

On the Clarity of Falling

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One clear October day on a glacier in the Chilean Andes, young Dr. Benton Boucher's right foot punched through a thin layer of snow concealing a gap in the ice, and he began to plunge down a 150-foot crevasse.



Just three months earlier, Boucher had been expelled from his internal medicine residency at the Chicago School of Medicine. He had started as a promising recruit, graduating near the top of his medical school class at the University of Pennsylvania on the strength of test scores and research prowess. This reputation carried him through the first twelve months and twelve days of residency. But though he was without equal in book-smarts, Boucher had a singular capacity for wreaking havoc in the physical and emotional spaces of the hospital wards. There had been too many negative evaluations from students under his supervision, too many patient complaints of condescension, too many clinical decisions that had gone off the rails, and, finally, a patient whose head had almost fallen off. Technically, the patient's head had not fallen off, the young doctor mused. Nonetheless (Boucher's mind was always alert to ironic potentialities) the department chairwoman had seen fit to place Boucher's head on the chopping block.

Boucher was baffled. In his own mind, he was an imaginative diagnostician, a knowledgeable teacher, a clever communicator, a creative clinician. Why were these traits not as appreciated by everyone else as they were by him? Throughout high school, college, and medical school, Boucher had always met with easy success, had always been ready with the correct answer. But starting on the first day of residency, real-world challenges in real-world settings seemed to spiral away from him, no matter how rigorously he applied his learning and logic. Some kind of distortion occurred whenever he attempted to actuate his thoughts in word or deed. Something beyond his control always seemed to go wrong.

He'd had a tough first year, true, but by the beginning of his second year of residency, Boucher assessed his odds of recovering the old confidence as excellent. He was assigned for the month to the Veterans Administration hospital, a setting in which patients had few expectations and attending physicians—and their

judginess—were scarce. He sauntered onto the ward in dress slacks and light blue Oxford shirt with blue-and-yellow polka-dot bow-tie, trim black hair neatly parted, crisp white coat buttoned all the way to the top, a Cross pen tucked into his breast pocket right next to a gleaming name-tag: Benton Boucher, MD.

The resident coming off the night shift signed out the patient census, and Boucher set out to make rounds. The very first patient was Mr. Hickelmeyer, whom Boucher remembered from his VA rotation the prior year. Mr. Hickelmeyer was a 58-year-old “frequent flyer,” a term applied to veterans who come in through the ER with one complaint or another whenever they require a dry bed or warm meal. Boucher disapproved of this habit. Without a bona fide medical indication for admission, there were no diagnostic conundrums for him to sink his teeth into, no challenging management decisions.

Boucher spent a moment outside the patient’s door, calling back memories from the previous year. Mr. Hickelmeyer was a Gulf War veteran with substance use disorder fueled by alcohol, crystal meth and cigarettes. Unlike most such patients, Mr. Hickelmeyer had seemed disrespectful—dismissive even, toward Boucher’s intelligence and erudition. Boucher often suspected he overheard muffled exhalations of “horse’s ass” or “Ivy League book-learning” whenever he pressed a stethoscope to Mr. Hickelmeyer’s back and asked him to take deep breaths.

And it wasn’t only the verbal abuse that annoyed the young doctor. The patient’s presence on his census would force Boucher to make rounds on Mr. Hickelmeyer, write daily notes, place orders and answer questions, all for a person who had nothing wrong with him other than the things for which he had only himself to blame. Boucher, who had never bothered to ask Mr. Hickelmeyer about his experiences as a soldier or whether those experiences were related to his substance use, considered himself too highly specialized a resource to be wasted on things for which a social worker was a more suitable instrument.

It was an abuse of the system, in Boucher’s view, and particularly offensive that Mr. Hickelmeyer wouldn’t quit smoking despite Boucher’s insistence that he had to if he didn’t want his COPD to worsen. Each time Boucher dispatched nurses to confiscate his supplies, Mr. Hickelmeyer would push aside his non-rebreather mask, revealing the sardonic smile plastered all over his face. The patient would then conjure one of his foul-smelling rollies out of thin air and light up, terrifying the staff that these ignitions so near the oxygen supply would obliterate half the floor in an explosion.

