

Apple Slices and Peanut Butter

By Matthew Westfall

Her little legs are shaking incessantly. Anxiety perhaps, from missing all this class in the midst of her senior year. Pent up energy from being locked away in the same hospital room, unable to wander the halls as COVID-19 rages outside her door. Or maybe she is just shivering, unaccustomed to the autumn briskness creeping in the windows as the hospital furnace sputters back to life.

She is wearing an oversized hoodie, sweat pants, and Ugg boots. The baggy clothes hide her withering frame, masking the degree to which her disease has ravaged her body. Her dark hair lies down below her shoulders, not yet thinning or falling out like we might expect at this stage in her disease course. Her face is expressive behind stylish black-framed glasses, eyes intermittently widening with surprise or mouth curling with disappointment as we discuss the plan for the day.

She has many questions, a spring of spontaneous medical knowledge unique among pediatrics patients. She is immediately aware from our body language that we do not come bearing good news. She asks about her sodium levels and other labs, frustrated that a setback overnight will likely mean the return of IV maintenance fluids. She requests a change to her breakfast order; the apple slices and peanut butter have not been sitting well with her sensitive stomach. Even as her condition renders her dependent on our expertise as her medical team, her charm allows her to control the conversation and certainly our attention.

She stands to look in the mirror at some point, commenting that her face looks puffier than usual. I can't tell if it is a manifestation of body dysmorphia or an actual concern as she third spaces fluid because her nutritional status is so poor. As she peers into the mirror, I imagine the buzzing lights of the hospital room disappearing, her field of vision replaced by a shrouded disfigurement of the reality that I see. I imagine her losing herself in this distortion; perhaps she sees herself falling backward into an abyss, her disease constructing a perverted parallel of her true self, the illusion of her autonomy erased by the reality of her complete and utter lack of control.

I glance at myself in the mirror. The fluorescent light behind her bed flickers almost as incessantly as her legs, threatening to transform the image of my crisp white coat into a darkened reflection from some horror film.

I flinch as the attending nonchalantly uses the name of her condition, anorexia nervosa. Up to that point, it was as if we held a secret, beneficently sparing her the details of some terminal

illness. Or maybe we weren't telling her because knowing she had a disease predicated on illusory control might amplify her ego-syntonic sense of being the puppet master. I forgot she was already intimately aware of her condition, having spent the last five years in and out of almost every eating disorder program on the East coast.

Her glucose is 37 on routine labs the next morning. The nurse frantically rechecks with a finger stick. Her sodium jumped eight milliequivalents overnight, prompting my own fears of central pontine myelinolysis secondary to hyponatremic overcorrection. Her body has become so conditioned to disequilibrium it is inexplicably less sensitive to the wild aberrations that might kill an otherwise healthy individual. She is so used to never getting a reading on the pulse oximeter or peripheral thermometer during nursing checks that she is surprised when I tell her that for most people, those values register immediately.

We reordered magnesium, potassium, and phosphorus levels, concerned her basally poor intake is putting her at risk for refeeding syndrome, and emergently consulted cardiology, nephrology, and the PICU. A nurse rushes in with a Styrofoam cup of orange juice to buoy her nose-diving glucose. I glance at the mirror, praying my mask will hide my fear amid her tenuous state.

The attending tells her she is in imminent danger of passing out or having a seizure, and so begins the bargaining over 4oz of OJ. She protests, asking if she can have options, pleading for sugar packets or extra water. The specter of revisiting the PICU makes her cave, her gaze turning downward in dejection, a skeleton hand rising to her forehead. She sips quickly, visibly disgusted, distraught as if it were physically painful to prevent her body from shutting down completely. I did not blink the entire time she was drinking, though I'm not sure I would have had the courage to call her on any subtle method of skirting calories.

She lashes out when her noontime meal arrives, losing control of her cooperative and knowing composure for the first time. As her disease rears its ugly head, I can't help but flip my gaze between her face and her reflection in the mirror, wondering if I will get a glimpse of the severe but imperceptible differences I'm sure she sees. "I do not want to eat right now. You made me drink the orange juice, which is not part of the contract, and now my glucose is fine. I don't understand why I have to eat now if my glucose is back to normal. I want to wait until 1 pm." Her contract did not specify contingencies for life-saving OJ. We threaten to place a nasogastric tube to little avail, both because it's an option she knows we don't want and because she knows from experience it's nothing she can't handle. She reminds us that if we are that worried about her glucose, placing an NG tube will be useless because it will be well after 1 pm by the time we restrain and sedate her. We've lost ground trying to force-feed based on a transient and now recovered glucose level when it is really about enforcing a consistent regimented eating schedule. She has identified our logical inconsistency and is manipulating our misstep. At 12:45, she agrees to eat, having successfully delayed meal time almost an hour with little more than verbal determination and an inflated sense of ostensible control.

My attending shares thoughts on her prognosis as we chat in the team room. "Things that freak us out are small victories for her. The fact that she has so little peripheral fat that we can't even get a temperature is objective evidence to her that she is losing weight. She may feign confusion at her glucose being so low, but ultimately it is a sign she is getting what she wants. I'm honestly afraid she is not going to live very long. She will turn 18 and go off to college, where she will have complete freedom to do whatever she likes. She will have access to a 24hr gym. And she will continue to lose weight, and the cardiomyopathy will get worse until one day she just dies out on a run."

She is two diametrically opposed sides of the same mirror, a convergent track of two parallel identities in two parallel universes; one the bright honors student in control of everything, her rigorous class schedule and college applications down to each individual calorie and carbohydrate. The other, the sunken, starving, swelling, skin-sloughing shadow clutching crawling clawing back control from her other self. Her reflection in the mirror is certainly a stark manifestation of this painful duality, a pretty face and endearing quick wit on a ravenous 75-pound frame.

I have never been more afraid, not necessarily because she might die, but because I might be the cause for the simple incompetence of my words. I have never felt more useless, unable to counsel or convince, goad or guide, or really do anything but watch and pray. Every interaction felt like a risk of giving up an inch for the medical team, of in some way damning her to imperfect care. Every word felt wrong, every unspoken gesture felt awkward and forced. Every action felt like I could be falling into a trap, either of her creation or unintentionally my own. I was scared of getting played, clowned, duped, of being the weak link, the vehicle by which she would get worse clinically, and in doing so, succeed in her own distorted perception of control and self-image.

Her legs are still shaking. And I want more than anything to believe it's subconscious, a manifestation of her anxiety at the prospect of continuing to miss school, to miss graduation, to miss exploring the world. And if it is not anxiety, I want to believe she is feeling stir-crazy from being cooped up in a hospital room. Or maybe she really is just cold. But as I stand watching her during rounds, I know she's not anxious or stir-crazy or cold. She is wittingly shaking her legs to burn off the few calories she consumed in a medically-mandated, anorexia-contract-binding breakfast. She is actively trying to lose weight, agreeing to comply with the medical team's plan and simultaneously undercutting it.

And in the next two years, she will likely die. A conscious decision that she cannot control.

As my career progresses, my own image in the mirror will take on a new appearance. My white coat will grow down to my knees, my badge will read Doctor, my own skinny face will take on the additional years of an aging attending. Yet, I will never forget that reflection of a scared to death medical student who couldn't for the life of me - or for the life of her - get a 17-year-old girl to eat three apple slices with peanut butter.

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