

I vividly remember the first day I met the great Mr. Gatsby. Working in an outpatient HIV+ clinic housed within a city hospital, our waiting room tends to be a bit chaotic. People are often speaking loudly, some yelling at each other, the staff or the television. Others are talking to themselves, pacing about the room. A few quietly read with headphones on in an attempt to block out the noise. In the midst of this waits the great Mr. Gatsby, quietly, patiently gazing ahead with hands folded in his lap. A 60 year old African American man born and raised in the city, Mr. Gatsby always dressed in the same clothes, a kind of uniform of navy blue pants and blue nylon jacket with black shoes. Naturally a thin man, even more so due to his condition, and tall, standing at 6'3", he enjoyed playing basketball and had the physique for it. However, a few years ago Mr. Gatsby contracted a viral infection during a hospital stay. The virus affected his brain, leaving his right side semi-paralyzed. So now Mr. Gatsby walks slowly and deliberately, swinging his right leg forward in such a way that he has developed a sort of stride. Refusing to use a cane or walker, he never allowed me to hold the door for him. A soft-spoken man of obvious intelligence, his large brown eyes possessed a childlike innocence, as well as a sense of mischief as if he were in possession of a secret that no one else knew. And in fact he was. Mr. Gatsby's mission was to bring tidal energy to the world. Too dependent on coal and oil, humans were destroying the Earth as well as themselves. Mr. Gatsby was sent here to amend the Earth's energy crisis; the solution was tidal energy.

As the year 2012 was approaching, Mr. Gatsby spoke of the end of the Mayan calendar and the coming apocalypse. "The Mayans didn't understand what they were looking at. They saw the whole world lit up and assumed it was engulfed in flames. They thought this meant the end of the world, but they were mistaken. It wasn't flames they saw, it was electricity. Because once we implement tidal energy, we can bring electricity to every corner of the globe. Even children in the most rural areas will have access to electricity and with it, clean water. The current dependence on coal and oil is not sustainable and needs to be changed. Tidal energy is the answer. It's clean and sustainable. The tides are always in motion. The ability to generate electricity is endless. The only investment would be in the infrastructure. Once that's in place, the system will sustain itself. It's the perfect solution."

Mr. Gatsby expressed great concern for the children of the world, hoping future generations would not have to grow up in such a polluted environment. He developed a system for raising children that he felt was superior to ours. "Children shouldn't necessarily be raised by their biological parents. Biological parents aren't always the best ones for the job. In Star Fleet Academy, the government raises the children. This system is already in place on other planets and works wonderfully. The children live together in group homes. They are all treated the same, so there's no class system. When I bring Star Fleet Academy to Earth, the children will live, play and work together. It's a much better way, you'll see."

These ideas took up the majority of our sessions. We met once a week, every Thursday at one o'clock. Mr. Gatsby was rarely tardy, always calling to let me know if the bus was running late. As the weeks went by, he began to dedicate the last 10-15 minutes of

sessions to relate stories from his personal life. They were presented in fragments, but over time I was able to string them together into a more or less cohesive narrative.

Mr. Gatsby grew up in a family of Jehovah's Witnesses with very strict religious beliefs. Celebrations of any kind were forbidden and conventional medical care was not routine. He had several siblings but really only spoke of one older brother whom he seemed to admire but hadn't seen in years. Mr. Gatsby hadn't had any contact with his family for decades. He assumed they continued to reside in the city but stated they wanted nothing to do with him because he was gay. "I wasn't born homosexual, I chose to be. When I was five or six, I used to run around and chase the girls just like all the other boys, but my mother used to scold me and told me keep away from them. So I did. And I came to realize that I could have my little boy friends over in my room whenever I wanted, and no one would say a thing. So I started fooling around with my little boy friends instead, and I stayed away from the girls just like my mother told me." He described himself as being from tribe homosexual Earth-branch division and assumed I belonged to tribe heterosexual; we are the breeders, that is our place. Tribe homosexual, on the other hand, is in charge of creating civilization and order. "This is why all of the Greeks and Romans were homosexual and several kings of Egypt, too. They were the creators of our civilization. And despite what many believe, there's nothing wrong with being gay. In the bible it says, 'Man shall not lay down with man as he does with woman,' and all these people think this means that being homosexual is wrong, but it isn't so. What it really means is that man should not lay down with another man like he lays with a woman, meaning no penetration. That's where we've got it all wrong. That's how we spread disease. We can be intimate with one another, but there shouldn't be any penetration."

