

The patient's room

First, you walk into an anteroom. You can see the end of the bed through a glazed access door and a similar one on the other side. You have to put on a disposable gown, wash your hands with sanitizer, wear disposable gloves and adjust a brand-new face mask before going in.

The patient is asleep. On her bed, there is a blue quilt that doesn't belong to the hospital. She probably brought it from home. She hasn't noticed the intrusion in this domain, now her space, illuminated by the oblique sun that seeps through the closed window. On her IV pole, there are three infusion pumps filled with different solutions, one of them wrapped in foil in order to protect it from the light. By the bedside, a screen shows her heart rate, her blood pressure and her oximetry. Sitting on an armchair beside, a man sleeping with his head thrown back, his mouth ajar, hasn't woken up either.

On a wall facing the bed, the TV is on without sound and on the screen, a cook is kneading some dough. On her left, two books lie on a support table, on top of a closed laptop; one of them is titled "I became ill to heal" and the other "Anticancer diets". A figurine of Our Lady of Lujan wearing a white and blue mantle, several holy cards of Saint Pantaleon and Saint Expeditus, a rosary and a Buddha. On the table, there are also picture frames, one with a picture of Father Mario and different photos. One of them shows three children aged four to eight, hugging and smiling and another one shows the current patient next to her husband, smiling, a lake and a mountain in the background, beaming, during some radiant day of the past. Along the window, on a shelf, there are more pictures and objects. The same children, hugging, wearing their soccer outfits and their Boca Juniors jerseys, and the entire family with a Christmas tree behind them. Taped to the window, there are three signed drawings. One of them reads "Mommy I love you" in kid's handwriting.

The patient opens her eyes. She looks quite different from the woman in the pictures. A turban covers her head, where one can guess the hair is missing. Her skin looks brownish and her hazel eyes are slightly more sunken and her features sharper than they used to be. She smiles and offers her arm to the doctor. There is some bruising and scarring on a recent venipuncture site. The patient is happy because she knows that once the antibiotics are over, she will be discharged. She knows this is her last round of chemotherapy. It's been harder than the others, because of the infection that forced her to be admitted for two weeks, in the hope of elevating her white count and getting her fever under control. She points to a bag on the companion's sofa bed, where all her CT and PET scans are scattered around. The internal medicine residents and the attending have just rounded on her. She smiles again, as a way of expressing her happiness about a good result, and there's even a glimmer of mischief in her gaze. She asks the doctor if he has looked at the results of her last PET scan. The doctor smiles, too, and tells her yes, he has already seen it. And then he squeezes the patient's hand, the hand she never pulled away from him, in a gesture of affection and complicity.

Spanish dictionaries regard "habitación", "cuarto", "pieza" and "dormitorio" as synonyms in everyday language. Among us, however, their uses reveal certain subtle differences that constitute linguistic markers and even signal different social backgrounds. In a hospital, you almost never go for "cuarto", much less "dormitorio" or "pieza". "Habitación" is more frequent, and that is meaningful. Someone inhabits that space. The idea of inhabiting points to a certain permanence, to making your mark. The patients inhabit the medical teams as well.

You only have to open the door to enter an amazing world. Like the thresholds Alice has to go through in *Alice in Wonderland*, every doorway leads to a different universe, but you need to meet the necessary requirements to go in, because the space has been co-opted by someone else. Alice had to change sizes to fit through the door. Perhaps the medical team needs some sort of instant prior training so as to ease into the encounter. Sometimes there is more than one patient on the other side, and each of them has delimited their area in a distinct way, with a particular air. There are their personal belongings, their religious objects if present, their photographs, their encouraging get well posters. All these things speak and allow us to understand who is there. Sometimes, they bring their own pillows, their favorites blankets. Music, computers, radios, books. This scenography is the first message you get before even initiating verbal communication.

Communication between patients and the medical teams is multi-layered, and understanding each layer is essential for this very particular bond¹. The layout of the room, with its interaction between space and appropriation of a part of the hospital, is an early form of exchange, a non-verbal language that doesn't depend on gestures. Non-verbal communication between doctors and patients are relevant when it comes to building communication skills among the members of the health team². The first message you receive after entering the realm the patient has co-opted is the *mise-en-scène* the ill person and their relatives have staged, a way of administering what the person perceives as representative of their ties to the world outside the four walls of the hospital. This may entail small hints, or a rich scenography full of changes and objects; but ultimately, they are signs that say something about the person inhabiting the room, and also a kind of planted flag, a metaphor for the possession of space. In the case of our patient, the decodification of the scenography reveals the presence of a strong family, the top priority for a young woman going through an onco hematological disease. Her ailment has had a profound impact on her existence and on those around her. The support tools she has chosen point to her faith being at the forefront, but the presence of other, less orthodox things, like a Buddha figurine or Father Mario, suggest a kind of syncretism or an "every little bit helps" attitude. The analysis comes complete with the presence of her partner, their evident exhaustion and the indication that the internal medicine doctors have already rounded on her. Something has been expressed when entering the room, something has been said about who is there.

What matters the most for engaging with the patients' life is listening to them when they tell their story, their ideas, their plans and talk about their pain. It is here that a second layer of communication opens up, a layer made from messages that are uttered through gestures, silences and conversations. Time is always scarce, and you have to make the most out of it. From the outside, the rooms' closed doors may appear dull and expressionless. Yet, a turn of the knob is enough to be transported into the unique realm of each patient. They all create their own worlds. Their borders might be more or less wide, but they are always expressive. Each room is its own universe, and as in any universe, confined spaces can become infinite.

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1. Myerscough PR. Caring communication skills. In: Talking with patients. Oxford, New York: Oxford University Press, 1992, pp 50-64.
2. Friedman HS. Nonverbal communication between patients and medical practitioners. *J Soc Issues* 1979; 35:82-99.