

## *Drawing Blood*

It was the first day of their Neurology elective. Hadley, one of the third-year residents was orienting them.

“Do we get to do spinal taps?” Rabkin asked. “Biopsies?”

“No. *We* do those,” Hadley said. “You just learn the cranial nerves, spinal cord and how to do a decent neuro exam, and you’ll manage fine.”

“They let you do spinal taps in Medicine,” Rabkin complained. “Put in chest tubes, take cultures. Even catheterizations sometimes.”

“Not here,” Hadley said.

Dugan raised his hand. “So, what else do we have to do?”

“That’s basically it. Take a history, do a complete physical on every patient, including a neuro exam. Complete,” he repeated. “Just like you would in Medicine ...”

“But we haven’t *had* Medicine yet. This is our first clinical rotation.”

“We’ve just been in class and labs until now,” Shermer added.

“That’s what you do here. History. Physical. Neuro exam. Morning rounds. You present your patients to the attending physician. We have conferences at eleven, three days a week, and you’re supposed to ask a lot of questions.”

“That’s it?” Dugan said.

“Your only clinical chore is drawing the bloods every morning. Two of you will divide up the ward every day.”

“Some of us have never drawn blood before,” Auger said. “At least, on a patient.”

“So, you’ll learn. But you have to finish by the time rounds start. Which is nine o’clock. If you think you’ll have trouble, start early.”

The students sat in the lounge, still wearing their short white jackets . It was in early July, the first month of their third year. Shermer said it was good they were taking Neurology first, because they’d learn clinical skills and get better marks in Medicine, and Medicine was more important. Rabkin said he needed a good mark in Neuro, because he wanted to take a Neuro elective in Scotland next year. Ellie said the transition felt a little too quick to her, being on the wards and all, but she wanted to learn how they handled patients with degenerative diseases. She had an aunt with MS and was eager to know more about it. Dugan said Neurology was the “queen” of all medical specialties, but also the most depressing. Brent Hofsberger, passing by, commented that neurologists were smarter than most other doctors, but ophthalmologists made more money, so that’s what he was going to be.

“Why not be a neuro-ophthalmologist then?” Rabkin said sarcastically.

“I might. Unless it takes too long. I don’t want waste time with two different residencies.”

Auger didn’t say anything.

“Being the first to draw bloods for the whole ward, you and Shermer,” Ellie said to Auger, shaking her head. “I wouldn’t trade places with you for a million dollars.” The two of them, Rabkin, and Shermer were having dinner together in the dorm dining room.

“We’ll do okay,” Rabkin said.

“I hope so. But it might be hard for me,” Auger said.

“We’ll handle it,” Rabkin said. “Look at Sherm. He’s a klutz if there ever was one. But he’s not worried. Remember in Clinical Path, he couldn’t hit Harold Porter’s vein. And in Physiology, he got sick dissecting the dog. And he screwed up pithing his rat in Microbiology. But even Sherm will do okay.”

“Heee!” said Sherm, wiggling his head from side to side, making his eyeballs stand out.

“He’ll have to,” Rabkin said. “It’s just something we’ve all got to learn.”

“Maybe I’m making too much of it,” Ellie said. “It’s just that, for two years we’ve been studying, going to labs. Now we’re dealing with real patients ...”

“I’m nervous, too,” Auger said.

“Ahh, it’s a piece of cake,” said Rabkin.

“You don’t ever get anxious, Lonnie?” Ellie said to Rabkin. “Not even a little?”

“A little? Sure. Everyone does, a little. It’s something new ...” Rabkin said.

“I feel over my head a lot of the time.”

“... but it’s a challenge, and we’ll all do fine,” he concluded.

“Ever wonder why we wanted to be physicians in the first place?” Auger said.

“We’re all afraid of dying,” Sherm said. “It’s that simple.” He leaned towards Auger and made a corpse-like face, eyes glassy, mouth open.

“Come on, Sherm!” Auger said.

“You really think that’s it?” Rabkin said.

“Really.” Sherm tilted his head to one side and raised his eyes. “It’s called counterphobic behavior. People who become doctors are so afraid of getting sick that they become doctors to deal with it.”

“That’s a crock!”

“It’s the truth.”

“Well,” Ellie said. “Maybe, but isn’t *everyone* afraid of dying?”

“Docs are worse,” Shermer said. “Maybe they had a parent who was ill. Or some sickness like diabetes that made them feel vulnerable. Or maybe their Aunt Gussie dropped dead when they were six and scared the shit out of them.” He suddenly clutched his throat, pretending to be choking, then made a gurgling, smothering sound, arched his body, and slumped forward in his chair, his face on the table.

“Watch out for the peas, Sherm,” Ellie said.

“I thought they just wanted to make money,” Auger said.

“You know,” Auger said to Shermer later that night. “When we get out of medical school, we’ll never have to do scut work again. That’s why they have lab technicians. Unless you go into surgery, of course. But you and I won’t do that.”

“You’re an intellectual,” Shermer said. “Like the docs in the Middle Ages.”

“In what way?”

