Patients who have etched a permanent mark in my memory

In every practitioner's lifetime experience of a few thousand patients, some patients will be remembered more clearly than others because of life-threatening situations, display of the will to survive, endurance of pain and suffering disproportionate to the nature of the illness, and some others, for no obvious reason – they simply touched a chord in the heart. This journal means serious business, but it's the season for light-hearted banter, and I present two case reports of patients whose actions have left a mark in my memory.

Case 1

A strong-willed youth in his early twenties suffering from Buerger's disease would not give up his smoking habit for anything. The vascular surgeon kept amputating his ischaemic toes and fingers, one by one, while continuing to advise him to stop smoking. Over the years this man had lost his job and had been given up as useless by his wife; he had no source of income to support his family and the disease had caught up with his internal iliac arteries, which resulted in Leriche syndrome. Eventually he came to live a life on the streets but never quit his smoking habit. Sometimes, patients of a kind tend to flock together and this was true of those with Buerger's. During days of adversity the supply of cigarettes was ensured by fellow sufferers who were only just better off. Eventually he required major amputation of his lower limbs that left him confined to a wheelchair, mobile nonetheless. He took to selling lottery tickets, sales that restored his supply of tobacco. Some years passed and the man finally required forequarter amputation. The surgeon must have thought to himself "Finally this is going to teach him quit his smoking habit". It never did!

Months later he was seen on the streets with a coat-hanger fixed to his amputated upper limb stump, which kept moving a cigarette to and from his nicotine stained smoker's lips. Such was his craving. This time he claimed more complete use of the cigarette because he was able to smoke it right to the very end without burning his fingers.

Case 2

A man from Glasgow who was visiting in Stoke-on-Trent, many miles away from home, had no place to spend the night. It was a cold winter, and so he sought shelter in the North Staffordshire Royal Infirmary. I was the casualty doctor on duty. Despite patient listening, I did not feel he required hospital admission and called the battle hardened sister-in-charge for further advice. She turned him away. An hour later, the telephone in the emergency room rang. The voice at the other end said "We have a red alert. There is a man in a motorway restaurant who has sustained a cut injury to his throat. The approximate arrival time in hospital would be 30 minutes". An alert warning in emergency required the highest level of readiness. In accordance, the sister called up both surgical and medical emergency teams, we had airway equipment and intravenous fluids ready outside the casualty department entrance. I was all excited; this was my first experience. The sister remained calm while the ambulance screeched to a halt at the casualty entrance.

The doors of the ambulance opened, two paramedics leaped out of the ambulance, and shortly after the Glaswegian stepped out. He had got himself to a motorway restaurant, inflicted a superficial cut on the skin of his throat and called in the emergency services. With a smile on his face he said "I'm back, are you going to let me spend the night in hospital?"

There is a message in these stories. Habits die hard and patients will at times go to extremes to achieve a goal. Both of these individuals demonstrated basic human instinct – the will to survive. Nothing wrong with that. If the man with Buerger's disease were to become a surgeon in his next birth he will understand the pain, suffering and the sense of hopelessness we surgeons sometimes feel in our daily lives.

Happy holidays, everyone!

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