

Ballad of a veteran



Illustration by Sarah Riedmann

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My experience in adult medicine began as a student rotating at the VA Medical Center. Up to that point, I spent time in both a newly constructed, sparkling private hospital as well as an old, under-resourced public hospital. While there is no absolute category, criteria, or status necessary for treatment in these settings, the VA is different. Here, an identifiable, unifying thread is shared by every patient who enters seeking care: military service. When I was assigned my first patient, I wondered how this background might inform his hospital experience as well as my own educational growth. Through our relationship, I gained a greater appreciation for the experience of hospitalized veterans, many of whom had already

grappled with death, but found themselves meeting mortality in a new guise.

My patient arrived at the hospital with sudden onset chest pain and shortness of breath. A chest scan revealed what the Emergency Department expected: pulmonary embolism with significant clot burden. However, a suspicious hypodensity was noted in what little of the pancreas could be visualized. This “concerning finding” took a backseat to the more urgent matter, stabilizing the patient and beginning anticoagulation. I was fortunate to bear witness to his improvement day by day. The heparin thinned his blood, his lungs sounded clearer, and he became more animated. He greeted me every morning with a smile. “Give me some good news,” he would say.

Often, I found members of his family at his bedside. Each morning, a new combination of relatives was there speaking, laughing, or simply sitting with him. They asked the team for updates, plans, next steps.

During these conversations, he would lie back and turn away, disinterested, unconcerned, an image of tranquility. Occasionally, he spoke to his family in Spanish and pointed to me. They would turn, look me over, and smile. I'll never know exactly how he described me, but I remember that their smiles were warm. One day, before his visitors arrived, I commented that it was nice that he had a large, loving family. "I'm a very lucky man," he grinned. "I have a beautiful family, I couldn't be much more lucky." Suddenly his smile faded; an intensity came over him. "I don't want to stay here much longer." He looked me in the eye. "I want to go home."

It was a Saturday morning, and the hospital was quiet. The typical hustle and bustle were muted; the wide, long halls had an ever so eerie calm to them. I sat at the screen and opened his chart. When I left Friday afternoon, he was scheduled for imaging of the abdomen. The time had come to investigate that old finding, which, thus far, lingered in the background. The read was in, the impression clear; there are no euphemisms in radiology. "Highly suspicious for pancreatic adenocarcinoma with likely metastases to the liver." My senior asked, "do you feel comfortable speaking to him about this?"

I walked into his room, this time without the ease to which I had grown accustomed. He was lying in bed looking out the window. Again, a picture of serenity. I wanted to turn around. What good would it do to disrupt his peace, his hope that with each day he was getting better, closer to going home? He turned toward me and smiled. I asked if he knew why he had gotten a scan of his abdomen. I could hear my voice shaking. He said he wasn't sure. I did my best to explain while keeping myself from choking up. I tried again and again to say the word: "growth," "mass," the closest I got was "tumor." Throughout it all, his expression remained unchanged; the soft, simple smile never faded. "It's okay," he said, "I understand." He looked toward the window for a moment and then back to me, "you know, I never thought I would make it out of Vietnam. I was sure I would die there. Every single day, I remember and every day, I'm grateful that I made it home."

I could only imagine what he felt, as a young man on a battlefield wondering if he would get to live out the years of his life. I had never been so far from home, unsure if I would return to the place I was from, to the people I loved. I would never know what it was like for him then, and I could never know what it was

like for him as he lay in that hospital bed. Yet, despite the fundamental distance, there remained a closeness between us. The bond we shared had meaning. In this moment, I could sit with him. We could talk and take comfort in a sense of togetherness. As a medical student, overwhelmed by all the treatments and therapies that were beyond me, I thought that this was the most I could offer. I've learned now, as a doctor, that this is the best I can offer.

He spoke about family, about God, about his belief in reincarnation. When he was younger, people came up to him, convinced that he was someone that they had known in the past, now departed. He told me he thinks he could have been that person. He believed he would return again. He'd come back as a person, or an animal, or a flower. Maybe he'd come back as something different, something neither of us could understand or describe. Regardless of how, he would remain. He was at peace. All he wanted was to go home. It was the same wish he had prayed for decades ago in an unfamiliar land.

He was away, undergoing biopsy, when I went to say goodbye on the last afternoon of my rotation. I considered coming back later or on a different day, but then I thought that this might be a fitting end for now. He believed there were no last goodbyes. I left the hospital and wandered through a nearby park on a summer evening. Children played tag, birds sang songs, flowers took in the last light of day. As I stood among life's incarnations, I felt a breeze carry known and strange things through me.

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