

## PRACTICE REFLECTION

### I Have Met, At Last, Rosario!

Alfredo Vallone\*

*Infectious Diseases Unit, Jazzolino Hospital, Vibo Valentia, Italy*

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#### I HAVE MET, AT LAST, ROSARIO!

As often happens with important events, only quite a number of years later I was able to estimate the exact value of my encounter with Rosario. My uncle Guglielmo had told me of Rosario for years, and each time, his eyes and his expressions left me to guess that behind the story itself, there was a lot more.

I had a clear confirmation of the above during my work experience as a physician in the Department of Infectious Diseases of a Sicilian town where Guglielmo was, many years ago, the Head, although on leave as a member of the National Parliament.

The town seems almost desert for its stony soil burnt by the sun of the coast of Sicily, where only arid spirits are not seduced. Any excavation started for whatever reason around the town brings back to light ruins and remains of almost every historical period so as not to forget to be in one of the most important archaeological and cultural sites of the Mediterranean.

The city hospital, at that time, was no less surprising than the subsoil. The modern drinks vending machines were banned from the premises of the building, not to upset the nurses who every morning used to call the whole team for a coffee to have a few minutes of intimacy, to share opinions on the most recent facts and events, and even to disclose personal issues.

Only after the ritual coffee drinking, the group work and the routine of patient care started through rules and procedures built for decades over the model of the customs and traditions of Sicily and of Southern Italian towns, where the days used to pass slowly but "on a human scale".

The hospital Department of Infectious Diseases looked in harmony with the town even in the hot summer afternoons when, for the heat wave, everyone took refuge in the coolest rooms. During those hours in the corridors of the hospital as in the streets of the city, you could not see anyone, but at sunset a constant coming and going of people started again

until late in the evening. Doctors, nurses, and a good number of patients shared with ease their private lives in various ways and attended parties and important family events even in sad or controversial circumstances because the Sicilian society at the time was not artificial. Teams of healthcare workers and patients in the hospital related to each other in a nowadays unknown way that did not separate the clinical issues from the other spheres of the person. At times being in the hospital looked like standing in the town main square where you could meet people who were at ease because were not forced to get rid, as well as of their clothes, of their status and their condition.

With a humus of this kind it was not uncommon to observe that the importance and severity of a patient's clinical problem did not diminish at all the attention of the healthcare workers towards his soul which was in need of help, as much as his body, to travel through the illness and adapt to the difficult condition of being sick.

However, as a young doctor still wearing the scent of university classrooms, I had an entirely different view of medicine. Busy to focus on the symptoms and clinical signs of disease, on their interpretation and treatment, I devoted most of my time to go through my medical textbooks and understand the clinical picture. The experience of my years at the school of medicine, where only occasionally the human dimension of sickness was talked of and in a low voice, was to me a confirmation that I was on the right track. The pace of the department was so slow that I thought that indeed was absolutely necessary and urgent to rethink the whole organisation and finally optimise the use of time. Fascinated and almost seized by the medical science as I had learned it, I thought that I could hijack the Department of Infectious Diseases through the affirmation of the primacy of the clinical aspects and of the modern technologies and the restraint of all aspects that could cause wasting of time, human relations included.

In this understanding I thought to be even prophetic because in those years the Italian government had just started to inculcate in the minds of hospital administrators the idea that hospitals had to be run as companies, the service should be efficient, resources should be optimised, costs contained and turnover of patients increased considerably. I thought the above concepts to be of utmost importance and their

\*Address correspondence to this author at the Infectious Diseases Unit, Jazzolino Hospital, piazza Fleming, 89900 Vibo Valentia, Italy;  
Tel/Fax: +39 0963 61219; E-mail: [alfredovallone@yahoo.it](mailto:alfredovallone@yahoo.it)

implementation most urgent, and started devoting time to advocate for their immediate execution.

But in the City Hospital of that Sicilian town, despite my childish claims, the usual pace continued, up to the day when the "famous" Rosario was admitted as inpatient. Doctors, nurses and supporting staff did not hide the fear (and expectation) that very extravagant facts would occur shortly thereafter, as an inevitable consequence of his admission.

"Are you Guglielmo's nephew?", Rosario asked me. "Do not try to give me any drug because I will give it to my dog that is also sick and at least will not be hurt." "Anyway, I'm pleased to meet you. My name is Rosario, a good friend of your uncle. Even he, who as you know is incredibly stubborn, has lost all hope on me."