Concluding his reminiscences, Boucher took a deep breath, knocked twice, and entered the room. The patient was sitting up in bed, his oxygen mask hanging

loosely to the side of his face. "How's it going Mr. Hickelmeyer?" Boucher announced. "Remember me? It's Doctor Boucher. We met a couple of times last year."

The patient opened his mouth to say something, but Boucher interrupted him. "How's the food? Meeting with your requirements? Any complaints?"

"Yes, I - "

Boucher sniffed the air. "Still smoking, I perceive. Your breathing will never improve if you don't quit, you know. We discussed this before." He strode to the patient's bedside and, without further remark, pressed on Mr. Hickelmeyer's back to lean him forward. Boucher pulled off the stethoscope that was draped around his neck and positioned the earpieces.

"Well, this time - " the patient began.

"Breathe, please." Boucher placed the diaphragm of his stethoscope over Mr. Hickelmeyer's lungs, again hearing mingled with breath sounds the murmurs that had aroused his suspicions the previous year. When he was done, he percussed the patient's back. Normal.

"Hey, Doc, I'm trying to tell you something."

"That's nice," Boucher said. He pushed on Mr. Hickelmeyer's shoulder to lay him back in bed and pressed the button on the railing to flatten him out. Mr. Hickelmeyer strained to keep his head off the bed until he could shift two pillows from behind his back to prop up his neck. Boucher listened to the patient's heart and palpated his belly.

"Well," Boucher declared, "let me know if you need something."

"Wait a minute, Doc! I got something to tell you."

"Oh, what is it?" Boucher asked, backing out toward the door.

"I got this pain in my neck..."

You are a pain in the neck, Boucher thought, congratulating himself on his cleverness.

"My neck has been hurting really bad for the last week. And my head...do you see it?"

"Yes, I can see your head."

"My head is drooping onto my chest..."

Boucher took a closer look. Mr. Hickelmeyer's head did seem to be a little low-set.

"I'm concerned, Doc..."

"Yes?"

"I'm afraid that..."

“Yes? What are you afraid of?”

“I know it sounds crazy...”

Boucher waited.

“I think that...my head...is about to fall off.”

If Mr. Hickelmeyer feared his concerns might be considered laughable, Boucher removed all doubt by guffawing like a foghorn, his face turning bright red because he was unable to catch his breath. Finally regaining his faculties, Boucher staggered to the sink to tug a paper towel from the dispenser, with which he dried his eyes.

Mr. Hickelmeyer was silent.

Boucher, reasoning that the shortest path toward finishing rounds lay in humoring Mr. Hickelmeyer’s concerns, walked back toward the bed. “Let me feel your neck,” he instructed.

Mr. Hickelmeyer rolled to his side, being careful to keep the pillows under his head, and Boucher palpated the length of the patient’s cervical spine with his index and middle fingers. “Does this hurt?” he asked.

“No.”

Boucher patted Mr. Hickelmeyer on the shoulder. “Don’t worry,” he said. “Your head is not going to fall off. Your head is going to stay right where it is, right there on top of your shoulders, OK? Don’t worry. Just try to quit smoking. Is there anything else?”

Mr. Hickelmeyer said nothing. He continued to face the wall, his back toward Boucher.

Boucher left the room, finished rounds, wrote his notes, and clocked out at 4PM.

The following morning, Boucher arrived on the unit to receive sign-out from the night resident. He scanned the census. “Where’s Hickelmeyer?” he asked.

“Hickelmeyer? He’s in the ICU.”

Boucher inhaled sharply. “The ICU? Why?”

“Well, when I went in to check on him, he was complaining of neck pain, and I thought his head was positioned unusually low on his chest. So I ordered a STAT cervical spine film.”

Boucher gulped. “What did it show?”