Mr. Gatsby was diagnosed in the early 1980's before HIV+ had a name. Now, 30 years later, he'd beaten the odds. He'd tried several different HIV+ medications over the years but was rarely 100% adherent. Most of the time he chose to abstain from medications of any kind. He enjoyed smoking marijuana every day but didn't drink alcohol. "Don't get me wrong, I was wild back in the day. Partying in the city in the 1970s, those were the days. I used to go to dance clubs every night. I knew all the spots. And I'd take anything I could get my hands on - acid, coke, mushrooms, poppers. I sure was a wild one, but not anymore. Now, I just smoke weed and surf the internet."

One day, several months into treatment, Mr. Gatsby looked at me and said, "You know I've got a Bachelor's degree, don't you?" I did not know that. In fact, the thought that Mr. Gatsby may have been a college graduate had not even crossed my mind, but apparently, he had a degree in accounting and economics. I knew that Mr. Gatsby had worked at a prestigious hospital for over 20 years, but I'd made the false assumption that he'd worked somewhere in environmental services, as a custodian or repairman. I realized my prejudice. This whole time Mr. Gatsby had been working in the accounting department. He went to work every day, sat quietly at his desk and attended to his responsibilities. His coworkers found him to be pleasant. A quiet man, he kept to himself but always shared a smile on his way into the office and wished everyone a good evening on his way out.

Working diligently there for over 20 years, he rarely took a day off of work for illness or holiday - the ideal employee. Until one day it came time to share his special knowledge with the world. You see, Mr. Gatsby wrote everything I previously explained about tidal energy, tribe homosexual and Star Fleet Academy in an email and sent it to the entire city hospital system - not just to his hospital but to the entire city hospital system - one of the largest in the country.

And the following day, Mr. Gatsby went to work. As usual, he greeted everyone and sat down at his desk, but soon he was surrounded by hospital police who immediately escorted him to the inpatient psychiatric unit where he was held for several weeks. He initially refused psychiatric medication but eventually relented as he realized being compliant was the only way he would ever be set free. He was eventually released but had lost his job and has been unemployed ever since. That was 5-6 years ago.

As soon as he returned home, he stopped taking all prescribed medications. He was placed on public assistance and disability. Part of his release plan included attending outpatient psychotherapy sessions at a nearby clinic, so he met with a psychologist weekly and psychiatrist monthly but continued to refuse medication. After a couple of years, he tired of treatment. He felt the mental health professionals weren't really listening to him and were only concerned with his treatment adherence. "Every session they'd asked me why I didn't want to take my medications, both the HIV+ and psychiatric ones. I've never believed in taking medication. And how can I trust the government after what they did to me? I worked for them for 20 years, and this is how they repay me? I think their medications are poison. It's those medications that are making people sick." He eventually stopped attending sessions and ceased to answer phone calls. His case managers showed up at his home, and after asking them to leave him alone on several occasions, he stopped coming to the door. He rarely left his house, afraid of even going out for groceries, fearing he'd be ambushed, terrified they'd lock him away again. Then one day, his nightmare became true. After exhausting efforts to reengage Mr. Gatsby in treatment, his case managers called in Mobile Crisis. Mobile Crisis is a team of psychologists, psychiatrists and social workers that travel into the community to patients' homes, often accompanied by the police, with the hope of bringing patients back into treatment. They assess the patient's risk of harm to self or others and if deemed to be at risk, the patient is removed from his home and brought to the hospital. In Mr. Gatsby's case, he wasn't actively threatening suicide or homicide, but because he was HIV+ and refusing medication, he was deemed to be a danger to himself and due to psychotic thought processes was felt to be without the capacity to make his own medical decisions.

