

Luciano Alberto de Castro ^{1*}

The soulful eyes that taught me to be more human and less scientist



I was in the waiting room when his daughter brought him in. A dentist had called me two days previously explaining the case (in my profession, people are referred to as cases). From my colleague's report and request for urgent care, I imagined it was something quite serious. The girl was distressed but spoke calmly and clearly. He said nothing. He came in silently, nodded to me and made himself comfortable on the chair. He looked sixtyish. He was wearing a crumpled yellow linen shirt and dirty baggy jeans. He seemed to realize he was seriously ill.

The Hippocratic rites followed: anamnesis and a physical examination. The so-called pillars of clinical practice that turn us into icebergs endowed with the stoicism necessary to the profession. You must be impassive and objective. It's desirable to inhabit the vague threshold between firmness and kindness. And sure enough, my initial suspicions were confirmed: he probably had either a primary or metastatic malignant lesion. I turn to the two people in front of me and state categorically: we need to do a biopsy. ASAP. Tomorrow even.

The surgery was scheduled for a Saturday morning. The patient was even more apathetic and doleful than on the first day. Stretched out on the armchair, he stared at a painting on the wall. He didn't utter a single word. His body had been dragged over here, but his vacant eyes showed that his soul was far away.

Surgical drapes, operating table, bright lights on his face, antisepsis, dental equipment, anesthesia, scalpel. "Do not move! Stay still! This is going to be fast! Aspirate! Face the other way! Aspirate! A taste of blood, aspirate! It's almost over. I'm going to suture. Done, that's it! Are you all right? Feeling any pain? Great! I'm going to discharge you now!"

One act. Two views. I am the professional: rational. I represent cold logical science. But how fortunate I am that I learned to gravitate between compassion and pragmatism. To help you, I have to put on my rational gown. I can't be like Jerome Littlefield, the Jerry Lewis character who made me laugh compulsively at a matinee. In the 1964 American comedy "The Disorderly Orderly", the ingenious Jerry can't become a doctor because he feels and absorbs all the emotions of his patients. I still remember him making faces and squirming as he listens to a lady's reports about her perforated gallbladder. Jerome suffered from a psychiatric disorder, a neurosis, a kind of excessive pathological empathy. I am proud to have achieved the challenging balanced empathy.

¹ Universidade Federal de Goiás,
Departamento de Ciências Estomatológicas -
Goiânia - Goiás - Brasil.

Correspondence to:
Luciano Alberto de Castro.
E-mail: lualcastro2003@yahoo.com.br

Article received on March 4, 2021.
Article accepted on March 5, 2021.

DOI: 10.5935/2525-5711.20210001



However, dear reader, for that soulful-eyed patient under the surgical drape, I was a four-armed Hecatonchire. A giant with a shiny blade slicing through his flesh. To inflict the bitter truth on him. I was the owner of his destiny. Of his life. Of his dreams. I would have the final say in the face of the prowling uncertainties. Mercilessly, I would cut off his last thread of hope. My subtle and scrupulous *modus operandi* would not be enough. My sublime gravitation between compassion and pragmatism would still appear harsh and cruel. No, he didn't say any of that to me, but he could have felt some of these conspicuously human sensations.

Three days after the biopsy, I was informed that the patient had been hospitalized. He was anemic, weak, and unable to eat. Before attending him, the doctors had already identified supposedly malignant lesions in the colon, liver and lungs, to which was added the oral lesion that motivated his referral to my Oral Medicine office.

I got the laboratory report in ten days. Carcinoma: the most common type of oral cancer. The patient remained hospitalized, now in the ICU. I informed the daughter about the result. With resignation, she said that was what she had expected, but that she was hopeful, and with God's help, her father would recover: "He's strong, he'll be home soon" - she said in a shaky voice. Early one sunny Saturday morning, exactly two weeks after the biopsy, my secretary forwarded

a WhatsApp message: "Please tell Dr. Castro that my father has just passed away."

I have been through this so many times in my almost 30 years of Oral Medicine. Grim news. Denial. Hopelessness. Death. Life. Survival. Why was that patient different? Because of the location of the tumor, it was a rare case (I still call people cases), interesting for science. I could investigate further: would it be a primary or would it be a metastasis? Which organ? I could present it at the next Congress. Then I would write an article and publish it in a prestigious journal.

I put all that aside. I gave up my scientific vanity. I chose not to desecrate the family's feelings. I chose not to exhume my patient's body in a Congress hall. They didn't know the patient as I did. They may not respect him as I did. I decided to keep it to myself. I would keep those soulful eyes as the book that taught me to be more human and less scientist. I would hold on to those soulful eyes as the oracle that taught me and will go on teaching me to have compassion for all the soulful eyes that I have yet to face.

* Luciano Alberto de Castro: Oral Medicine practitioner, writer, professor of Department of Stomatological Sciences at Federal University of Goiás-Goiânia-Brazil.