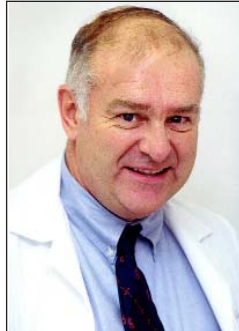


## House Calls:

### Greener Pastures

*From Bedside: The Art of Medicine by Michael A. LaCombe, published by University of Maine Press.*



by Dr. Michael LaCombe

A surgeon sat sipping coffee in the operating room lounge of a metropolitan hospital. She shifted her weary body to gaze out the smog-stained windows, losing herself in thought. Was she wasting her time here? Was this the way her life was meant to be: a 60-hour week, week after week, diverting the flow of blood around the dietary excesses of another? Was she really happy earning more than she could ever hope to spend? Shouldn't she be using her surgical skills to help those who really needed them? How remote she seemed from the ideals of first-year medical school. She had pictured a more meaningful life in a busy emergency department where she could really practice her art.

A surgeon leaned far back in his swivel chair, utterly exhausted. Incompleted records lay strewn about his charting desk along with his half-finished, fifth cup of coffee. More patients were entering through the automatic doors every minute. He summoned the strength to continue. He half-turned to watch the staff and nurses hurrying about. He saw two nurses help another utter wretch to the suturing room, a disheveled drunk with soiled clothes and a jagged scalp laceration. For the ten-thousandth time he would find a frightened medical student, sit him on a stool and guide shaking hands through the mechanics of interrupted mattress sutures.

Was this a proper use of his talents, of all those years of training? Was he forever doomed to knit the scalps and prod the bellies of the indigent so they could abuse themselves all over again? What had happened to the electric excitement of the emergency department? Why did he feel cheated? Might he not be far better off out on the front lines? In rural America, he could deliver his surgical skills, to real people, in proper, God-intended fashion. Wasn't it time for a change? He gazed out of the hospital windows and dreamt of life as a surgeon in some country hospital.

Two layers of subcutaneous Dexon, then the subcuticulars, and she would be done. Another gallbladder out. The surgeon glanced at the OR clock and continued suturing. She thought of her packed office, of the waiting patients for whom she was already late. More gallbladders to remove, together with assorted moles, a diverticular colon or two, and always far too many spastic bowels. Five major cases today. Another late day, another late supper, her kids already in bed, her journals unread and the glossy magazines and unopened novels taunting her. A too-quiet husband withdrawn.

She finished her case, dictated the note and walked into the courtyard of the small country hospital. Her patients could wait. She watched the jays at the feeder and thought of her college roommate in Dahomey. Shouldn't she pack up, move her family and settle there? Wouldn't that be the place to practice surgery, to deliver medicine to those who really needed her skills? She could teach again, and teach those eager to learn. That would be the greatest good for the greatest number. Wasn't that the real meaning of the Oath, to practice medicine in a place like Dahomey? Shouldn't she be going where she was needed?

The doctor sat at the makeshift table, partially shielded by a staked tarp from the hot Niger sun. Before him stretched a long line of Kanuri children, waiting for their sulfonamide drops. Both he and his nurse knew they would run out of drops before they would ever run out of children with trachoma. The doctor waited for the next child to be brought to the tent. Tomorrow he would be in Loga, and after that, Madaoua and Agadez, and then the long trek to Chirfa. And always, he would pray that politics had not intercepted his medicines, preventing him from treating at least some of these children.

But what of malaria and trypanosomiasis? What of leishmaniasis? Who would treat those? Here he was, spending 16 hours a day either treating or travelling to treat these children. The arrival of a case of sulfonamides was a major miracle here. How could he ever find proper medicines for the rampant infectious diseases he saw everywhere. How little he had to work with! There he would see a child with appendicitis, long for his scalpel and some decent anesthesia, and know the child would die. And here, a child with Burkitt's, so simple to cure in other places, so doomed to die here in Niger.

He recalled his residency days in the great American hospital. The facilities! The equipment! The technologies available to guide the doctor in treatment! Even if he had a microscope! A microscope could tell him which patient had vivax and which falciparum. And in America he would have at his fingertips a whole host of drugs to treat them.

Was his trachoma fight simply an exercise in futility? Wasn't trachoma, after all, more a social problem, a political problem, and better left to the politicians? What business had he, travelling this scorched country, treating the same children, year after year — children who, out of ignorance, reinfected themselves? Would he not be better off in a Western hospital where he could be a proper doctor? Wouldn't that be a happy time! How lucky were those doctors there. How lucky!

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