

A Rendering in Light and Shadow

Richard Scott Morehead, MD

I came to his attention during the early days of internship in what seemed like a ground war, when as a foot soldier, my position was often overrun. Waves of patients landed in the emergency department, a chaotic place where the sick occupied gurneys usually stacked 2 deep along the tiled halls and common areas, some pleading, arguing, seizing, and occasionally dying. Caring for them required negotiating a diabolically inefficient system complicated by a lack of nurses and ancillaries, in effect moving the battle lines. This meant that usual intern work often included the job of phlebotomist, vascular access technician, ward clerk, and sometimes pharmacist, not counting incursions into transportation and environmental services.

I went into survival mode. In short order, my mind and body adapted to the new reality: manners became curt, and I averted my eyes when passing rows of stretchers. Early July's attire of dress shirt, tie, and pressed khakis devolved into polos and shabby trousers, and despite being naturally lean, I had lost weight by substituting caffeine for meals to combat sleep deprivation.

One afternoon I was summoned to obtain venous access in a man with neurosyphilis receiving intravenous penicillin. When I found the room, the man, like a mirage, was silently settled into the far bed near the windows. Shafts of sunlight traversed the glass panes, bedazzling the white bed linen that covered his narrow hips, legs, and paired hillocks of knees. But the hard light also divided him: the reclined upper body was shadowed, an effect enhanced by his dark skin. His weathered face and deeply set eyes came into focus as my vision adjusted, and I also saw his pleasingly thin and well-veined arms.

The insertion was easily accomplished, but someone had been watching. From the doorway, a man in a long white coat had entered unbeknownst, and now resting his large hand on my shoulder, he spoke with a rural Southern cadence in a register higher than his size prefigured. Addressing me by my first name, he said, "I am glad you are here." Turning and looking up from my chair, I saw the broad face and stooped shoulders of my captain, who was also my program director.

My captain was a tall man who was likely thin in youth; however, knowledge and weight had been added with the accretion of years. His face was dominated by large, somewhat sad eyes, a prominent raptor-like nose, and a high forehead with fading tufts of gray hair. An institutional legend, he was a remarkable clinician, educator, author, and leader. And he had noticed me.

He later proposed an evening of dinner and racquetball at his private club to sketch out my career goals and, from my perspective, recover some normalcy away from the hospital. Racquetball was an embarrassing display of ineptitude on my part, a demonstration mercifully cut short. Only then did I learn of the expected visit to the club's jacuzzi before showering and dinner, the local custom involving disrobing in the locker room and entering the water unclothed. As a former high school athlete, I did not find communal showering bothersome, per se, but afterward, I was left with the impression of being coerced and on stage.

Dinner followed at an upscale café, where the conversation was warm but here and there awkward, topics ranging from our backgrounds to his vocational calling to medicine. After dinner, we parted amicably, but during the drive back to my dreary apartment, I wondered about the evening. Nonetheless, by the next workday, these thoughts had receded. Internship went on as before, but his recognition helped me get through.

Over the ensuing years, he was a constant at trainee conferences, where he championed clinical humility and patient-centeredness and, by contrast, eviscerated cavalier attitudes and complacency. For example, one morning report saw him assign a fourth-year student an additional month of internal medicine as punishment for a derogatory comment on the value of breast examination. He seemed most at home within the confines of the hospital when surrounded by a coterie of male residents, referring to us as his *luminaries* and speaking of residency as our *salad days*. It was a large program where anonymity was possible, but we remained friendly as time passed; for me, there was no subsequent racquetball invitation.

Nevertheless, he still took an interest in me, occasionally sharing personal stories when our paths crossed. This was encouraging: he had gravitas, having authored one of my medical school textbooks, and I wanted

DOI: <http://dx.doi.org/10.4300/JGME-D-23-00403.1>

an academic career. I recall being in his office when he dictated the recommendation letter that secured my fellowship, and nine years later, he also wrote in support of my successful tenure application at a different university.

But he had another side. Women in the program whispered that he was dismissive and misogynistic. I also learned that *racquetball* was a rite of passage for male residents and an unofficial requirement to obtain his recommendation letter, something I understood after overhearing his awkward exchange with another intern.

His passion was training physicians who would, like him, deliver exceptional health care to the less fortunate. Looking back, I think he viewed these lofty goals as justification for the means he employed. Unfortunately, he was also the imperious arbiter of what was acceptable to achieve those ends, and his lack of boundaries and inclusiveness were sometimes shameful.

Residency now is different than it was 35 years ago. During that most difficult year, I was liminal and vulnerable, and similar to wartime, I did unusual things to survive. Notwithstanding his flaws, my captain was a mentor: in that regard, he stood alone. And though *racquetball* was an uncomfortable surprise, my greatest regrets from that time were the clinical compromises I made due to a lack of hospital resources, clinical experience, supervision, and sleep. Those decisions were ultimately far more damaging. And so, if I am honest, my captain was not the only person who sometimes inhabited shadows.

He was a complex man who never married or had children and once told me that his fiancée broke off

with him decades before in favor of an attorney because his medical career was too consuming. Instead, he was profoundly devoted to his hospital, a commitment exposing a hard truth: with work as his priority, his personal life was marginalized. I suppose the young men of the program were compensation of a sort, transient adoptees who were passing through and learning his art. Perhaps he viewed our medical training in a classical sense, akin to a coming-of-age drama, but more likely, we were simply reminders of a younger version of himself.

My captain died some years ago, and when I heard, my thoughts returned to residency, again asking who he was. The nearest I can come to answering is that he was 2 people, one in light and another shadowy: the prodigious intellect and commitment were the blazing sunlight, and the darker recesses were what they were.

Memories are like short films loaded on an old projector awaiting a cue to play. In my faded film reel called Residency, he is the lead actor in a grainy war picture, leading the charge. It is an outdated story with a poignant but ambivalent ending, but there I am, one of many following him over the hill.



Richard Scott Morehead, MD, is Professor of Medicine, West Virginia University School of Medicine-Charleston Division, Charleston, West Virginia, USA, and Staff Physician, Division of Pulmonary and Critical Care, Charleston Area Medical Center, Charleston, West Virginia, USA.

Corresponding author: Richard Scott Morehead, MD, West Virginia University School of Medicine, Charleston, West Virginia, USA, rsm10029@hsc.wvu.edu