

*In Sickness* | September 9, 2019

*A DOCTOR'S LIFE*

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I've seen a lot of doctors. I don't feel like counting them. Let's just say it's a hundred. Close enough. Out of those hundred, at least forty of them disclosed details about their own lives to me at some point during our appointment.

These were agonizing sentences. All of them. Think about it:

I waited several weeks – sometimes several months – to be seen for fifteen minutes. And the bill... My god, the bill. For the same price, I could probably get Elton John to play a three-song set in my living room.

Those fifteen minutes are of enormous importance to me. When eight of them are used up listening to the doctor's unrehearsed monologue about driving etiquette, I feel at least insulted, if not fully violated. I mean, it's not even a good bit. If it were an amateur comedian's audition tape for standup, no one would hire him. On open mic night, he would receive no laughs, no claps, and a lot of drunken boos. In the office, he deserves even less laughter and clapper. Because he's being paid to perform a totally different job. And instead of performing it, he's using me as a beta listener for his bad standup material. Those eight excruciating minutes could have been spent on my sofa, listening to a live performance of Tiny Dancer.

In other appointments, the doctor spends nine uninterrupted minutes regaling me with stories about a recent athletic triumph, in which he was competing against other senior citizens. And he's too proud to realize how boring and pathetic his patient will find the bragging.

Other times, the doctor might only waste five minutes explaining her irritation about the morning's coffee ("you'd think the barista would know how to separate the fluid from the grounds, you know?"). Or a success or frustration about one's offspring.

In no situation does the patient ever want to hear about the doctor's kids. Unless those kids once shared the patient's diagnosis. And they were cured. And this is the doctor's way of saying, "The treatment I have in mind is definitely going to work; just ask my little Aubrey. Healthier than she's ever been."

Unfortunately, in all of my encounters with storytelling doctors, never once has such a plot twist made for a compassionate ending. Instead, I find myself thinking, "I can't believe I just wasted eight minutes listening to that pointless story that goes nowhere and has nothing to do with me."

I never say that out loud. At my most intolerant, I might gently interrupt with, “Can we talk about me now?” But I do my best to play the part of a respectful audience member. And I think most other patients do as well. Which brings us to the point of this essay:

If you’re a doctor, and you’re currently being paid, and you’ve made yourself the topic of the conversation, you’re either an asshole or an imbecile.

Consider the implied social contract: If I pretend to give a shit about your rich kids and your gritty coffee, you’ll give a shit about my illness. That’s the entire reason I’m here, paying you so much money: my illness. So when I sit through a tedious story about the achievements of your genetically-average children (whose allowance exceeds my annual income), and I feign great amusement at your unoriginal attempt at humor, I’m holding up my end of the bargain. And it’s the heavy end. And my behavior at the clinic is not unique. Or even uncommon. I’m pretty sure every patient is doing exactly what I am: heaving their end of the bargain at the socially oblivious doctor. The smiles and laughter are not real. They couldn’t be. Because what scared, suffering person, who just waited seventy days for this appointment is capable of rejoicing over your eldest son Caleb’s game-winning goal last night? A positive response is not possible. All we’re capable of is theatrics. Every non-hostile response to such a story is simply provided as further payment for the doctor’s services. The ticket price is only part of the admission fee. All patients know this. Few doctors seem to.

So when you, the doctor, fail to uphold the implicit social contract, assuming instead that your boring personal tales are riveting to the ill, the suffering, and the dying, you’re seen as a bad investment. You don’t pay your debts. And this was an important investment. When it doesn’t pay out, the investor will surely harbor resentment. This is one of the reasons so many patients lack reverence for their physicians. But those physicians are too dense to understand that. Instead, they believe things like: “It’s unfair that society doesn’t give me the respect I deserve!” And they say things like: “Those patients don’t know any better. I’m saving their lives and they’re not smart enough to understand it!”

Not quite, doc. That’s not really what’s happening. If a sick patient offers sympathy about a healthy doctor’s unsatisfactory coffee, that’s a contract more binding than any handshake. We know this because similar contracts exist everywhere.

Go out to eat. Who are you kinder to: your server or the homeless guy you passed on your way to the restaurant? Did you smile and thank the homeless person for begging? Probably not. So why do you smile at your server so much, and thank them for doing the exact job you’re paying them to do? Do you just care so damn much about their happiness? Of course not. If you did, you’d be radiating comparable joy at every other stranger in the restaurant. What you care about is your food. And the server is the one bringing it to you. The homeless guy and the diners at nearby tables can’t do anything gross to it.

Your server probably passed the homeless guy, too. And did not give him the same smile you received. Because no amount of warmth expressed to a man with a cardboard sign will result in a bigger tip.

This tacit agreement is well understood pretty much everywhere except a doctor's office. Not *every* doctor's office. In my experience, a minority of physicians – perhaps 40% – are pathologically solipsistic. But 40% is still a problematic headcount. Civilization would surely leap forward if this old, ignorant fraternity would just take a moment to consider what it means when a patient flatters them. Especially when the flattery involves follow-up questions. “Do you drink your coffee black?” or “Does Caleb play any other sports?” Questions like this reveal a serious thespian at work. If the performance were televised, they would deserve a Daytime Emmy. And there's no way they would put that amount of effort into their performance if the physician would simply do his or her job.

Do you butter up your garbage man? “Hi Mr. Campbell! How are your kids? I hope the traffic is okay for dump-truckin' this morning!”

There's no need to do that. Unless, of course, Mr. Campbell stopped performing his job. In that case, you might even find yourself bowing and addressing him as doctor. Theater of this sort is only employed when the employee needs to be incentivized. Which brings us back to the ailing patient in the doctor's office. They are not fans of the physician, exercising their idolatry. They are doing what they can to take control of a horrible situation. “I'm so sorry to hear about your commute this morning, Dr. Peterson-Reed. Please tell me more about your children.” Counterfeit interest of this sort is the patient's only weapon, lawyers aside, to defend against negligence.

You know what the saddest part of all of this is? When the physician takes the bait.

You know what the ugliest part is? When they don't return the favor with attention of their own.

These days, I've stopped trying to uphold my end of the deal. It took me a few years to learn it was a bad investment. Praising a narcissist's breach of social grace seldom results in any reciprocation of attention. But I understand why so many patients still pay their tributes: it's a form of begging. The medically damned have no idea how else to escape their fate. And the last refuge of the dying is usually compassion.

A handwritten signature in black ink, appearing to read "Courtney". The signature is written in a cursive, flowing style with a large initial 'C'.