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Mistaken Identity

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“Hi, Rabbi, when do the services start?” asked a smiling, disheveled older man lying in his hospital bed. Though I had never met him before, the man greeted me with a twinkle of recognition in his eyes. As a fourth-year medical student on the psychiatric consultation-liaison service, I was asked to see this patient and provide recommendations to help manage his agitation. Moments earlier, this 83-year-old former physical therapist named Abe was swinging at the staff and asking relentlessly where the biblical forefathers were hiding. Needless to say, I was relieved by the patient’s current calm and jovial demeanor. He welcomed me in and motioned graciously for me to sit down by his undone bed.

I started what I guessed would be a truncated interview. After all, Abe had all the ingredients for a delirium—an underlying dementia, a bad case of pneumonia, and a resultant hospitalization that led to a major change in setting and routine. It was unlikely, I predicted, that he could give me much relevant and coherent information.

I introduced myself as a medical student who was here to talk with him and ask him a few questions. “Rabbi Steinberger!” he replied, with a pleased look on his face. “Where have you been?” Thrown by the completely fictional and fantastical content of his discourse, I proceeded with the mental status examination. “Do you know where you are?” I asked. He looked at me quizzically, as though I was the one who needed some reorienting. “Why, in the synagogue, of course,” he finally answered. “What year are we in?” I continued. He humored me: “1950.” I jotted down in my notes, “disoriented to person, place, time,” omitting any mention of the confused specifics of what he was sharing, which would surely have no impact on treatment or further care for this patient.

Given the limited nature of our communication, I went straight to the essentials. He denied any physical pain, assuring me with a smile that he was comfortable. When I asked him, though, about emotional distress, his demeanor became slightly more melancholic, and he replied that he felt he was not “Williamsburgish enough,” referring to an area in New York that is home to a large group of ultraorthodox Jews. With that, he brought his protective glove, which was fitted tightly onto his hand, up to his ear and spoke into it as if it were a telephone. “Hello, how do I get to

Williamsburg...oh, uhuh, yes...hello? Bye.” I wrote in my notes, “distractable, perceptual disturbance.” The interview ended shortly thereafter, as I did not feel there was much use in continuing this nonsensical conversation. As I had suspected, the patient was delirious, which was the likely cause of his intermittent agitation.

On leaving the patient’s room, I reflected on a gnawing sense of dissonance that this encounter elicited in me. During this psychiatry rotation, I was used to listening intently to patients’ fears, distresses, wishes, and losses, and trying to fill in the gap that exists between the self and the other through understanding and empathy. Here, though, this gap seemed insurmountable, and listening could not possibly make it any smaller, I thought. What he was saying had seemingly little connection to who he is or to anything, for that matter.

Later that week, I was informed that the patient’s pneumonia had overwhelmed his frail frame; Abe had passed away. His family—a wife and 2 daughters—asked to meet with those doctors who spoke with their loved one during his final days. Sitting uncomfortably across the table from this mourning family, I explained that Abe was very confused when I saw him and was not able to carry out a coherent conversation. “But what did he say to you?” they insisted. Reluctantly, I recounted his various disjointed responses to my questions. With tears streaming down their cheeks, they looked at each other, dumbfounded, and then at me with a heartened expression. Seeing my confusion, his wife explained. “You see,” she started, “my husband grew up in Williamsburg in an ultraorthodox Jewish household. He left when he was a young adult and we lived a completely secular life since then. He never spoke of it once...until last week...to you.” “What do you make of it?” I asked. “A desire to return to his roots,” she replied. “It’s all there—the synagogue, 1950, Rabbi Steinberger, his rabbi at the time. Abe was expressing a desire to connect.”

Several weeks later, after moving on to my next rotation, I received a call from the family. They wanted to thank me for sharing the details of my interaction with Abe. It had led them to give him a Jewish burial, what they saw as a fulfillment of Abe’s final wish. Those seemingly unintelligible specifics actually formed the final insight into their loved one’s life.

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