It was at this time Mr. Gatsby was taken to the hospital where he incurred the viral infection that affected his brain, leaving him with hemiparesis. He was suffering from pneumonia, which was able to be treated, but as he'd contracted this virus during his stay, he felt he would have been better off had he never been forced into treatment. As soon as he returned home, he discontinued all prescription medications, left the clinic altogether, moved without a forwarding address and became increasingly isolated. With

no family or friends, Mr. Gatsby spent most of his time locked in his home, smoking weed, working on his blog and chatting with other "conspiracy theorists" (his words, not mine).

After more than a year, he was feeling lonely and decided to seek out treatment again. It was at this time he came to our clinic. I did not meet with him for the initial intake evaluation, but the social worker who did experienced difficulty obtaining any personal information or history from Mr. Gatsby. Unable to complete much of the psychosocial, she wrote, "Patient says his mission is to bring tidal energy to the world." The diagnosis simply read, "Schizophrenia." Mr. Gatsby agreed to see the psychiatrist for an evaluation but refused any medications offered. He was referred to me for individual psychotherapy and agreed to meet weekly for 45 minutes. He also agreed to continue to meet with the psychiatrist once a month even though he refused medication. Our psychiatrist was a quirky man himself, who allowed Mr. Gatsby to speak freely about his ideas. In fact, the psychiatrist refused to diagnose him with Schizophrenia or Delusional Disorder, stating that Mr. Gatsby wasn't much different than some of his friends. Knowing the patient refused medication, he chose to broach the subject every few months to see if Mr. Gatsby might be open to the idea once a stronger rapport had been built. Mr. Gatsby continued to refuse, saying, "I know what you're up to, Doc," with a friendly smile and a chuckle. He attended our appointments every week, never missing a session. As the months went by, he began to share more and more personal information, bit by bit, but only after speaking about tidal energy and Star Fleet Academy for at least 30 minutes first.

I also met weekly with the director of mental health at our clinic, as he was conscientious of staying abreast of the progress of clinic patients and addressing any high-risk patient issues. As I discussed Mr. Gatsby with my supervisor, he insisted that I address treatment adherence issues with the patient every session, and of course I was to write, "Patient continues to refuse HIV+ and psychiatric medications" at the end of every note to ensure the hospital was free from any liability. Mr. Gatsby was thin, and I was concerned about his health, but because he refused to sign a release that would allow me to communicate with his medical provider, I couldn't be sure of his T-Cell count and viral load. He insisted that he met with his primary care provider (PCP) every 6 months, which seemed odd to me as our medical providers met with patients once a month, especially if the patient's viral load wasn't under control. After almost a year of working together, he reported that he recently saw his medical provider and his T-Cells were low. "She said they're almost to the point of no return," as if this were good news. "You see, part of my mission is that I need to pass on, so that I can come back and bring tidal energy to the world. I've been waiting for this for so long. They always tell me I'm a slow progressor. I want to progress quickly, dammit, not slowly!"

At this point I became very worried. If Mr. Gatsby's T-Cells were really low, he was at serious risk. Perhaps I did need to be more active about broaching the subject of medication at every session, instead of just periodically. I knew what the previous treatment team had done, and now I understood why. How could I allow this sweet man to allow himself to die, so that he could carry out out this delusional plan? But at the

same time, I felt we had developed a trusting relationship and didn't want to do anything to put the relationship at risk. I became increasingly more anxious, continually consulting the psychiatrist and my supervisor. I consulted with the head of our Mobile Crisis team, who pointed out that the whole purpose of Mobile Crisis is to bring people into treatment who have dropped out, to engage them in medical and mental health care, but Mr. Gatsby was engaged in treatment. He attended our sessions every week and reported having the same PCP for over 10 years. What else could we do? If he refused medication, it was his right to do so.

