

## A PIECE OF MY MIND

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## Salt of the Earth

**Tumors are my passion.** I love dealing with all aspects of tumors, from the basic science research to the clinical treatments, complex surgeries, and even the challenge of discussing poor prognoses with families. But I recall one day, as a fourth-year medical student on the orthopedic oncology service, when I lacked the usual enthusiasm. Instead, my stomach hurt. I tried hard to focus on the tasks at hand. The more I could focus on the tumors before me, I thought, the less time I had to worry about the tumors that might be elsewhere, like back home in South Carolina, like in my dad.

My father ("Pops") had called me the night before because he was jaundiced. "I don't have any pain," he had said. A cold sweat had dripped down my neck. Even as a novice clinician, I knew what was at the top of the differential for painless jaundice: pancreatic cancer. For the rest of the night I alternated between pacing and sitting nervously. "Not my family," I kept thinking. "Not my dad." He was only 61 and very healthy.

The next day, I continued my tumor rotation. We removed another mass and wheeled the patient to the postanesthesia care unit. As I left the operating room, my sister called in tears and broke the news—Pops had

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stage IV pancreatic cancer. I remember crumbling to the floor crying, sobbing. Staff members had to pick me up so patients could get by. That night I went home to South Carolina, reaching his hospital room around 3 AM.

Over the next few days, my siblings and I couldn't leave our father's side, seemingly afraid that if we withdrew our touches of love and comfort, he might die right then. Our extended family arrived at the hospital and squeezed into his room. I have heard doctors complain about large groups like this before, with comments such as, "They think it's a hotel in there." I probably have made similar comments myself because this can make caring for a patient more challenging. But we did it because Pops needed it.

We called friends and family. We told jokes. We brought family photo albums. It was a time of love. Many different medical teams and doctors came in to visit. As a physician and family member, the variety of bedside manners I observed made me realize that I did not learn my bedside manner in medical school. I had learned it from Pops.

Throughout medical school, we were told in lectures to "be empathetic," but when we finally got to patient care, the example we saw was often the opposite. Even now, too often I rush through patients' rooms in the

morning, eager to be sure all nerves are working properly and check off the morning list of questions—Flatus? Bowel movements? Eating and drinking? Despite the many lectures on empathy during medical school, we often struggle to connect with our patients at the bedside, myself included.

In contrast, when I was a child, Pops would come to each of our bedsides at bedtime, kneel, and ask us about our day. If he had work to return to or other obligations, I never knew it. No matter what was on his mind, Pops was always present. I do not remember what we talked about, but I remember it was my special time to ask or share whatever I wanted. When my father was at my bedside, I knew I had his undivided attention. *Do my patients feel the same way when I am at their bedside?*

Although my dad was an electrical engineer by training, he epitomized the traits we seek in our physicians but rarely find. No matter where your life intersected with his, you met the same wonderful man: humble, loving, hardworking, great listener, and slow to anger, and he always had a hug. Perhaps he worked hard at this or perhaps it just came naturally. Either way, whether Pops was kneeling at my bedside at night or meeting someone new during the day, his attention was always focused on the person before him. I witnessed this type of behavior from Pops my whole life. *Do I treat patients the same way?*

During that initial hospital stay, my father grew frustrated with the multiple teams all seemingly focused on their own disconnected tasks. "This is just how it works," I tried to explain.

"Everyone keeps talking about getting a 'port,' but I don't even know if I want chemo or what I am going to do for treatment," he said one night, exhausted.

In the middle of this confusion, an attending surgeon entered the room, sat down, and listened to my father. He looked my father in the eye. Then he asked questions much like my father would on meeting someone new—What do you do for work? What do you do for fun? He noted a religious book my father had on the table. They talked about it. He also reviewed the diagnosis and the pertinent imaging, talking about treatment options that would come up. The surgeon was kind and blunt. Life was going to be different now, he explained, but there was nothing that could be done to change that. Instead he encouraged my father to focus on making reasonable decisions in regards to treatment, creating a bucket list, and being with family.

From that moment on, my father's outlook changed. He started thinking about the risk and reward of treatments. He started making a bucket list. His mood improved. The attending?—a general surgeon who knew

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my father's cancer was inoperable. Yet his attention was on my father the person, not my father the "nonoperative patient." *Do I deliver the same level of care toward my nonoperative patients?*

About a year after his diagnosis, my father began to decline rapidly. I found myself at his bedside, our roles now reversed. I no longer was just a son but instead became my father's doctor and nurse, sleeping on the floor next to his bed, giving him morphine and lorazepam around the clock. I wondered if Pops knew I learned that attentiveness from him, not from medical school. My father fought bravely for 14 months after his diagnosis, even speaking at a pancreatic cancer vigil only a month before his death, giving of himself even in his final days. *Do I give of myself to others like he did?*

Toward the end, Pops was bedridden, with eyes closed. He did not move much, although he would indicate that he could hear us. Pops had great difficulty moving his bowels, but on this day there happened to be a moment of very audible flatus. In an effort to provide some humor, I started clapping. My dad, eyes closed, mustered the strength to stretch his arm high into the air and say with a smirk, "Thank you! Thank you!" We all burst out laughing. Even in his final moments Pops could provide humor when we needed it most. *Can I provide humor when my patients need it, even on my worst days?*

My father was a man of science *and* faith. He was a calculating, precise, brilliant engineer yet also a man who pondered things

beyond this life. He taught me that being a scientist did not mean giving up all philosophical pursuits and questions. On the night of his death, I sat at his bedside and read aloud his favorite texts to him, the book of Psalms, 121:7-8:

*The LORD will keep you from all harm—  
he will watch over your life;  
The LORD will watch over your coming and going  
both now and forevermore.*

As I read the last sentence he drew in and out one final breath and then was still. Was there a divine intervention at that second to relieve his suffering, or was he simply comforted by his favorite verse? I do not know. What I do know is that my dad lived a life of faith, and in his final moments it was not the opiates or benzodiazepines that ultimately brought him comfort; rather, it was the scriptures that he had lived his life by. As a physician-scientist and as his son, this lesson was not lost on me. *How many of my patients are men or women of faith? Do I recognize the role their faith plays in both their life and death?*

Today, four years later, I think of my father each day and try to follow his example when talking to patients. Over the years countless friends of mine commented on his remarkable personality and his attention to them during conversation. "Salt of the earth," one friend said of Pops after meeting him. Indeed. *Has any patient ever thought this about me?*

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