Illustrations by Laura Aitken.

Daylon

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"You have been a good teacher today. The patients are always our best teachers." The young pediatric resident is ostensibly speaking to a twenty-two-year-old mother whose second child is in the hospital with severe respiratory distress. The six students he is leading around for the morning, acolytes to the altar of medical education, know these stock phrases are for our benefit. The mother smiles back a colorless smile, also mostly for our benefit. I feel as though I am watching an Arthur Miller play, the characters moving through scenes they can't control. There is an awkward pause in the conversation, the insincerity and disingenuousness of the comment taking on a life of its own. That's how you know he's a resident.

The mother doesn't care about being a teacher. She doesn't care about helping to educate the "doctors of tomorrow." She is simply a scared single mother who didn't know how to say no when some pleasant woman came to the room earlier that morning to ask if it would be all right to bring medical students by. All she wants is for her baby to breathe better. Five-month-old Daylon, a beautiful, curly haired child, is enmeshed in the tubes and machines of modern medicine. During our interview with the mother, her eyes flit constantly back to him. I can almost feel her suffering as she watches Daylon's nostrils flare and chest squeeze with each breath. I can see the corners of her mouth fleetingly twitch—a consciously aborted grimace—every time Daylon grunts to breathe.

But maybe my imagination is just playing tricks on me. Maybe she is as calm as she appears. After all this is the third time in Daylon's short life that he has been in the hospital.

I tune in just long enough to hear, "So with vaccinations current and up to date, and given the time of year, RSV would be high on the differential. . . ." I need to focus. This is information I need to know, but somehow I keep coming back to Daylon and his mother. Differential diagnoses and pathophysiology somehow seem less important.

Daylon is big for his age, one of those chubby infants people invariably describe as "cute." His hair is a brown curly mop that stands in all directions, in complete defiance of gravity. He looks healthy, though troubled in his sleep. His mother is thin with light brown skin and bright eyes, beautiful beneath the veil of weary motherhood. Her top is slightly revealing, and I avert my eyes only to notice that among her various tattoos, there are two that claim devotion to two different men. I wonder if one is Daylon's daddy. I wonder if he is worried about Daylon right now, but I doubt it. During the interview, she made it clear that his father was not in the picture.

As medical students, our interviews spare nothing. We are taught to inquire about sex, drugs, money, social relationships—all the juicy details of being human that make for good daytime television. Daylon's mother is on welfare; she has no real plans to ever be otherwise. She lives in an apartment with her two children, and is not worried about finances because, she says with smiling bravado, "It always seems to work out somehow." We smile back, trying desperately to convey that we understand, but we don't. We are bright and well educated people for whom opportunities abound. How could we understand her struggles? She smiles back, understanding the absurdity, but appreciating the good intentions.

Because of Daylon's respiratory problems, we are all wearing bright yellow full-length gowns with masks over our faces—physical barriers that are fitting analogies to the social and cultural barriers in the room. Earlier in the morning we had watched videos that stressed the importance of the doctor-patient-parent relationship in pediatrics, and lectured us on how we needed to "break down the barriers to communication."

The resident continues to talk through the physical exam: "So you can

clearly see the nasal flaring and retractions. This infant is still fairly tachypnic and will remain on oxygen. . . ." Daylon lies asleep in the hospital crib, unaware that he is on display. His mother watches the resident intently as he objectively describes her child. The rest of the students and I crowd around the crib, like so many gawking onlookers at a fire.

In medical school, there are never enough chairs. In the patient rooms there is usually only one or two, often occupied by family members. Any available chairs go to the attendings or the residents; the medical students stand. I never know exactly how to hold my arms. Crossing them seems too stern, hands in pockets seems too casual, and behind the back makes me think of decrepit old high school science teachers walking between the rows of desks while proctoring exams. Most of the rest of the students have opted for the behind-the-back pose, hovering over the crib. I pray that Daylon stays asleep. I pray that he doesn't awake to see a ring of yellow mouthless specters peering down on him.

"So do you have any further questions?" The resident is looking at us. He has decided not to examine Daylon any further because he might wake him. The mother looks relieved.

"Have they told you how long you will be here?" one student asks the mother.

Daylon's mom looks pleadingly at the resident and says, "I am not sure yet, they haven't really told me."

The resident replies that he thinks Daylon will likely be able to go home in a day or two. He adds that he feels comfortable sending Daylon home so soon because he is confident that his mother knows how to watch him and will be quick to bring him back if his health deteriorates.

In other words, she is a good mother, so we will release Daylon; if she were a bad mother he would have to stay longer. At that, the mother smiles her first genuine smile of the day. I see pride in her face.

"Well, if there are no further questions, shall we move on?" the resident says.

I want to scream, "Wait! I don't want to move on." I have questions, millions of them: Who are you? What do you want for your son? What does this all mean to you and Daylon? Tell me the poetry that is your life. Give me the words to say to the tortured soul of a mother at three o'clock in morning when her dreams and aspirations live on the fragile breaths of a dying infant. How do I be a good doctor to you and to Daylon?

But I don't ask. I don't know how to ask. Anatole Broyard in his essay "Doctor, talk to me," says his ideal doctor would be Virgil, leading him through his purgatory or inferno, pointing out the sights as they go.[1] Though I have always liked the idea, somehow I don't think Daylon or his mother need a Virgil. Perhaps the Virgin Mary would be a better guide for them—the consummate compassionate maternal deity. Who better to understand their suffering? Who better to share their burdens? They don't teach that in medical school. I want to ask Daylon and his mother to teach me, but I don't. It is time for us to move on to the next specimen.

We thank her as we leave the room. She asks us to turn down the light. As the room goes dark, I look back one last time at Daylon and his mother, bathed in the light of the monitors surrounding the crib. Her head is bent toward her child, our intrusion already forgotten. In the dim light, I see her kiss Daylon on the forehead to ease his sleep and assuage her own worries. For the first time I see her for who she is, a modern Madonna caring for the light of her world.

Reference

1. Broyard A. Doctor, talk to me. Minn Med 1998; 81: 8–11, 50.

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