

Saturday Discharge

Walking along the hall that morning, I did not know what was to come that day. It was just one more day in the hospital like thousands before and thousands after. Once every couple of months it was my job to “Go on the Wards.” I knew what that entailed very well – I had been doing it for years. I would round each day with my team of trainees on the General Medicine wards, see all the inpatients my team was assigned, try to figure out what was wrong with them and get them better if I could - and try to teach the trainees along the way. We were chipper as we moved along the hallway that morning, talking of good places to eat Chinese food in LA.

In this government-run hospital, we took care of a wide variety of patients, but many were disadvantaged, impoverished or homeless and many suffered from substance abuse and/or mental illness. Establishing a therapeutic bond with these patients could be challenging, especially so because these weren't originally *my* patients that had been admitted to hospital – we took care of everybody's and nobody's patients who needed hospitalization. For many of our patients, hospitalization represented a brief respite from the streets or shelters - a warm, clean place free from danger and hunger. Coming together as doctor and patient, temporarily, in the context of a crisis of hospitalization, could go amazingly well, or – sometimes not.

As we came to one of the big rooms that had 4 patient beds in it, we talked in the hall among ourselves about our next patient's improving symptoms and examination, the normalization of his labs, his reassuringly normal x-rays. We concluded that there weren't any further issues that needed to be worked on during this hospitalization and that he was stable for discharge from the hospital. A good thing we thought. A good thing for him to be going home.

As we walked into the room, we felt the weight of 4 sets of eyes upon us, even if briefly diverting away from their shared TV set for just a moment. But as we arranged ourselves in a semi-circle around the patient whom we had been discussing, all eyes now stared. There were no curtains to pull, no way to make privacy for the interaction that was to come in front of his roommates.

As leader of the team, I began,

“I’m so glad to tell you that all your hospital tests are looking really good and that we think you are recovering very well. You are going to be just fine!”

I cracked a little smile to try to show him some good feelings and patted him on the arm. Then my smile abruptly broke. His face was drawn up tensely and his body hunched in anger, drawing away from my touch.

“I am not going anywhere,” he said. “How dare you try to discharge me on a Saturday!”

“Oh, I am sorry, I wasn’t aware this was a bad day. I’m sorry, but we inpatient doctors are asked to discharge patients on the day that they are medically stable for it. I understand that you spoke with the social worker yesterday and that you explained to her that you would be returning home when discharged. Would you like to talk about any concerns you may have about it? We could help arrange you a ride if you need one.”

What my patient told me next has never left me.

“You [expletive] Jew! Get back into your [expletive] Rolls-Royce and go back to Bel Air!”

At this I felt all air leave my body. I gathered myself for a moment as if I had been smacked across the face. I thought of my trainees all looking at me, any sense of me being a teacher just falling through the floor. I thought of the other patients in the room all staring at me.

Though I struggled internally, I became quieter, relaxed my body and drew nearer to him. I wanted to emulate mercy for my patient who was clearly very much in pain to be acting out in this way, but I was raging inside. My thoughts were in a thousand places as I tried hard to say something kind. I failed. What came out was,

“You are discharged. Your medications will be ready for you at the pharmacy.” I turned and led my team out of the room.

We walked in silence to our next task of the morning.

As a child of a holocaust survivor, I carry my inheritance with me at all times. I cannot shake it, ever. I am charged through with notions of trying to do the right thing at all times to justify my life to my numerous exterminated ancestors. It is a heavy inheritance which I have felt since childhood. But never in my life did I know exactly what it meant to be hated for being a Jew, as they had in times past, until that day. Never did I feel bound to my ancestors like I was in that moment. And afterwards, because it hurt, I buried the experience, sometimes even joking about it.

“Well, he got the first part right, but I certainly don’t drive a Rolls or live in Bel-Air!”

But the experiences of weeks past with celebrities glibly making anti-semitic comments across the media roused me from my denial. I may not wear a star of David in public or otherwise advertise my Jewishness, but some will identify me nonetheless. If it were other times, I might be dead. And like times past, it was not the pure hatred of me for my religion that I think bothered my patient. It was his resentment that I was in a role to assess when he was well enough to leave the hospital that irked him. He wanted the freedom to stay until he, himself, decided it was time to leave. I represented the Jew who controls the hospital, the media, the banks, the country, the world. If only he could know how little I actually did control in a huge government healthcare bureaucracy, would he reconsider? If only he knew that my mother was a holocaust survivor whose own parents had starved to death because of Nazi oppression, would he reconsider? I don't think so.