“I got an urgent call from the radiologist. ‘Get this man in a neck brace immediately and order a Radiation Therapy consult first thing in the morning!’ he told me. ‘His lungs are full of cancer, and he has a metastasis to the spine that has eaten away most of his third vertebra. If we don’t do something, his head will fall off!’”

Boucher shut his eyes. He recognized the knot that formed in his abdomen.

“I got a neck brace from the supply cabinet and went back to Mr. Hickelmeyer’s room,” the night resident continued. “By the time I got there, he was in a coma, barely breathing. We called a code, intubated him in the bed, and transferred him to the ICU. A second film showed that his vertebra had collapsed completely. The ICU attending doesn’t think he’ll make it through the day.”

Over the course of a residency in which Boucher often jumped to diagnostic conclusions based on insufficient information, he had witnessed his fair share of unanticipated outcomes, but even he was shaken by the gravity of this news. This was going to be difficult to explain. “Oh, my God,” he whispered.

Later that morning, Boucher made his way to the ICU just in time to see the elevator doors close on the gurney transporting Mr. Hickelmeyer’s body to the morgue. It carried Benton Boucher’s career with it. A brief investigation revealed that Boucher had ignored the patient’s complaints and failed to respond to the physical findings suggesting his spine was unstable.

The Chair of Medicine had had enough. She summoned Boucher to her office, and in response to the latter’s panicked reaction to being called to the woodshed, offered some soothing words.

“Sad as it is for Mr. Hickelmeyer and his family,” the Chair of Medicine observed, “in the end it probably didn’t matter. His C-spine was so far gone, I don’t think we could have done anything to alter the ultimate outcome. It’s not as if this is the end of the world.”

“Oh, thank you, thank you,” Boucher breathed.

“It is, however, the end of your residency. Gather your things.”

And suddenly, twelve days into his second year of residency, Benton Boucher found himself on the street outside the Chicago School of Medicine grasping a cardboard box containing his reflex hammer, ophthalmoscope, stethoscope, folded white coat and hard-copy 20th edition of Harrison’s *Principles of Internal Medicine*.

Expulsion from residency would have scarred most people for years, but not Boucher. His self-absorption was a great source of healing, and within hours his burning shame was nothing more than a cool stone in his pocket. He concluded his grief resolution cycle of denial, anger, bargaining, depression and acceptance in less than 24 hours. *It’s not as if this is the end of the world*, he consoled himself with the words of his former chairwoman. Gazing out at the horizon of his future, he saw vistas of opportunity. The options for a partially trained MD were plentiful and included cosmetic laser practitioner, legal consultant, medical correspondent and self-help author, along with a host of other fine career paths. Indeed, to the marvelously resilient Boucherian ego, it now seemed that he owed the residency a

debt of gratitude for liberating him from slavish adherence to conventional notions of a medical career.

Boucher had heard that South America was a popular destination for direction-seekers. He journeyed thither and, based upon a Google search using the keyword “Chile” and the recommendation of two American ex-pats he encountered in a Patagonian saloon, set out alone for an afternoon stroll on a nearby glacier. Disregarding warnings of snow-bridges concealing deep cracks in the ice, Benton Boucher took one step too far, and his life was propelled toward the same fate as his career.



Tumbling toward the bottom of a 150-foot crevasse, Boucher was forced once again to contemplate the irony of his circumstances: it *was* the end of the world after all.

As he accelerated down the ice shaft, time slowed for Benton Boucher. In the infinite clarity of the moment, he observed the exquisite angles and planes of the ice crystals, ancient beyond memory, all the way to their molecular lattice. He witnessed events happening continents away and decades hence. Episodes from his life, some noteworthy and others seemingly trivial, began to pass by him like frescoes on the walls of a vertical museum. He viewed the moment of his conception, the actual joining of egg and sperm. His preschool years were projected about 15 feet down. At 32 feet, he crashed into a tree riding his first bicycle. He won the eighth-grade spelling bee at 55 feet and kissed his first girlfriend at 84 feet.

