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A Cuticular Romance

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“Interns are expected to arrive early to pre-round in the morning. You are expected to examine your patients daily and present your findings concisely in your presentation.”

As a somewhat jaded second-year resident, I was setting expectations on the first day of a general medicine ward rotation. Little did I realize how an emphasis on the exam would bring changes to my life in short order.

Among my patients was a man I'll call Henry. He was a 64-year-old former EMS dispatcher who was a victim of his best intention. While trying to break up a fight in the 1970s, he ended up with a bullet in his spine. This began a life of paraplegia that had culminated in a neuropathic foot wound and osteomyelitis. Despite his shriveled legs, which he kept covered with a white blanket, Henry was a commanding figure. He had a deep voice reminiscent of a Soul singer and his eyes glittered with attention and intelligence during conversations. He didn't suffer fools, especially not ones with stethoscopes draped decoratively around their necks.

He wasn't as convinced as his physicians about the severity of his osteomyelitis or the need for an amputation. He briefly staged a disappearing act until sepsis compelled him to return to the hospital. The specialists in podiatry, vascular surgery and infectious diseases descended upon him and recommended an urgent amputation to save his life. Restored by the antibiotics, he refused staunchly. “Oh boy, this is going to be one stubborn patient,” I thought to myself.

My intern and I introduced ourselves as his primary medicine team, another set of doctors to add to his list of tedious interlocutors. Initially, Henry's conversation was entirely binary. We couldn't coax anything more substantial than “yes” or “no” out of him.

My intern who had let me lead this unsuccessful conversational campaign suddenly piped up:

“That's a Virginia accent, isn't it?”

“Yes.”

“Whereabouts?”

“Culpeper.”

“Nice little town you've got down there. I went to UVA in Charlottesville and I've gotta tell you, I miss it up here.”

Henry was now looking interestedly at my intern who, by this time, had knelt down to be at eye level with him.

“Mind if we look you over?”

“Go on.”

Two words. Progress!

My intern took Henry's age-mottled hands into his own.

“I always start the physical exam with the patient's hands.”

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He later told me that he had learned that from watching Dr. Verghese on the Stanford 25 blog. Interested, I looked at Henry's hand. The lunula were pale half-moons, a sharp contrast to Henry's dark skin tone. Thin vertical ridges were present throughout the nail bed. As for the actual fingernail, the nail plate measured about 1cm in some fingers and up to 3cm in others. It was chipped in places. Grime and thick yellow debris were etched in the cuticles and underneath the hyponychium.

My pager buzzed and I stepped out to answer it. One thing invariably leads to another in a resident's life. After forty-five minutes, I scurried back towards the direction of Henry's room, only to hear the sounds of a deep-throated belly laugh and a series of clicking and snapping noises. Forgetting my manners, I briskly pulled aside the curtains to reveal my intern clipping Henry's coarse nails. Some nails were tougher than others and required an extra click or two before the keratin gave way. I started to slowly draw the curtains close, muffling an apology for my intrusion when Henry stopped me.

"Hey doc, before you go, can you call the surgeons to come back here with their saw? Tell 'em I change my mind."

I stole a glance at my intern who appeared unfazed. Secretly I knew he was beaming inside and I tried to steady my facial muscles. With their permission, I snapped a photo of my intern with the nail clipper before practically skipping out of the room.

In my sign-out to the overnight team, I wrote:

- Is amenable to Above Knee Amputation (AKA). It has been scheduled for tomorrow.
- Fingernails clipped.

Vascular surgery performed the amputation the next day. They happily made room on their schedule lest Henry change his mind. As he walked away, the surgical resident casually rationalized the scheduling change:

"It will take at least another 3 months for his nails to grow back and we definitely can't wait that long."

I often wonder why Henry finally said yes to the life-saving amputation after being resistant for so long. Perhaps grooming is so inherently connected with caring that something as simple as cutting his nails made him finally realize that we viewed him as a human being and not a disease process.

I kept that photo of my intern in my phone, associating it with my intern's contact so that this photo would come up every time he rang. The two-week rotation ended too quickly. Henry was discharged to a rehab facility and it seemed that my intern and I were to part ways. But that's not what happened. Now, every time my husband calls me, I see that photo of him carefully clipping Henry's nail.