“TO know him is to love him,” people would say about Dr. Bob.† And they meant it, too. Rosy-cheeked and thick-in-the-middle, he had a twinkle in his eye that could convince even the most skeptical of people that he was Santa Claus in street clothes.

Dr. Bob was a family physician in my home town, in every sense of the word. He did it all – OB, pediatrics, medicine, geriatrics. Wife, two kids, and 24/7 call for his entire practice.

The first time I met Dr. Bob was an evening in April, when I was in high school. I was studying for a biology exam one evening when I heard a knock on my door. “Sue’s having her baby,” my mom informed me. “Would you like to watch?” Unaware of what I was really getting into, I said “Sure!”

Twenty minutes later, there was Dr. Bob, ushering me into the delivery room and handing me some sterile gloves and a gown. My impending near-syncopal episode notwithstanding, it was a once-in-a-lifetime opportunity for a 16 year-old kid who had a vague inkling about someday going to medical school. If I remember correctly he let me cut the umbilical cord. He was just that kind of guy.

Years later, in my second year of medical school, I had what I have to believe was a panic attack: chest pain, palpitations, shortness of breath. Being a neurotic medical student, I stopped by...
the emergency room on my way home, just to rule out something serious. Luckily it was “nothing” (except a panic attack), and I went back to class the next day.

After lunch, in the middle of yet another incomprehensible biochemistry lecture from an even more incomprehensible – but adorable – biochemistry professor, it happened again: tachycardia, shortness of breath, etc. I tried some of the deep breathing someone had suggested when I was in the emergency room the day before, but nothing worked. I’m outta here, I thought to myself. I didn’t even wait for the end of the lecture. I grabbed my bag, walked to my car, and drove the 90 miles to my home.

“What a nice surprise!” my mother declared when I walked through the door. “Not exactly,” I explained. “I’m dropping out of medical school. I can’t take it any more.” Utterly exhausted, I retreated to my room for a quick nap, and by “quick nap” I mean I slept for about 14 hours.

I rolled out of bed the next morning, came down to the kitchen for a shot of caffeine, and there he was: Dr. Bob. “Tell me what happened,” was all he said, and I proceeded to lose it. Between blubberings, I managed to convey how stressed out I was, how I was surrounded by people way smarter than me, how I felt stupid all the time, how I was never going to be able to pay back my loans, and so on and so on.

You see, I happen to be one of those unfortunate souls who was born without a photographic memory. Medical school, it turns out, requires the memorization and processing of loads of information, a detail which escaped my radar when choosing a career path. High school had been easy enough. College was a bit harder, but as long as you showed up and worked hard, you could do pretty well. Medical school, on the other hand, was a whole different ball game.

He waited until I composed myself, then looked me straight in the eye and said, “Look at me. Do I look like the smartest guy you ever met?” Playing along, I had to admit that no, he didn’t resemble the smartest guy I ever met (that guy was a tall skinny Jewish kid from Brighton – you know who you are). “I grew up on a farm in Montana,” he continued. “My parents had nothing, and therefore I had nothing. Med school is really, really hard… but if I can get through it, you can too.” And that’s all I needed to hear.

Fast forward about 5 years.

I’m a third-year resident at The Medical Center, and I just happened to be on the Thoracic service, when lo and
behold, guess whose name appears on the OR schedule…
Dr. Bob. Unbeknownst to me until that day, The Good
Doctor was diagnosed with aggressive esophageal cancer
which threatened invasion of his entire chest cavity. Aggres-
sive surgery seemed like a good idea at the time. After all,
he was only 52.

Nervously, I made my way to the bedside. On the one hand,
I couldn’t wait to see him again (Look at me! I made it! I
couldn’t have done it without you!) On the other hand, he
had esophageal cancer.

Even with aggressive carcinoma growing inside his neck,
making it impossible to eat solid foods, and literally
sucking the life out of him, he maintained the grace and composure
of an old Indian chief. “I’m glad you’re here,” he whispered.
“I know I’m in good hands.”

Taking care of someone you know is a mixed blessing. Ask
anyone, and they’ll give you their opinion on the subject.
“Who better?” some might say. “I never take care of people I
know,” is the other extreme. And one of my personal favor-
ites: “The best you can do is look competent.”

When I found out I was assigned to Dr. Bob’s case, I offered
him the option of having a different anesthesia provider. He
wouldn’t hear of it.

We rolled into the operating room just before 7:30. The plan
was a radical esophagectomy, followed by a colonic interpo-
sition with end-to-end anastamosis. I had only ever seen one
of these procedures, as a medical student, and all I knew was
that I was in for a long day. And Dr. Bob would get some
much needed rest, if only for a little while.

About an hour after the surgeon made incision, I was finally set-
tling into my comfort zone—cruising altitude, if you will—when
The Surgeon peered over the drape in my direction.

“Rick?” he said.

“Yeah.”

“This guy is a friend of yours, right?”

“Yeah. Why?”

“I’ve got some bad news for you.”
Upon opening the chest, it appeared, the cancer was non-resectable. My stomach, in a sudden act of sympathy, was also in knots. One hour and a feeding tube later, we finished the case.

When Dr. Bob finally opened his eyes in the recovery room, the first question he asked was what time it was. “9:30,” I responded. “Oh, boy.... That’s not good,” he said, and closed his eyes again. No kidding, I thought.

That was the last time I saw The Good Doctor alive.

He survived a few years after that. He quit his practice when the chemo made it too difficult to work full time, but he stayed in the game by working part-time in the public health department as long as he could. And he bought a Harley V-Rod, which is a pretty cool motorcycle for any guy, let alone a family doctor who’s dying of esophageal cancer.

I wasn’t able to make it to Dr. Bob’s funeral. By the time he died I had moved away from the area, having just started a new job and a new family. When I got the call from my parents I just sat in silence for a long time. Naturally I knew the day was coming—frankly I was surprised it hadn’t come sooner—but it was still a relatively bitter pill to swallow.

I think about Dr. Bob a lot. He was just one of those rare people that patients want to call their doctor, doctors want to call their colleague, and everybody wants to call their friend. I only wish I had gotten to spend more time with him. But don’t we all?