

FIFTEEN MINUTES OF HEART FAILURE

By Adrian Ziino (Australia)

On the strangely cheerful ring of a small bell, the door opened and I saw the three examiners in dark suits, poised mid-room with pens and clipboards; their abbreviated smiles immediately confirmed the gravity of the agenda. As I took my place by the patient lying quietly on the examination table, I recognized the grey-haired examiner from my failed attempt the previous year. He stepped forward, peered over his spectacles and instructed me very softly, precisely—

“This is Noel. Please examine his cardiovascular system.”

I was too aware of my own signs and symptoms, my racing pulse, my dry mouth, my light-headedness and clammy hands. I looked briefly at my watch and then at the patient, an aboriginal boy, probably six or seven years old. There wasn't a moment to waste. I had all of fifteen minutes to examine him, review the investigations, and form a diagnosis.

“Hi there Noel, I'm Dr. Williams. I'm going to check your heart today.”

I hoped the lively tone of my introduction would buy his co-operation, but I doubt he understood any of my instructions.

His heart was beating so quickly and violently; each impulse rippled visibly across his chest. From the moment my stethoscope touched his skin, my anxiety changed to calmness and calmness to ecstasy. An aboriginal child in roaring heart failure with a mitral incompetence murmur that my deaf grandmother could pick: Rheumatic fever – what else could it be? I presented the clinical findings hastily in my impatience to see the electrocardiogram and chest X-ray – they were a perfect fit.

“Dr. Williams, are you ready to offer your summation of this case?”

“Yes, I believe the clinical, ECG and X-ray findings are in keeping with a diagnosis of rheumatic fever, and I suspect this child has been referred for surgical assessment from a community with a significant prevalence of this disease and its complications.”

The bell rang again to signal the end of the case, the end of a long day, and at long last, the start of my professional life.

That evening, I expected to collapse from exhaustion, but the buzz of the day lingered. Long into the night, I lay staring at the ceiling of my hotel room, my mind rushing ahead with precocious plans for travel, research or perhaps a lucrative private practice. Even by the small hours, sleep proved elusive. Later, as I stumbled into the bathroom, the real cause of my insomnia became immediately apparent. In the mirror looking back at me, I saw not my face, but Noel's face. Beyond his face, I could see everything about him that, for my own purposes, I had elected to ignore or dismiss as insignificant. The fear in his eyes, the narrow tracks of scabies coursing over his hands, his bruised and emaciated legs; even the oversized hospital pyjamas he was forced to wear uncomfortably. For fifteen minutes, I had reduced him to a curiosity of convenience, a specimen in a pathology museum – a trophy. For those fifteen minutes, my heart too was failing; failing to acknowledge that he was truly terrified, that he was lying there without a parent to console and reassure him; failing to wonder about the appalling circumstances that had made him so sick.

On my way to the airport, I stopped at the hospital to look in on Noel. He was fast asleep, but for at least fifteen minutes, I sat and studied his peaceful face, hoping and praying that one day he would play with the new football I left at the nurses' station.