

Incident at a Chinese Restaurant

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He received wisdom regarding panhandlers is to avoid eye contact. Whether the panhandler sits passively on the sidewalk or comes up to you with his spiel, the thing you want to avoid is looking him in the eye or—heaven forbid—engaging him in conversation. I've also encountered a few zealots who take a more aggressive stance toward panhandlers, disguising their outsized anger as virtue by giving “tough love” pep talks. “You're a disgrace... pull yourself together... we all have rough times... why not go to the Salvation Army?” That sort of thing. Perhaps sometimes they supplement this advice with a few coins. However, there are some New Yorkers who actually pay attention to panhandlers and listen to their pitch. These folks may drop a dollar or two in the cup, or even produce subway fare for a woman who only this morning lost her disability check. The majority, of course, contend that warm-hearted people who squander money in this way are enablers with misplaced good intentions. In fact, so the tough psychologists claim, panhandlers would be better off if no one coddled them and encouraged their bad behavior.

For myself, I take a random intuitive approach: sometimes to stop and give, sometimes to rush by without a twinge of guilt. Or maybe a little twinge. I'd be hard put to give a good reason why I acted one way or the other. When my wife is along, she takes away the burden of decision, a blessing for which I am grateful. She never enters the city without an abundance of compassion and a ready supply of dollar bills. However, it's never occurred to us to buy a beggar lunch.

Not so for Dr. Ben Cosenza, the Chief of Medicine at one of Long Island's teaching hospitals. One day I was giving a lunchtime talk as part of his hospital's Arts and Humanities Program. My topic was the importance of poetry in medicine, not the most enthralling topic, mind you, but the room was packed, which proves that free lunch is so alluring to medical students and residents that it even overcomes their natural aversion to poetry. However, my host had cautioned me to skip the salad and sandwiches in favor of a Chinese restaurant afterwards. So shortly after the last comment from the audience (“None of what you say is relevant”), Cosenza and I hit the bricks.

The restaurant was a good quarter mile from the hospital. We struggled against a frigid wind, as my host pointed out the Portuguese-American Club and explained the role of Portuguese fishermen in settling the town. As we reached the recessed entrance of another storefront, a figure in two

overcoats stepped out to accost us, mumbling “Sirs, my name is Herbert T. Brown, Junior. They sent me home from the hospital today. There's nothing they can do for my condition. But I got no train fare. No way to get home. Just need my fare to Wyandanch, that's all. Whatever you can do, sirs. Whatever you can do.”

Herbert T. Brown, Junior's, face was lax and pasty. Around his neck he wore a Rudolph the Red-Nosed Reindeer scarf, and on his wrist, a blurred hospital identification bracelet, which he carefully raised to show us. Paying no genuine attention, I reached for my wallet by rote, but Cosenza stepped forward and grabbed Herbert T. Brown, Junior, by the lapel of one of his overcoats and said,

“I won't give you money, Mr. Brown, but I'll do something else. I'll buy you a meal. You want some lunch?”

“I can get me some pizza at home,” the man said. “In Wyandanch. Take the train... just up the street.” A pause, as Brown finally looked at Cosenza and scanned his face. Something clicked. He upped the ante, “And pay back the money I owe my brother, too. I need to pay my brother, so he'll let me in.”

Cosenza released the lapel. “You come to the restaurant with us. You can order anything you want, anything on the menu. I'll pay for it.”

“But I got a heart murmur,” the man whimpered. “Look here.” He brought out a crumpled, almost unreadable, page of discharge instructions. “Look here, I got a heart murmur. They said I had it for a long time, and that's the truth.”

Cosenza turned, twigged my arm, and shepherded me toward his favorite Chinese restaurant, about a block away. At first the man with the heart murmur stood there, looking resentful and confused, but then he began to follow us. Glancing back, I noticed his lurching ataxic gait. Once inside, Cosenza collared a waitress, pointed to Brown, who was standing at the curb, gazing nonchalantly across the street, and said, “If he comes in, let him order anything he wants. I'll pay for it.”

“For take out?” she asked.

“Whatever,” he said. “Let him have a table if he wants.” That was clearly not what she wanted.

Sure enough, in a few minutes Herbert T. Brown, Junior, ventured in, having glumly walked back and forth in several times front of the establishment.

Cosenza and I sipped tea and talked about virtue. We both agreed that the discipline of medical humanities is difficult to define. It falls into that “you’ll-know-one-when-you-see-one” category of things, but when you try to define it precisely, you get caught in mush. Nonetheless, we were both passionate about the value of literature and art in medical education. “What a doctor needs,” he said, “is an understanding heart.”

Meanwhile, Herbert T. Brown, Junior, had decided to eat in. He slumped at a small table by the kitchen door, having shed his knit cap, scarf, and one of his overcoats. Each time a waitress was obliged to pass his table on her way to the kitchen, she took a detour walking as close as possible to the pots of artificial flowers that lined the back wall. After a few minutes, his order began to appear.

One of the unique things about Dr. Cosenza’s medical subinternship is its humanities assignment. As an integral part of the subinternship, he requires his fourth-year students to write a series of one-page essays. However, these are not disquisitions on orthodox medical topics, like the renin-angiotensin system or the treatment of life-threatening hypernatremia. No, he insists that each week his students produce a few paragraphs on a topic like, “What is the relationship between color and music?” Or, “Explain the root cause of poverty.”

Naturally, I asked him about this rather unusual approach to teaching medical humanism. He chuckled. “Well, it knocks them for a loop. It does that. But I love it. And they’re so good,

you know. They just need to pay attention. That’s what it’s all about, paying attention.”

Meanwhile a feast appeared at his other guest’s table. Soup. Spring rolls. Pepsi. Another soup. A bowl of rice. Three plates of entrees. He ate slowly, but steadily. Herbert C. Brown, Junior’s, medical condition, whatever it may have been, did not interfere with his appetite.

As lunch and conversation continued, I lost track of the panhandler. When we finally stood up to pay the bill, Mr. Brown was gone, his table cleared. I wondered if the Chief was disappointed that he hadn’t received a thank-you, or exploited the opportunity to give some cautionary advice on alcohol and nutrition. If so, he didn’t mention it. We bundled up and began our trek back to the hospital in companionable silence.

As we walked along with the wind to our backs, I found myself smiling as I fantasized several new topics for the Chief’s famous humanities essays. “Explain generosity” was one. Another: “Explicate lunch as a function of compassion.”

And, finally, the coup-de-grace: “What does it mean to love your neighbor?”

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