

Practice

JONNA HIGGINS-FREESE

The problem with
academic hospitals
is that I've been parenting
medically complex kids
longer than the
kid doctors have been practicing
medicine.

I suggest maybe
we should increase the
fluoxetine to help with anxiety.

"I don't want to talk about it,"
my eight year old says in
a toddler voice that
takes me back to another
room in this hospital and him
saying, "Be all done now. Be all done."

This doctor was still in high school
then, but we are never all done. Reuben
chooses a plastic elephant from the toy box
and curls in the corner by the door.

As he passes my chair, I tug
the wet edge of his
t-shirt out of

his mouth. I fail to forgive myself for not having anything to offer him instead; I slept too long to switch from my business trip purse to the mom one with the Tri-Chew in it.

This doc started off okay, introducing herself and shaking my hand, but now she is saying “we.” “sounds like we’re happy with how things are going, and we’re thinking that if it isn’t broken, let’s not try to fix it.”

I nod along.

Back outside in the sunshine Reuben asks, “What are we going to do now?” and “What time is it?” and “What time will I get back to school?” and “Why will that be after recess?”

Crossing the parking lot, he slips his soft warm hand into mine, and I am grateful to be able to hold his hand still, to protect him for a moment from cars and his teeth that bite the nail into the quick.

How will I parent when I can’t hold his hand anymore? I suppose we’ll go on as we’ve begun: one day at a time,

for the next eight years and the eight after that.

“What are we going to do now?” Reuben asks. “What time is it?”

I breathe in and out.

“It’s now, baby. Let’s feel the sunshine on our skin and how nice it is not to wear a coat and how happy we are to be together.”

“But what time will I get back to school?”

I breathe again, thinking at the doctor with her “we.”

*Let me tell you about practice.
Let me tell you about being on call.*

No Better

JONNA HIGGINS-FREESE

I was supposed to have become
kinder and more compassionate.
Sometimes I am.

Other times I have no patience
for those whose problems
seem smaller than mine
or of shorter duration,
who complain about small expenses and
minor accommodations their
loved ones need—
a medical test here,
a dietary change there.

I was supposed to
have learned that I could handle
anything. Indeed, so far, we have always
figured out how to live on one income
or pay out of pocket
for treatment on the other side
of the country.

But the only thing I learned with certainty
is that nothing is certain.
Past performance is not a predictor
of future results.
The next puzzle could easily be

the one I can't solve, nor can I count
on being here to solve it.

I was supposed to have become
the patient advocate extraordinaire.
Sometimes I am—mixing
the perfect cocktail of deference and
insight and humor
to convince the providers they can listen
to me: I know my place as junior partner.

But sometimes when I catch a whiff of arrogance
from a doc who believes infallibility extends
to physicians as well as popes,
a nurse who refuses to show me the chart
to which I have a legal right,
I turn into the bad cop from *My Cousin Vinny*,
my voice (almost always confined
to my head) screaming, "Are you trying to screw with me?"
You do not want to screw with me."

I am no better than I was before.
And possibly worse.

Vermilion Pee

RONA ALTROWS

Oh please tell me you are not going to opt for robotic surgery just because it sounds so sci-fi. Why choose seven automaton-engendered cuts over one accurate slash and scoop by a knife-wielding human surgeon? Why four hours passed out under a general anaesthetic when you can have the snip-grab-stitch-and-out in ninety minutes flat?

You tell the surgeon that even before the biopsy, you expected this prostate cancer diagnosis. News to me. Would it have killed you to let me in then, not grump me out?

"Next appointment, tell me your choice," the surgeon says.

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You will go for the open surgery. Yes, you are sure. The surgeon describes the operation as straightforward but you know me, founder of Catastrophizers Anonymous, in my mind's eye I see a surgical hand slip and oops, a rupture of the rectum. And the ruptured rectum belongs to you. He lectures all over the world on the subject of removing prostates, this celebrated surgeon of yours, yet I can so clearly envisage him fouling up when your turn comes. He tells us that if the unlikely rectum-rupturing scenario were to unfold, he would sew that rectum up *stat* and then finish the job he had first set out to do. During the rectum-healing period you would have a colostomy bag to keep your urine-collection bag company. Family fun.

"You're barely over 60," the surgeon says with authority, as though stating an obscure medical fact. "I'd like you to make it to 75, maybe even 85." It seems odd, this prognostication of how much time you'll have left if you're cured. Isn't that more the kind of prediction doctors make if you're *not* cured?

That night you share information with our adult daughters: if all goes well with the surgery, you will still be able to have an erection, perform the