“Their main thing was alchemy. They diagnosed patients from the other side of the room. Or even by someone’s description. They didn’t touch sick people ...”

“What do you mean?”

“Physicians didn’t touch patients until the nineteenth century. Except for taking their pulse. It wasn’t considered good taste.”

“What about the bleeding and leeches ...?”

“Ah ... that was the barbers and surgeons,” Shermer said. “The physicians were reading books ...”

“Maybe the patients were so wealthy, it was a social taboo to touch them,” Auger said.

“Could be.”

“I could live with that,” Auger said. “I’m not into procedures like Rabkin. He loves to learn them all. It’s a male thing with him.”

“He just wants to be a surgeon.”

“... but I don’t care much for it. Tell you the truth, I could live without it.”

“I hope you’re not getting worried,” Shermer said. “But if you get into any trouble, tomorrow morning, just call. I’ll be on the other side of the ward.”

Auger ran into Rabkin in the john just before going to bed. “Yeah, I plan on getting there a little early,” he said. “Just to be safe.”

“Good idea. Who knows what might happen? Suppose you do okay with the first two or three, and then the next one doesn’t have any veins. Or suppose you wind up with some fat lady whose veins are buried under miles and miles of fat? Could be a problem.”

“Thanks a lot.” Auger said.

Rabkin laughed and patted him on the back. “Ahh, don’t worry, Marty. Really. You’ll do fine. It’s just like toilet-training.”

“What do you mean?”

“You ever seen any ten-year-olds still shitting their pants? No. That’s because everyone gets toilet-trained by a certain age. It’s the same thing with doctors. Sooner or later, everyone learns the procedures they need. Even you.”

Auger slept fitfully. He set the alarm for five o'clock, but he kept waking up every fifteen minutes, imagining that something was wrong, that the alarm had failed to go off, or that he'd overslept. Towards four, he finally fell asleep. He was dreaming he had to take an important exam but had left all his pencils home and didn't have time to go back, and nobody would lend him one, which meant he was going to fail. And then the alarm went off, and it was five o'clock.

When he arrived, the ward was dark. The lights went on at six. His assignment included everyone in rooms 200 to 215. Shermer's patients were in 216 through 230. The nurses had set all the labelled tubes on top of a small metal cart, each patient's individually wrapped with a rubber band. The cart also held disposable needles, alcohol swabs, two rubber tourniquets, two plastic needle-holders, a cup filled with band-aids, and some small cotton balls.

"Good morning," one of the aides sang cheerfully to Auger.

"Hi." He picked up the first set of tubes. There were six, each with a different-colored rubber top. Anne Hendricks. The name didn't ring a bell. She must have come down from Neurosurgery the previous afternoon. He put the tubes back on the cart and wheeled it to room 200.

The only light was a night-lamp in the corner. Miss Hendricks was asleep, the covers pulled over her head. Auger turned on the overhead lights.

"Miss Hendricks. Miss Hendricks," he called.

There was no answer.

"Miss Hendricks? Hel-lo ... I'm here to draw some blood."

There was no answer, and no movement in the bed. For a minute Auger thought she was dead. "Miss Hendricks?" He moved closer and tapped the woman's arm through the blankets.



Auger was sweating. “Okay, Miss Hendricks,” he said, trying to sound casual. “Here we go. This’ll only take a minute.”

He took the plastic needle holder in his right hand. Suddenly he was aware of a coarse, grinding sound. Miss Hendricks was working her jaws back and forth, rasping her molars, crunching the uppers against the lowers. The noise was like rocks being rubbed together.

“Miss Hendricks, please don’t do that,” Auger said. “Don’t be afraid.”

She stared at him, grinding away.

He swabbed her arm again. Then he touched the area with his left index finger, searching for a vein. She had an IV running in her right arm, so—he realized—he only had the left one to work with. A sinewy blue vein obligingly pushed up in her elbow notch.

“O-kay ...”

Her arm, spastic, started bending up. He pulled it down flat. It began to bend up again, hiding the vein in the crook of her elbow.

“Miss Hendricks, please.” Sweat was beading on his forehead, running down the tip of his nose. “You’ll have to cooperate.” He straightened her arm out again.

She groaned.

“Don’t worry. It’ll just take a minute.”

He reached for his syringe. Her eyes followed him.

“Okay,” he said. “I’m going to take the blood now. You’ll feel a little stick. Like a mosquito ...”

He put his left index finger just over the vein he had found. Holding the syringe in his right hand, he slid the needle beneath his finger, aiming straight for the blue bulge.

Miss Hendricks began shrieking.



It was an unearthly sound, high pitched and unremitting.

Auger stared at her for a minute, his eyes fixed on the jagged yellow teeth in her open mouth. Then he released the needle and syringe, and the needle came out of the vein. He snapped the tourniquet open, turned, and ran out of the room. The needle had stuck in his white coat, and jabbed his finger as he ran.

“Sherm! Sherm!”

Blood oozed out of Miss Hendricks’ vein. It trickled down her arm and onto the sheets. She continued shrieking until the aide came running in, with Shermer close behind. Auger hung by the door, his face pale, jaws slack, sucking his bleeding finger.