Boucher’s plummet seemed to arrest at 102-feet, his body suspended horizontally along the side of the crevasse and recollection projected in piercing detail on the opposite wall. He began to relive a vacation he had taken in the British Virgin Islands after graduating from medical school and before beginning his residency.

Boucher observed himself standing at the end of a pier on the North side of Virgin Gorda, nearly blinded by the Caribbean blue. The sun shone, a gentle wind blew, songbirds sang, and sailboats glided gorgeously across the water. Island music played at a faraway bar. Emerald mountains towered above him, and on the shoreline, mangroves swayed. Pelicans circled overhead, their wings stretched wide. Every so often one of these birds would tuck its wings under its body and streak downward, splashing into the water head-first. After several seconds of stillness, the bird’s head would emerge, and with two or three shakes the outline of a fish could be seen sliding down its gullet.

Boucher, a bioengineering undergraduate, had been observing the pelicans for days, and, despite their goofy appearance, had grown to admire them. Their magnificent wings, the precision of their strikes, their perfectly formed bills and pouches, all filled him with awe. Evolution had equipped these creatures superbly for their place in Nature's plan. Oh, how Boucher longed to have comparable fitness as a doctor!

Though he was not a pelican and could never duplicate the majesty of its dive, Boucher was inspired to experience for the first time the thrill of catching a fish. He rented gear, bought some bait, and headed out to the end of the pier. His hopes were high as he cast his line toward the brilliant water.

High above him, a pelican spotted the lure flying through the air, a worm wriggling at the end of the hook. The pelican had never before been motivated to catch anything that was not below the surface of the water. Perhaps it had grown weary of the daily grind of soar, dive and swallow. Perhaps it was as maladapted to its pelicanness as Boucher was to physicianhood. Whatever its motivation, the great bird made a split-second decision, folded its wings, and swooped down to seize the bait. With splendid precision, lure, hook, worm and beak met at a single point in time and space, and the pelican soared away, its prize secure in its bill.

Boucher suddenly felt a tug on the pole and heard a high-pitched whirring as the reel discharged the line. Startled, he scanned the sea, for he was fairly certain he had not seen the lure fall into the water. He followed the angle of his pole skyward and realized with horror that at the end of the line was not a fish, but one of the birds he loved. Not knowing how to respond, he gave himself over to instinct. He threw the bail and the spool locked. Far away, the pelican was jerked by the neck in midair, its wings beating furiously. A heart-rending squawk reached Boucher's ears. He was terrified. What had he done? What should he do?

He gripped the surging rod and cast his head about for aid. "Help! Help!" he cried. No one came, but a plan of action to relieve the noble creature's suffering presented itself: *Reel him in, Stupid, reel him in!* A struggle ensued, of bird to escape and of physician to save. Boucher released the lock and played the line as he had been taught to do by the rod man, alternately raising the pole and rotating the handle on the downstroke, until the flapping was fifteen feet away. Now what? He was seized by the notion that the pelican, in wrathful misinterpretation of Boucher's benevolent intentions, would swoop down upon him and pluck out an eyeball. Suppressing his fear and gritting his teeth, Boucher continued reeling until, feathers flying, wings beating about his head, and the stench nearly rendering him unconscious, he reached into the pelican's pouch and wrestled the hook free. He

dropped the rod, and the bird took off round the bay, leaving Boucher, panting and exhilarated, on his hands and knees.



Back in the crevasse, Benton Boucher resumed his fall. It seemed to him that his entire life had been directed toward this final moment of doom and inspiration. There must be some revelation he was meant to discover. Why had the Pelican Incident figured so prominently among the full catalogue of his memories? What was the lesson Providence had chosen to reveal to him at the end? Sensing a great truth at the edge of his consciousness, Boucher stretched his mind toward it...

At a depth of 125 feet, a version of himself wearing a white coat emerged from behind a curtain on the wall of the crevasse. Boucher gazed at the image, his eyes streaming.

The avatar shrugged. "It was never about you, Benton, nor how clever and capable you are. All you ever needed was to feel the patient's pain."

At that moment, Dr. Benton Boucher hit bottom.