

Working against the Grain

I paused under the carved lintel that crowned the doorway of his battered clapboard farmhouse. Despite the sanction of the Hippocratic oath (*Into whatever houses I enter, I will go into them for the benefit of the sick . . .*), I remain uncomfortable when entering my patients' homes, especially when there is little to offer beyond the dubious benefit of my presence. The probing intimacies of routine medical practice don't bother me much anymore, but home visits still seem a deeper invasion of privacy—like sitting abruptly on the corner of an occupied hospital bed, or eavesdropping on an unguarded telephone conversation while reading a chart outside a room.

But that night's visit felt different. Neither my patient nor I knew yet that he was dying, and neither of us knew that the same disease that would take his life would soon touch me, too. For more than a year, the farm's owner had been urging me to visit his expansive wood shop, his passion and pride; it was the only thing I had ever known him to boast about. After months of delays and indefinite plans—and a long drive through gathering dusk on increasingly rough and lonely two-lane roads—I had finally arrived. I reassured myself that I was there by his special invitation and found the courage to ring his doorbell.

Though he was not quite 60 years old, he was my "oldest" patient, and over time, he had become a friend. In the first few weeks of my medical internship, I inherited his care from a departed resident. Back then, we had little to do together beyond keeping a watchful eye on his blood pressure. Yet, his clinic visits were always a pleasure, because there were so many more interesting matters that we found to talk about: the sturdy cradle he was racing to finish before his youngest daughter went into labor; a magnificent lot of old-growth white pine he bought from a marine salvage company, dredged at unbelievable expense from the muck beneath Lake Superior; or the medicinal herbs growing in his wood lot that he sold to cover his bills at the lumberyard. After 3 years and the end of my residency, we parted company. I moved on to a hematology-oncology fellowship and assumed I would not see him again. But a few months later, he surprised me by showing up in my new clinic, now with a deep melanoma on his leg. The invitations to visit the shop began soon after his surgery.

The door into his home opened. I followed his cherub-faced wife across the length of the house, toward the pulsing throb of heavy machinery. From conversations in the clinic, I had expected his living areas to be filled with impressive hand-hewn sideboards or perhaps cabinetry built for the ages. Instead, the farmhouse was cheaply furnished with obviously factory-made pieces.

His wife spied my disappointed glances and smiled knowingly, wistfully: She would have loved to keep some of his work, but he gave all the best pieces to other people.

Before she knew he was this way, back when their love was new, she was hurt by his apparent insensitivity. She would become attached to an immaculately rendered highboy or a sturdy whatnot, only to return from the grocer's one afternoon to find a newly empty corner in the living room. Inevitably, she would learn that he had given her treasure to an acquaintance who was newly divorced, or to a family burned out by a house fire that he had read about in the town paper, or to the widow of a favorite high school teacher long since forgotten by other students. Now, after 30 years together, she knew him infinitely better, and her frustration had turned to immense pride—especially because he gave these gifts anonymously, without fanfare, so that almost no one knew his secret.

Before leaving me at the doorway of his noisy domain, she showed me a utility room stacked high with finished furniture awaiting future local sorrows. Her face tightened as she told me how he had been working lately at a tireless, breakneck pace. She did not understand this unprecedented day-and-night effort, and it had begun to cause her worry. Despite this relentless productivity, the quality of his work was stunning—chipless dadoes and rock-solid mortise and tenon joints, all cut and fitted with true craftsman's skill, likely to survive us all by centuries. I appreciated for the first time the surprising capability of his thick limbs and of the rough hands that I had unwittingly examined so many times. His gifted extremities were repeatedly dismissed in my clinic notes with nothing more than a terse declaration of their continuing freedom from clubbing, cyanosis, and edema. Eyes see only what the mind knows.

The door to his wood shop opened stiffly, reluctantly. As I pushed my way in, I penetrated drifting clouds of sawdust, the heavy sweetness of machine oil, and the sharp odor of fresh varnish. I found my friend bent over a lathe, slowly turning a post that looked progressively more like a table leg as I watched him work. When he finally noticed me, he powered down the thundering machinery and pulled off his goggles.

He showed me around the empire of tools that he had gathered over the decades. Bulky, cryptic machinery rested in orderly right angles on the shop floor. As in a great factory, the plan was carefully arranged to follow his workflow. I had never seen a collection of clamps as vast as that hanging from my friend's pegboards; he insisted that woodworkers, like surgeons, can never have too many clamps.

