someone’s little girl, to blink and see my son in my arms; I have no words. I have opened up a child. I have cut deep into someone else’s child. I have operated on an only child. She did not come into this world on a whim. Her parents prayed for her, they cried for her, they strived for her. A new future realized.

We made the cut, followed our approach, and exposed the mass. To see disease, to physically put my hands on it, and to remove it from this little girl was emotionally overwhelming. My mask was fogged with concentration and love for my patient.

We stop. Arms crossed maintaining sterility, we wait. Small talk. We tower over our tiny patient.

The phone rings.

“Clear margins.”

Orthopaedic oncologists have the skill and knowledge to resect disease, to alter outcomes, to be able to say to another human being, “you are cancer free.” Families frequently come to their clinics surrounded in darkness. Yet, perspective is everything. The lens with which we view the world is ours to choose. There is beauty in everything, even in death. We have the ability to wade into the darkness with them, hold their hands, and show them there is light still.

Through my experiences I have come to believe that everything happens for a reason. Whether you call it spirituality, a belief in a higher power, or fate is irrelevant. It is what we do with the life we are given that matters most.

Being witness to these encounters, being a part of these stories, and reflecting on them throughout my training has redefined what the “art of medicine” means to me. As providers, we have the opportunity to become powerful agents of healing. Strip away the coat, medical jargon, the structural confines of our healthcare system. Sit in front of your patients and open yourself to them.

Listen. Be vulnerable. Connect. Know who your patients *are*, better than you know their disease.

It is through the process of purposefully establishing and cultivating true human connection that our work becomes meaningful. Every encounter is a precious opportunity. Don’t waste them. We have the ability to act on our patients and heal them in a way that chemotherapy, antibiotics, and surgery cannot.