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ESSAYS/PERSONAL REFLECTIONS

The truth didn't die: A palliative care narrative

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His secret was torture. Though he had known for decades, the fear of rejection by his loved ones had driven him ever deeper into a private closet of isolation. It was only now, with his final days approaching, that this weight had swelled past the point of bearing.

He was gay.

As a devout man of faith and devoted father and husband, this patch of his life's tapestry had been woven with a near-invisible thread and hushed secrecy to all but his wife. After her death, his advancing age and illness as well as his protracted, chaotic inner battle for identity would leave him weakened. He came under my care at a long-term care facility this past fall.

One of the nurses had written me a note to go see him because "he wants to talk about some personal issues . . . with a man." I had about 15 minutes left in my morning before having to jet back to the clinic, and I stopped by his room to say hello.

He was cachectic and quite eloquent, though he spoke so slowly that one had to fight the impulse to hurry him; his breath was acrid and his lips chapped. He always drank milk, and he always beckoned me closer. He lay quite still in bed and only moved when absolutely necessary. He had a beautiful large flatscreen television in his room and pictures of his wife on the wall. He was dying.

He began to tell me, quite quickly for him, that he was gay and always had been, and that it was eating him up inside. He had never acted out his homosexual desires nor had he ever shared his truth with his children. He knew he was dying, and keeping his secret from his family was causing him immense pain and anxiety. He wanted help—at least that's what he asked for during our first visit.

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I had immediately calmed my initial bustling insides, the type of hurried-doctor inner buzz experienced when constantly rushing from patient to patient, to be present for this man who was very clearly suffering. He could see that I was listening, and his gaze was intent. I had the feeling that the man was very attracted to me, though I made no comments about this during that first encounter. I was uncomfortable, but I gave him my best advice: to tell his son and daughter his secret. I told him I would be happy to facilitate the discussion, and before I left, we did some basic problem solving together in order to alleviate some of his anxiety.

The next week, I returned with another free 10 minutes—which turned into 30 or 40—to hear that he had told his son and daughter. He felt altogether better and said he was forever grateful to me. He then went on, in the slow earnest manner that he had, to tell me about previous male staff members of the nursing home toward whom he had made sexual advances. His stories were jarring—the numerous unrequited love affairs with staff members who always ended up leaving the floor for one reason or another. From the gaze in his eyes, I knew I would be next.

I felt worried and repulsed. After all, I was only a lowly PGY1 at the beginning of my residency training. Though I would rather have transferred care to another provider, this simply wasn't an option—my attending had an abundance of fish to fry on other wards. There simply was no one else. Plus, the man hadn't made any overt gestures. He would hold my hand too tightly for too long, but the rest went unsaid. It was his intensely descriptive desires that disturbed me. Despite myself, I was repulsed by the closeness of his homosexuality. I had always thought of myself as a tolerant man of conscience. Indeed, I have two dearly loved gay uncles. But this was so raw, so inescapably—desperately—in-my-face. I felt

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taken advantage of: that my position as his care provider would ensure an ongoing closeness despite my reluctance.

For the several weeks until he died, I visited this man as often as my discomfort would allow. Sure, I did all the by-the-books palliative care in a strictly medical sense, but I struggled to truly palliate him, to salve his symptoms. He shared his deepest wish with me—a sexual encounter with a young man. It would be someone like me, though he never actually asked me. He only alluded to the possibility. He experienced deep anguish about both his desires and his inability to act on them. He psychoanalyzed himself and shared his analysis. Though I would listen and reflect, I rigidly maintained my own boundaries. I told him repeatedly that I was his doctor and only his doctor. I avoided physical contact as much as possible. This rigidity was all too easy for me, as is generally the case in dealing with intensely uncomfortable situations. I wanted to be compassionate and kind. I wanted to be a real support. Despite my best efforts at compassionate care, my position felt impossible. This man was dying, and I would not be granting his dying wish. It was all he talked about.

Though he never asked, it wasn't until much later on that I thought about getting him a male escort at the nursing home. I don't have a good reason why I didn't broach this subject either with him or his family. I could cite the nursing home's institutional conservatism or my own feeling of personal powerlessness, but perhaps it was unfortunately that, unlike Sisyphus, I felt I had neither the time nor the energy to move that particular boulder.

I thought about buying him Oliver Sacks's autobiography, which I had recently read. The renowned gay neurologist-writer struggled, at least in his earlier life, with his homosexual identity and covered it up for decades. Unfortunately, Dr. Sacks had just recently died, and his books were oversold everywhere. Furthermore, my patient's eyesight had deteriorated to the extent that he would need a large-print book, a special order that would take longer to deliver than he had to live.

Our encounters—me feeling increasingly sad and powerless, he becoming increasingly weak and accepting of his inner agony—lasted a few more weeks before he died. In those final days, I don't believe he suffered physically. I do believe he suffered terribly in ways that I could not alleviate, despite having helped unburden him of his secret. I didn't know how to behave during our encounters. He was so needy of male sexual love and companionship that almost any warmth felt like giving him the wrong idea. I gave him the most compassion that I could, and I know that I still failed him in many ways. But, for better or for worse, he lived his final days knowing his truth wouldn't die with him.

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