Reece Carter

Left alone in the exam room I stare at the pain scale, a simple number line complicated by only two phrases. Under zero: "no pain." Under ten: "the worst pain imaginable." The worst pain imaginable . . . . Stabbed in the eye with a spoon? Whipped with nettles? Buried under an avalanche of sharp rocks? Impaled with hundreds of nails? Dragged over gravel behind a fast truck? Skinned alive?

– Eula Biss, *The Pain Scale*

Eleven-year-old Jason lays in bed looking nonplussed. His affect is flat, he doesn't move, and he locks eyes with me while the doctor speaks to his mother. Of all the people in that room, I am singled out by his gaze. Jason is in the hospital for a headache. We've all had headaches, but it is not common to go to the hospital for one. Headaches in hospitals usually portend something frightening. His mother says he has been having headaches for over a month. Every day, for an entire month. Jason says nothing and just looks at me impassively while I look back with questions in my eyes. The team runs through the headache algorithm; his mother gives the only answers:

Nausea?

"Yes."

Vomiting?

"Yes."

Sensitivity to light?

"Yes."

What makes it better?

"Nothing."

Where does it hurt?

She gestures around his head. "Everywhere."

We turn to Jason: on a scale of one to ten, ten being the worst pain imaginable, how bad is the pain?

"A ten," interjects his mother.

This history is equal parts frustrating and fascinating. According to his mother, Jason hurts everywhere, nothing helps, and he is in the worst pain imaginable. But he just keeps looking at me and says nothing. We have tried everything for migraines: ibuprofen, acetaminophen, triptans, anti-emetics, and yet, as

his mother says, nothing touches the pain. How are we supposed to touch pain, I wonder? Will touching it make it better? His mother wants to try fentanyl, but the team is uncomfortable using it in such a young child. His mother is getting desperate, and it is palpable.

Because we can think of nothing else to do, we order an MRI, but when Jason returns from the scanner his mother says his pain is worse. My frustration deepens. I'm angry at the invincibility and the indescribability of Jason's pain. If he was in the worst imaginable pain before, how could he possibly be worse now? Did we break the boundaries of conceivable pain with a routine MRI? Had untold Sadeian ecstasy been hiding in the radiology suite this whole time? His pain is greater than a ten out of ten, yet he just lies there staring at me! Nothing about his countenance betrays the profound pain he is experiencing.

His body, sensing my unease, generates a new symptom – it hurts to move his neck up and down. My attending looks grim and says, "It's meningitis until proven otherwise." Meningitis, especially bacterial meningitis, can quickly become deadly. The next step in diagnosis is a lumbar puncture, but his mother is reticent. The MRI put him in so much pain that she says, "I cannot see him like that again." It's not that she cannot see him, but that she doesn't see him. She is the oracle for his pain while he just lies there and stares. He doesn't cringe. He doesn't twitch. If anything, he looks bored. Yet she believes her child to be suffering deeply. The lumbar puncture could tell us so much: it could rule out meningitis, it could rule out other causes of inflammation in his nervous system, it may even relieve some of his headache by decreasing intracranial pressure. However, a paradoxical side effect of the procedure is mentioned as we get informed consent: worsening headache from leakage of cerebrospinal fluid. Jason's mother, terrified, latches onto these words and says, "I don't want what happened with the MRI to happen again." She doesn't want. Jason continues to lie there quietly. His wants are nebulous.

The thought of needles being inserted into one's back is discomfiting, but most patients report that the worst part of the procedure is the placement of the initial anesthetic. This fact does not provide comfort. We offer to sedate Jason but his mother refuses despite her earlier request for narcotic pain medication. She says a family friend's cousin had a lumbar puncture three years ago and now lives with chronic pain. I don't buy the causal relation. I want to give up. Lumbar punctures enter the body below the level of the spinal cord, land of paralysis and paresthesia that it is, but most patients don't know that.

Throughout the discussion, Jason just continues to lie there. I cannot wrap my brain around his ten out of ten pain. Some days it's a "low 10," some days it's a "high 10." What the hell does that mean? Why does his mother always speak for him? We go back and forth with her, trying to come to an agreement on the plan. She defers the lumbar puncture so she can talk it over with her husband. She doesn't talk to Jason about it. She is leaving her child in pain because the best test to elucidate the problem pains her to think about. She doesn't see the irony in that. Instead, we order a cocktail of pain medication and prochlorperazine, an anti-emetic. Jason experiences a side effect of the prochlorperazine—he is dystonic, his neck painfully frozen at an odd angle. His mother decides to transfer hospitals. I'm left alone with my questions.

a b o u t • a u t h o r

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Reece Carter is a medical student at the UNC School of Medicine and is pursuing a master's degree in Literature, Medicine, and Culture. He completed his undergraduate education at The Johns Hopkins University, earning a bachelor's degree in Neuroscience. Reece plans to apply for a residency in Emergency Medicine while continuing to practice and teach within the health humanities. His interests in the health humanities include disability studies, queer theory, and narrative medicine. He is two-time recipient of the *Alan W. Cross* Social Medicine Paper Award, in both 2022 and 2024.