

## In the closet, again

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“Hi, excuse me,” I began, pulling the door open, “I’m the medical student. Is it okay if I ask you some questions?”

There was a palpable sense of absurdity as I sidestepped a box of syringes so I could fit inside the tiny consultation room, which even under normal circumstances, with a doctor and patient, would have been a pretty tight fit. Now, with the stretcher and patient occupying all of the limited space, it felt much more intimate. Thanks to an administrative error, our new patient had arrived from emergency before his room was ready, so he had been offered this temporary, discount housing option.

“Don’t worry about it — come on in!” came a muffled voice. “Bring your friends. Let’s have a rave in here.”

Despite his sharp wit, Mr. Lambert was not doing well. His chart introduced me to a 30-item medical history, an intimidating pharmacopoeia of home medications and a platoon of specialists. Half a lifetime ago, he had been given a diagnosis of HIV and followed the classic, terrible course of opportunistic infections — from cytomegalovirus blindness to multiple episodes of pneumocystis pneumonia and an aggressive, advanced skin cancer. As he described it, while he was bracing for death more than a decade ago, antiretrovirals became available and tamed the virus in his blood.

His story was written as much on his body as in his medical record. A gastrostomy tube and colonic stoma hung off one side of the bed; his skin was taut, seemingly stuck on to bone, his features angular and fragile. I apologized for the administrative misunderstanding, and his cloudy eyes narrowed as he laughed.

“I never thought,” he began, “you know,



that on my deathbed, you guys would force me back into the closet.”

Throughout our first interview and in my review of his medical records, I bore witness to Mr. Lambert’s memories of his diagnosis and its implications — namely, what it meant to be a gay man with HIV in the 1980s.

That day, pressed against the “closet” wall, I took close notes on our conversation. I often found myself laughing along with him as he shared his medical history with unexpected humour. However, as Mr. Lambert told progressively emotional anecdotes, including having to leave his job, losing his autonomy and the foresee-

able transition to palliative care, I felt a fog set slowly over my thoughts.

All at once, a startling anxiety wrapped around my ankles, a tachycardic drumbeat in my ears, a claustrophobic nausea from the walls moving in on me. I felt echoes of the familiar dread from the metaphorical closet into which I had first stumbled about 10 years ago and then out of, just recently.

In that sudden discomfort, I was surprised to feel guilty about my white coat. After all, if I had been born a generation earlier, I might have been more likely to have AIDS than to be treating someone with HIV from a sterile distance. I

admonished myself for being worried about touching his skin on physical examination. I knew the risk of HIV transmission was negligible, but still I was afraid.

Before I knew it, goosebumps had shot up my arm as I thought back to myself at 14, crying over a keyboard and furiously typing “gay test” into Google, exasperatedly learning “how to become straight” deep in private browsing tabs. I remembered shopping for any kind of conversion therapy that would take me, pleading with myself through heavy breaths to just be normal, to just be normal, please.

Working alongside Mr. Lambert over

the next weeks, my involvement in the care of someone dying of AIDS raised insecurities I was certain I had left behind. As much as Mr. Lambert showed he was coming to peace with the final chapters of his life, my unease showed me how much further I had to go.

At first, I was thrown off balance by these decade-old demons. But although working with Mr. Lambert was sometimes difficult, I felt in his debt. After all, if I was able to stand by him as an openly gay medical student, it was in large part because of his lifetime of advocacy and sacrifices. Perhaps I might become a better doctor if my professional self were

framed foremost through the lens of who I am as a person — vulnerabilities, identity and all.

On that first day with Mr. Lambert, it wasn't long before others arrived. And when our team rushed him out of the “closet,” I'd like to think it was as much for the symbolic reason as it was medicolegal.

It was about time, anyway. Out we go.

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This article has been peer reviewed.

This is a true story. The patient has given his consent for this story to be told.