Despite his words and the obvious "insult to the medical science," my sympathy for Rosario, as the reader can imagine, quickly blossomed. In few days, his hospital room was filled with canvas, brushes, solvents, colours and strange objects of all kinds. No wall remained white. Sketches, paintings, puzzling phrases on human life and on the alleged fate of the author himself, populated every inch of the room. No trouble, however, was caused to other hospitalised patients and no hindrance to medical care stemmed from such a picturesque presence in the ward.

Accustomed to such "activities", neither the staff of the Department of Infectious Diseases nor Rosario (who everybody called "maestro") had any worries. Everyone knew that within a few days he would have left the Department, the room would have been cleared and the walls (unfortunately, in the opinion of most) re-painted.

From the days when Guglielmo had been appointed the Head of Infectious Diseases at the City Hospital things had gone this way (I must anyway outline that medical care and organisation of the department were impeccable), and so they continued to go under the new Head, who would not betray his friend Guglielmo nor maestro Rosario, the painter who died few years later.

I did not listen to Rosario's funeral eulogy delivered by Guglielmo, but I heard that those who did so (colourful people of all kinds: artists, patients, doctors, politicians, poets and people marginalised for various reasons) returned to their homes with a deeper knowledge of human beings.

During the months spent as a hospital physician in the Sicilian town, I learnt something more about being a doctor. My uncle Guglielmo clarified my strong doubts about the usefulness of admitting to a Department of Infectious Diseases a person who refused any diagnosis or treatment by explaining the concept of compassion for the sick (from the Latin *cum patire*, i.e. suffer together) that to him meant to participate, to share, "to be with" those sick. In sharp and simple words (because in matters of this magnitude, and precisely because so important, Guglielmo used to cut short) he used to make reference to the meaning of the word patient, from the Greek *pathos*, meaning suffering, having a pain. How different those concepts were from the word

"patient" meant as "the one who must have patience" with doctors, nurses and the healthcare environment! I became fully aware of the above meaning a few years later, in the Department of Infectious Diseases of another Southern Italian town, located in Calabria, where I was Head of the HIV outpatient clinic in the years when AIDS had finally become a treatable condition and the advent of highly active antiretroviral therapy had enabled physicians to reassure patients with HIV infection willing to adhere to treatment and follow up that they would have a very good chance of living for years and years in fairly good health.

In front of me, in a room of the outpatient clinic, sat a young woman with AIDS, who had repeatedly refused treatment. No reasoning, no scientific evidence could change her decision. I was obviously very disappointed and tempted to ask the patient why was coming to a hospital if she didn't want to get treated. However, the words that came out of my mouth were totally different: "OK, I respect your decision. Do come here whenever you feel the need; I will continue to follow you". While saying so, I saw the walls of the room populated with Rosario's paintings, and Guglielmo's smile, happy of my "cum patire".

I do not think to have mentioned to him later, but I am absolutely certain that Guglielmo never doubted my confidence in his teaching of what he used to call "medical art" to clearly differentiate it from the less noble "science".

For a long time I considered my encounter with Rosario an abnormal even though extraordinary and fascinating experience, one of those that happen few times in life, unforgivably neglecting the truth that we meet more often than we realise, without recognizing them, a number of Rosarios. On the other hand, if you work in hospitals where you are too concerned with the medical science and pressed by the urgent need to increase productivity and results, and respond to the greetings of the patients with a sort of condescension, you will find yourself in the same situation of the people passing through the lobby of the metro in Washington DC during the experiment done by Mr. Gene Weingarten, editorialist of the Washington Post. Joshua David Bell, one of the greatest violinists in the world, played in disguise, as a busker, in the station for almost 45 minutes. Of the 1,097 people passed by, only seven stopped briefly to listen for a total income of \$ 32.17 while three days earlier his concert had been sold out at the Symphony Hall in Boston where the price for a seat in the stalls was \$ 100.

I have at home one of Rosario's paintings; it has colours of passion, the lines draw human figures that express tumultuous feelings. Over the years I have become firmly convinced that it is there to remind me that a doctor has a lot to learn from the patients if he knows how to listen, and chooses not to be devoured by the pace of modern life and views. The painting, in some parts, depicts incomprehensible forms, an indication that I still have a lot to understand, provided that I manage to look at it with curiosity.

Tomorrow I will be in my room in the HIV outpatient department and will let the lady who did not want to be

treated know that the therapy started a few months ago is effective. I wish I could have been able to say the same thing to Rosario! But would have this been his desire? I cannot

exclude that he could have given his dog even the “highly active antiretroviral therapy”!

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