# *Listening for feathers*

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We almost never met. He was almost gone before I got there. I might never have heard it, or felt it, or whatever it was that happened that day.

It started with the trees. After three rounds of voting and despite some worthy competition, the river red gum was recently selected as Australia's favourite tree. I wonder how many of these voters knew that they had selected a silent killer. Well, to be fair, I suppose it is really only an accessory to this rare crime, acting as the host for the real villain – a small, encapsulated, yeast-like fungus with an impressive name: Cryptococcus neoformans var. gattii. Although I believe it has been rebranded, now Cryptococcus bacillisporus. But even with this new moniker, it can't escape its reputation. Every now and then, this tiny organism kills one of the healthy humans living amongst these mighty trees.

But back then, just like all those unsuspecting voters, I wasn't aware of any of this. This was a condition too obscure to have made any impression at all during the six solid medical student years I had just spent dutifully cramming my head full of facts. I had focused on the commonplace details about the human body and its various ailments rather than the rarities. Trees and their various yeasty lodgers hadn't entered my consciousness.

I didn't know then that this mighty tree was to be the conduit for the most important lesson of my career. Delivered not by a professor, but gleaned from an unexpected connection with an individual who taught me something which no lecture could ever convey.

To my knowledge I had never even seen a river red gum back then. My limited time in the outside world was usually spent on a convoluted daily commute on a variety of buses, trains and ferries to and from university. Outback trees don't really have a home in Sydney anyway, so it's much more likely that I would have seen a jacaranda if I had paused to look around. But I didn't. With eyes down, determinedly fixed on textbooks, there was no time for looking at trees. No laptops in those days, books were still a thing.

Thus, I eventually emerged from my studies, with the addition of shiny new letters after my name, but sadly quite unprepared by life experience. And so, as my recently crammed knowledge rapidly faded, so too did my confidence, and terror prevailed.

I was, therefore, an earnest yet highly anxious intern as I started a neurosurgical term early in that first year. I received a hurried orientation of sorts from the overtly ambitious (yet obviously weary) neurosurgical registrar – 'Make me look good and don't suck on the brain'. The second part of these instructions I followed diligently. Whenever I was scrubbed in, and well before the skull, let alone the brain, was ever exposed, I maintained a death grip on that sucker. The business end was never even going to come close to approaching the grey

matter during my watch, with the suggestion that I could be responsible for sucking up even a small part of a patient's brain too horrifying to contemplate.

Making the registrar 'look good' was a different story. I felt so incompetent that I wasn't sure I could make myself appear a passable doctor, let alone taking responsibility for two of us. As I scurried behind the bosses on rounds, I lived in constant fear of being exposed in my ineptitude. The possibility of missing something, making a mistake or worse, damaging a patient, was always on my mind. I was supposedly under supervision, but it was very clear that questions were not encouraged and I was expected to swim unaided.

Frustratingly, I was not able to recall many of the details I had painstakingly stuffed into my brain during the previous six years of disciplined study. I felt grossly unprepared for the transition to my new role and was consumed by a sense of total inadequacy. Fortunately, all that studying had served me well in one unexpectedly useful regard: I had developed some high-level administrative skills. My time management was finely honed, and I became a very efficient secretary, always ready with the latest results, with no difficulty keeping up with the paperwork. With time, I realised that little else was actually wanted from me. The registrar did, indeed, 'look good' and my work was therefore done. Eventually my presence was even noticed by the imposing (terrifying) consultant with some indication of approval. This unexpected recognition of my existence did little to reassure me, however. Nothing I had yet done had helped me develop any sense of real competence, and my secret imposter identity flourished.

My one real teacher that term was in the process of dying in Room 214. He had been deteriorating for some weeks, well before my arrival on the team. The boss was not happy. This man was not supposed to be dying. Surgery had gone well and there was no obvious explanation for this failure to respond. His decline seemed almost an affront and frustrations were increasing.

The patient himself had almost disappeared. Completely lost in that white room: white walls, white sheets, white curtains and tidal waves of white doctors coming and going with increasing frequency. A quiet man, lying there, his white hair and beard a stark contrast to the colour of his skin, which he shared with the many generations of his ancestors who had walked this land before us all. He was off country now and far from his family, hurriedly moved to the city when it became clear that the small hospital near his home was not equipped for something such as this.

Cryptococcoma. I'd had to look it up. The slow onset of headaches had meant that this diagnosis had taken a while, but an isolated cerebral lesion was eventually noticed in this previously healthy man with a home amongst the gum trees. River red gum trees, to be precise. Careful surgical drainage and culture had confirmed the identity of the invader, and the very latest anti-fungal treatment was instituted immediately. Congratulations were exchanged as the treating doctors took delight in presenting this rare and fascinating clinical case to their colleagues.

And yet many weeks later, their patient was clearly dying. His imaging was clear, but his organs were slowly shutting down. To any caring observer he was visibly deteriorating,

simply fading away physically and mentally. Altogether too tricky for the many specialists involved, with hope dissipating as no explanation could be found. My arrival heralded nothing more than yet another new stranger in the room, and I was overcome with hopelessness as I prepared for the tragic end of the life of this gentle and dignified man.

