

That Is All It Took

*As told by
Kenneth Hamilton*



A patient of mine who had a lot of problems with her elimination was referred by her primary care physician to a gastroenterologist in a nearby city. She called and got his receptionist on the line who was ready to schedule her right away. “We will do you next Thursday. You come to the hospital at 10:00 a.m. Colonoscopy is quite an invasive procedure, and you’ll need to take this solution to clean you out. When you come to the hospital, they will get you ready, start an I.V., and the doctor will come in and do the colonoscopy on you.”

These comments pitched this woman into a terror. She said, “I can’t think of having an I.V. without seeing the physician.”

The receptionist persisted. “Well, he is very busy. This is the way we do things.”

When she hung up, she quietly went into herself and all of a sudden got images as a child of four or five being walked down a corridor in a hospital. She had a middle-ear infection, and a nice nurse was taking her to the doctor, talking sweetly to her. When she entered the room, there was a hideous man hunched over in the dark with a light and a round mirror on his eye. She was so horrified they had to pin her down for the procedure as she fought tooth and nail. Looking back, she felt ravaged by the whole experience, which led to images of rape and sodomy.

She came to see me and said she didn’t know what to do. I suggested that she simply call the doctor, but she said she couldn’t do that because in her mind’s eye, he was the same as the doctor with the mirror on his forehead. I offered to call him and have him call her if that would make it right. It was a great relief to her. “If I could just hear his voice, I am sure it will work out all right.”

I called the doctor, whom I happened to know, and said, “Look, this is what has come up for her. Do her a favor and give her a call.”

He wasn't particularly pleased. "Damn it, you know I have to go see somebody in the ICU right now and I have four colonoscopies to do this afternoon. Okay, what is her number?" I gave it to him. "Thanks, I'll get in touch with her." He is a sweetheart, but busy as hell.

He did call her as he had promised. When she heard his voice and he explained the procedure, she said, "I really don't want to take off my clothes until you come into the room." He reassured her it was all right. That is all it took.

When she went in to have the procedure done, a wonderful nurse welcomed her. My patient at this point felt so at ease that she said she had talked with the doctor and it was all right to go ahead and start the I.V. She even got undressed.

He did an uneventful colonoscopy. As she was waiting for the procedure to be done, she shared what had occurred for her following the conversation with his receptionist, detailing her memories of the doctor and her feeling of rape and sodomy. She asked if this ever happened before with other patients. He said she would be surprised how common it is. "I have had to spend a lot of time with people because they come up with these images. I am glad you told me about them."

The biopsy revealed that she had a rare form of colitis called collagenous colitis. Subsequently, her symptoms virtually disappeared with a minimum of dietary management and no surgery.

This truly therapeutic encounter occurred because there was a direct voice communication between two human beings. It wasn't even necessary for her to be face-to-face. All she needed was to hear his voice.

I know that offering to call him was an important part of it. But it took very little time for me to be helpful—ten minutes to listen and five minutes to call her doctor. That is all it took.

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