



PROJECT MUSE®

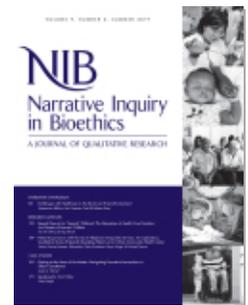
Grocery Store Hug

Ryan McCarthy

Narrative Inquiry in Bioethics, Volume 9, Number 2, Summer 2019, pp. 89-90
(Article)

Published by Johns Hopkins University Press

DOI: <https://doi.org/10.1353/nib.2019.0047>



➔ *For additional information about this article*

<https://muse.jhu.edu/article/731745>

Personal Narratives

Grocery Store Hug

Ryan McCarthy

In my small town, when I go to the grocery store, I often stop shopping and hug a patient. Usually, but not always, I am the one who initiates the hug and offers a smile. As a primary care internist, that's just what I *do*. I typically leave my shopping cart and try to comfort a patient or a family member. I ask about the surgery; the recent illness; I follow-up on a recent hospitalization; I give condolences about a recent death; I ask how the kids are doing in college.

The longer I practice medicine, the more I really need this, an experience I have come to call *The Grocery Store Hug*. When a family member or patient stops me when I am buying milk, I listen to their story, and I let them hug me. I soak it in. I let it fill me up. Many days, I carry a silent pain inside of me, the perpetual smoldering grief of working with the sick and dying. The truth is, sickness is a devastating, sad experience. I am often its collateral damage.

I often don't get time to heal my own psyche and soul because, well, there are patients in the hospital; the office; lab results; swim practice; phone calls; making dinner; homework; office work; ballet; a social studies project; band rehearsal; the list goes on. So while I may not know when I am going to receive a *Grocery Store Hug*, I can tell you this. When I am on the receiving end of one I am invariably, magically softened by this unscripted, special moment. My personal pain is lessened in the frozen-food section. The pieces of my soul, which have grown frosty and hard, melt a bit. The humanity inside of me grows stronger.

I could never have predicted how these random moments are a real lifeline to a small-town doctor.

So much of who I am as a doctor extends beyond the walls of my office. That's one joy of small-town medicine. And it's also a burden. Living this dichotomy has been a challenge to me for years. A

prime example of this is when I deliver bad news to a patient *in their home*. Most of the time, I tell patients they have cancer at the hospital or in my office. But in West Virginia, I have driven to someone's house with the sad, heavy task of telling them the worst news they will ever hear.

How in the hell am I going to do this?

That's how I felt when I went to talk to Dan, one of my very best friends. I got out of my car and looked around. *Shit*.

I saw photos of Dan's teenage kids on his refrigerator as I walked into his kitchen.

48 years old. 48. Dan's CT scan shows what is obviously metastatic pancreatic cancer.

He's done. I know the ugly ending of this tragic movie.

I fumbled through an explanation that ended with: I am certain you have cancer. I did my best to stay composed. I tried to display some element of hope. As Dan and his wife Patti slowly absorbed all of this awfulness, a slow-motion montage spun in my brain. Cub Scouts. Soccer. Church. The cross country team. My life and Dan's life had been intertwined for years. I see images of our families smiling together at the drive-in movie theatre. Dan and I hold beers and hamburgers. He tells a hilarious story. Good times. *The best times*.

This was not my first *Painful Kitchen Conversation*, but it never gets any easier for me. I doubt it ever will.

Beth was the first patient I told she had cancer while in her kitchen. A 32-year old friend of mine, Beth had a vacant expression as I explained the MRI that showed her pelvis was a bowl full of peritoneal carcinomatosis. *A cancer-laden explosion*. Her four kids, all under 10, were at school—with my kids.

This conversation finished with us crying together in her kitchen. I was powerless to keep it together and be strong. So I didn't. Beth and I sobbed together and hugged.

I was shell-shocked for weeks after telling Beth about her cancer. A haze of how-do-I-cope-with-being-a-doctor swirled around me. My head throbbed. I was nauseous and sad. After I put my own kids to bed, I often cried while walking my dogs. Yet I somehow went to work and tried, albeit poorly, to care about people's mundane complaints

at the office: strep throat; sore knees; hemorrhoids and the like.

Go home. Rest for a few days. Your cold virus will get better. You're *not* dying.

Relax, people.

I'm thankful to say Beth held a golden, winning ticket in the *Tumor Lottery*. Her cancer was amazingly sensitive to treatment and, after a 12-month walk through cancer hell, she put the pieces of her life back together. Beth grew "chemo curls" where her previously straight hair had been. Beth's sweet smile returned. My own nausea faded, though I still felt nervous all the time, waiting for the bottom to fall out again.

Not as lucky, Dan lost the *Tumor Lottery*. His ticket was anything but golden. The week after his cancer diagnosis, Dan went to Boy Scout camp with his son and had a great time. After the mile swim and campfire stories, Dan returned to life with cancer—and to the Baltimore hospital, which offered him hope. He was as educated and optimistic as anyone could be when he started a clinical trial. I prayed for him. I tried to be hopeful Dan would get precious time with his family and have some quality of life. I prayed for Dan's family. I bargained with God. I walked my dogs.

Dan did not get any meaningful response from his clinical trial. Six short months after diagnosing Dan's cancer, I attended his funeral. The saddest day of my life. *I never dreamed any day could be more painful than 9/11*. My heart was broken into 1,000 tiny pieces. In treating Dan, I ended up being an impromptu grief counselor to an entire section of the community who knew him. I stopped and got gas, someone asked about Dan. I picked up my kid from basketball, someone asked about Patti. Crying with people in public and hugging in hallways seemed to be my duty for months.

Dan was a very bright light to so many of us, and now he was gone forever.

These *Grocery Store Hugs* have, over the years, recharged my batteries in a surprisingly poignant way. Maybe it's because one arrives when I am not expecting it, and I simply am forced to graciously accept this hug as a person. Not as Dr. McCarthy. Unaware. Unarmed. Right next to the deli counter. I am grateful for them because they sustain me and

have taught me that my own heart is not invincible. I'm a human being (just like my patients) and I need the same reassurance that, no matter what happens, I'm not alone and I do have love and support.

I don't know when the next *Grocery Store Hug* will come. But I know that it will. When it does, I will lean in and let someone tell me their story and give me a big, warm hug. There may be tears because it's sad. There might be a big smile because it's not. I will drink it in and let it warm my hardened, primary care heart. And then I will do my very best to bring that very same love when I take my next trip to someone's kitchen.

Because, no matter how bad the news is, I am in it all the way. No matter how the movies end.



A Country Surgeon

Joe Asaro

I hope that future physicians read my story and become inspired about not only what kind of setting they would like to practice in, but what kind of physician they would like to be. My name is Joseph Asaro, and I am a board certified General Surgeon in Kingstree, SC, which is one of the poorest communities in the country. In Williamsburg County, the majority of the population are African American and on welfare. Being the only general surgeon in the area gives me great pride in taking care of this tremendous community need. My work includes general surgery cases, including Appendectomies, Cholecystectomies, Bowel Resections, Mastectomies, Ventral, Umbilical, and Inguinal Hernia Repairs, Mass Excisions, etc. I am also the wound care director for the hospital, and I have dedicated time in the wound care center for acute and chronic wounds, including surgical, venous stasis, diabetic, and pressure wounds.

I attended medical school in Dominica at Ross University, where the population is also quite poor. While the island was beautiful and often referred to as "the nature island," I spent very little time