

Moses

“I’d like you to see someone,” the social worker’s voice crackled over my cheap Motorola cell phone. “His name is Moses.”

“I’ll be right there.”

I was working at John F. Kennedy Memorial Medical Center, the largest hospital in Liberia, a nation ravaged by waves of bloodshed for more than 20 years. Liberia has been at war for so long, its people do not seem to remember any other form of existence.

Before the war, JFK Hospital was a shining example of medical care in Western Africa, its facilities state-of-the-art and its staff highly trained. But after the 1980 coup, the hospital rapidly decayed. In some circles, JFK soon stood for “Just for Killing.” It shut its doors in 1990 and did not reopen for many years. The former head of internal medicine, who now serves as a visiting professor there, told us that the day the hospital closed, anyone who could move wasted no time leaving with their family, IV poles, and medications. He remembered walking the barren, lifeless hallways of the hospital.

Four patients were never picked up. They had no family who claimed them and no ability to leave on their own. The professor was unable to take them anywhere—there was no place to go. He was the last man to leave JFK that day. Not a day passes that he does not think of those he left behind.

I made my way from the back of the emergency department, past the solemn, expressionless faces of people affected by years of turmoil: past Joyce, the 4-year-old who is weak and ashen from severe malaria; past Prince, the middle-aged father with hepatitis and probably end-stage liver cancer; past Patience, the 2-month-old gasping for air from an overwhelming infection in her lungs.

In a sea of patients, Moses stood out. Even down the 50-foot hallway of crumbling, chalky brick and pockets of sunlight, his youthful smile was visible. His crimson Nike T-shirt masked his slight, 4-foot frame as he stood next to his father; his uncle; and Lisa, the social worker who called me. Moses was 7 years old.

His youthful features were dominated by a large growth on the right side of his face that started just below his ear and continued to the edge of his mouth and the base of his neck. It looked as if he had swallowed a grapefruit. The mass was firm and smooth and had discolored his skin with the slightest red shine.

I took a deep breath and cleared my throat as I approached. “Hello, Moses. How are you?” He didn’t say a word, but he smiled with lips twisted at the corner, showing only a glimmer of his white teeth. It was the smile of a beautiful little boy.

Moses came to the emergency department because this thing, the thing that now defined him, had become pain-

ful. It had never hurt him in the past but had been developing for years, according to his father. They were from a county deep in the heart of Liberia, and it was difficult for them to get to the hospital. They had little money and few resources.

Over the last few weeks, Moses had been seen by almost every department in the hospital: pediatrics; general surgery; and ear, nose, and throat. Each department balked at any intervention at this point, although some therapies have been tried in the past. We were gravely limited by our ability to diagnose his condition, let alone treat it.

Without resources needed to make a specific, fool-proof diagnosis, there seemed to be a range of possibilities for what Moses had developed. Some threw around such diagnoses as Burkitt lymphoma, tuberculosis, cancer, and other infections, but no one could be sure. His case had been circulated through all avenues for assistance: the Mercy Ship moored in Ghana, which cruises the African coast with a team of medical professionals dedicated to helping the poor, and several organizations that specialize in getting access to care for people in places like Liberia. No one wanted to touch him. “The risks outweighed the benefits,” one note stated.

I spoke to his father for some time, and I observed Moses. Even through that distorted mass, and pain, he was still a 7-year-old boy. He simply wanted to play football with his friends, enjoy an ice cream cone—do all the childhood things that we know and take for granted. But time was short for Moses. He had exhausted all remedies available to him in Liberia.

As a physician, it is toughest when a patient dies. You replay the scenes, the weighing of options, and the final decisions made. You wonder over and over, what else could I have done?

A boy stood before me, asking for help, and all I could do was hope he died in peace, maybe in his sleep one night so that he could continue to dream. I gave Lisa prescriptions for pain medication and nutritional supplements, because Moses had started to have increasing discomfort when eating. I said goodbye to Moses and his family in the hallway.

I soon returned to Joyce, Prince, and Patience back in the emergency department. Patience was breathing much better. A mix of oxygen, antibiotics, fluids, and attention seemed to have helped her turn the corner. I refocused my energy as a new patient, unconscious and carried in by family, was placed on a dirty bed next to me. I tucked away the memory of Moses in the back of my mind and heart.

About 2 weeks later, I learned that Moses returned to the hospital, received more pain medication from another physician, and died soon after.

Selective triage, as with the patients the professor left behind the day JFK closed. A rarity in America.

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