We then passed a dark storage room with a cheap plywood doorway, a room that he claimed was an embarrassment, his "Chamber of Heroic Failures." He seemed so sheepish about entering that I hardly dared pass through the door behind him. His voice dropped as he looked at the scattered wood fragments and described to me his first

fumbling steps into woodworking, after he had returned shell-shocked from Vietnam. Horrified by what he had been ordered to do in the Mekong Delta and bewildered by the awkward reception he had received upon coming home, the sureties of the wood shop became his refuge and sole comfort. Unemployed, he spoke little to anyone for more than 6 months, seeking daily absolution for the fires visited on the jungles of Southeast Asia among the sparks that flew from his borrowed sander, all the while trying desperately, futilely, to forget. Since those painful early days, he had saved all of his flawed pieces—never consciously intending them as *memento mori*, but insisting that he was keeping them just in case he ever needed to salvage some irregular bit of wood for another project. Eventually, he found that he could no longer bring himself to break any of them apart. From the thickness of the cobwebs in this room of mistakes, it was clear to me that there were few recent additions.

Most of his failures came when he tried to work against the grain. When he took extra care to follow the natural inclination of the wood, mishaps became much rarer. I had just returned from a conference in Tuscany, and I offered him the consolation that even the greatest sculptors sometimes misread their raw material: Michelangelo abandoned the *Florentine Pieta* after Christ's leg cracked irreparably, even though the figure of Joseph of Arimathea was a self-portrait. My friend seemed unconvinced, looked at me sternly, and countered that skill *matters*—reminding me that Michelangelo carved the great marble block that became *David* after several lesser sculptors had failed, overwhelmed by the magnitude of the problems it presented. He wondered if I would offer the same comforting platitudes to the surgeon who resected his melanoma, if the surgeon had accidentally sliced a nerve or clipped an artery.

We quickly moved out of the shadowy room and toward the comfort of the kitchen door. After a cup of green tea ("Melanoma cells hate it," he assured me) and toast with blackcap jam—taken at a kitchen table ordered from the Sears catalog—I took my leave.

A few months later, his melanoma returned. Now it was in his lungs, beyond the skill of even the most visionary surgical sculptor. I enrolled him in an experimental protocol of a new vaccine, uncertain if we were following the grain or cutting across it. At his next visit, he developed patchy vitiligo; was this a good omen? He joked that I was stripping away his tough old oak stain and replacing it with aspen—lighter, but more fragile, too. His scans remained stable. Our unspoken worry was that rot was advancing secretly somewhere beneath the surface.

Finally, the veneer cracked. His wife called me late one night, crying bitterly. I learned that he had torn himself away from the wood shop long enough to take a fishing trip on a remote lake with his son-in-law. Suddenly, without any warning, he slumped over in the boat, unresponsive. After a harrowing paddle back to civilization, he was

brought to our medical center by helicopter. Neurosurgeons dampened his intracranial bleeding but could do nothing for the ebony sawdust of recurrent melanoma scattered across the folds of his brain.

I walked through the door of the neurosurgical critical care unit to where my patient lay dying. I sat silently next to his wife, her eyes now dry. Together we watched the neurosurgery resident's spidery fingers adjust a metal fixture on the intracranial pressure monitoring device bolted into his skull. The room was warm, and the dried blood around the bolts mingled with the sweat from his brow. Despite the heaviness of this moment, I smiled inwardly at the connoisseur's delight my patient would have taken in the complex clamps pinning the bulky monitoring device to his head, imagining how eager his thick fingers would have been to test its resilience.

His wife now understood why he had been laboring with such inhuman energy since his melanoma was first found—why his wood shop had, for the second time in his life, become a reason for living, rather than simply a treasured hobby. But I did not know the fire driving his work until I was surprised by my own malignant tumor the following year, not until I struggled to return immediately to work despite postoperative narcotic haze and plenty of sensible advice to the contrary. I did not truly understand what drove my patient until I was overwhelmed by the need to sublimate the first real taste of my own mortality, even as I perversely enjoyed the irony of immediately following board certification in oncology with a personal diagnosis of cancer, as if the regulators' seal and authority were not quite enough. I did not understand the cold purpose behind my friend's frenzied carpentry until I found myself racing madly around my laboratory, trying to finish off all the half-done projects that did not also seem half-baked, able to ignore the blood on my clothes, yet stopped abruptly by the clever clamping mechanism of a thermocycler lid that I had been using daily, unseeingly, for years. And I did not understand his need to throw himself wholeheartedly into the work that he knew would be his lasting legacy until I let myself imagine how my young children would remember me, and realized just how quickly it would be before they were the only ones who did remember.

The next day I returned to the neurosurgical unit, but he was gone. I received an invitation to the funeral home, but sent a letter of condolence and flowers instead. That was one doorway too far for me to follow—for now.

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