I stood at the end of the bed during each ward round in silent witness, frantically recording the latest observations and the increasingly pessimistic instructions of the surgeon. There was now a network of specialist teams involved from across the hospital, and much of my work revolved around the coordination of their various requests. Ward rounds often coincided, and Room 214 was frequently crowded with clinicians, holding complicated back and forth discussions about management options. I watched as these conversations flowed around the room but never actually quite reached the patient. He lay there, quite still, eyes often closed, breathing quietly as his daily pathology results documented the seemingly irreversible process of his body shutting down.

As I dutifully maintained a comprehensive record of his mysterious decline, I was deeply troubled by how very alone this man seemed. One day I returned to his room after a particularly busy ward round, once again concerned by how disconnected he had seemed from proceedings, treated by many of the others as almost an unnecessary adjunct to the conversation. These doctors were all obviously very well intentioned, wanting nothing more than for their patient to recover, but they seemed to have lost him in the process. With very little confidence that I had anything useful to offer, I had returned to the white room to ask him if I could help with anything.

He and I had become somewhat familiar. He knew me as the one who changed his cannula every couple of days, so I wasn't a complete unknown. He looked up at me briefly as I stood uncertainly at the end of his bed. His quiet response was not unexpected and perhaps could have seemed designed to terminate the short conversation: 'Thank you, but no-one can help me'.

And yet, in the silence that followed that moment, I heard something. Or perhaps I felt it. To this day I am not sure which of the senses was involved, but this was the first time I became aware of this feeling. It is not unlike a physical sensation, a subconscious awareness of the unspoken, a knowledge that there is more here.

So, I did something then which I probably hadn't done all day; I sat down. And after a moment I asked him what he had meant. I was completely unprepared for the story that followed.

He explained to me that he knew he was dying, and that nothing could be done. It was a punishment, he explained, because at some time in the past he had moved something, a rock perhaps. He had taken this object from country and hadn't returned it. The only problem was that he didn't know what it was, and so now had no ability to undo the deed. He had no choice but to pay the penalty, which would be the loss of his life. He was deeply saddened by this, he had a large family, and was not ready to leave, but he had nonetheless accepted his fate.

Nothing in my years of formal education had equipped me for this. I probably would have been more proficient in speaking to an early Roman if one had appeared before me at that moment. Shamefully my knowledge and understanding of ancient cultures in Australia was poorly lacking.

So, we sat some more, and I grappled with this concept. Not knowing how to respond, not knowing what to say, I was aware that this went much deeper than my comprehension, and that any reassurance I proffered would be a trite platitude.

I was curious to know more, and with some trepidation went further. I asked him how he knew this, and how he could be so certain of his fate. He carefully explained to me that his brother had been to visit him some weeks earlier and had been shown the CT scans by the doctors. His brother had seen a feather and a stone there, deep in the brain, and had reported this news back. Both the patient and his brother had recognised that this was a sign, indisputable and terrible proof of what must now follow, from which there was no return.

Again, silence filled the room, but I was now on slightly more familiar territory. CT scans I could cope with. I wondered now whether there was perhaps something I could offer this man.

'Would you show me?', I asked him. As I headed to Radiology to gather up his films, I contemplated the likely reactions of my colleagues if they knew of my mission. So much else to do on the ward, and little time to spare, yet this seemed imperative. I carried the heavy scans back to the room. There were no electronic records then, so I was adept at couriering these large envelopes, covered with coloured stickers indicating the many films they contained, which seemed to go missing with irritating regularity.

Too frail for the walk to the corridor lightbox, the patient sat in his bed as we held the flimsy films one by one up to the sunlight of his window. And as we scrutinised frame after frame, I could feel another kind of lightness enter the room. Eventually we worked our way through the pile, and, although I had rationally expected this outcome, I was surprisingly relieved when we reached the end with neither feather nor rock to be found.

I remember his smile, slow yet with such genuine emotion and relief. Even now it's hard not to get teary at this memory. We both knew then that this was the beginning of his recovery. That he would now return home to his family, to walk again on his country, under the trees which had so nearly taken his life.

I like to imagine this homecoming. I am now more familiar with the outback and the great trees to which he returned, and can readily imagine the relief of the whole community when he arrived home.

The rest of the neurosurgical team never knew the reason he turned the corner that day. Neither did the others. I suppose they just assumed that the antifungals had finally kicked in. I know differently. I didn't really know how to speak of it then, and am still unsure about

whether it is my place to repeat it even now. I trust that it will be received with the deep respect and wonder with which I will always hold the memory.

Those trees brought me a message that day, and I received a great gift from that patient: an understanding of my true potential and worth as a doctor. It turns out that I already had powers which were so much more important than my ability to recall facts. The deep realisation that listening goes beyond words occurred in a way that could never have been described in a lecture.

In medicine, as with most art forms, there is often much to be found in the contemplation of the negative spaces. I will be forever grateful to that patient for trusting me that day. He helped me become the doctor I am today. I credit him with my first awareness of that now familiar subtle sensation which pops up unbidden and tells me to keep going, ask more questions, find the unspoken. I have since called on it many times, and it has rarely let me down.

From the trees of the outback, I found my superpower that day. Inexplicable but undeniable. And with that discovery I found some much needed confidence about my place in my profession and made some peace with my inner imposter.

It is not for me to know everything, but my art is in the listening, the finding of feathers, the seeking of stones. And that is often enough.