As the weeks moved on, our sessions continued in much the same way - talk of tidal energy and tribe homosexual - but the aspect of being a messianic figure increasingly came to the fore. My supervisor continued to insist that I put pressure on Mr. Gatsby to be adherent to all treatment recommendations, including medication, and discussed the possibility of admitting him into inpatient medical care by force. I continued to consult. I spoke with the director of the HIV+ clinic and research center of a nearby Ivy League university, who gave me her personal cell phone number and encouraged me to call her at any time to discuss this case further. I consulted with colleagues, who consulted with their colleagues and returned to me with their replies. The more clinicians I reached out to, the more solid I felt in my stance. The clinicians all agreed that the relationship was above all most important. This patient needed to be able to trust, so that he may feel free to speak, and I could in no way betray this. He was engaged in treatment, and if he refused medication, it was his right to do so. The fact that he had previously been forced into treatment and subsequently left care altogether once released, solidified that this pattern must not be repeated. What good would it do this patient if we forced further medical intervention upon him? He'd eventually be released and once home, would again discontinue the medications. He would drop out of treatment, just as he had previously, and in the end, would have no care at all.

So I continued in much the same way, and he continued to attend sessions every week. What ended up happening was this: one day, when he made a frustrated statement about being a slow progressor and wished it wouldn't take so long to fulfill his mission, I let him know that while I understood the importance of his mission, I wasn't in a rush to see him go. I enjoyed talking with him each week and looked forward to our sessions. "So, I'm glad you're a slow progressor because I'd like to keep you around as long as possible." And it was true, Mr. Gatsby had become one of my favorite patients, and I looked forward to our sessions every week, Thursdays at one o'clock.

A few weeks later, Mr. Gatsby brought in his lab work. He'd previously told me he had an appointment scheduled with his primary doctor and sure enough, the lab work proved he had seen her last month. He mentioned he meant to bring the lab work in several weeks earlier but kept forgetting, so he thought it might be easier if I could just speak with her directly from now on and agreed to sign a release. And what a relief when the lab work showed that his CD4 count was 277. Although he had been HIV+ for over 30 years, Mr. Gatsby had never dipped down below the 200 mark and had therefore never had AIDS. "The doctor was telling me I'm getting close to the point of no return, the point where I'd have AIDS, and she's trying to get me to take the medication.

But she said she's not too worried because I'm such a slow progressor. Damn slow progress."

From that point forward I was able to consult with his primary doctor. Mr. Gatsby was in fact a very slow progressor. He also had Hepatitis C but besides that had no other major medical problems. He drank Ensure daily to aid with weight gain but was underweight nonetheless. He'd been refusing HIV+ medications for so many years that even though his viral load was in the thousands, his PCP only met with him once every 6 months. She said he never missed an appointment.

I felt relieved and increasingly comfortable with the decisions I'd made regarding Mr. Gatsby's care. We continued on in much the same way, until one day Mr. Gatsby came in for his regularly scheduled appointment but wasn't feeling too well. He was walking more slowly than usual, feeling a little dizzy, but still refused to use a cane. Instead he steadied himself with the handrail that runs the length of the hall, and this time he allowed me to hold the door open for him. He spoke of the usual plans to implement tidal energy and save mankind but was speaking more slowly and quietly than usual. I asked him how he was feeling and suggested we let a clinic doctor take a look at him. He insisted he was fine. I knew he had a good rapport with the psychiatrist, so I asked if I could call him in. He agreed, and the psychiatrist came to my office to evaluate him. Mr. Gatsby had experienced these dizzy spells before and reported they began after he contracted the viral infection that affected his brain. He insisted that he just needed to go home to rest and refused to see another medical provider. We were able to persuade him to allow the hospital ambulette service to drive him home, instead of taking the bus when he wasn't feeling well. The psychiatrist escorted him to the hospital entrance, ensuring that he safely boarded the hospital van. As the two were leaving my office, Mr. Gatsby turned to me and said, "Thank you for all you've done."

As you may have guessed, this was the last time I saw the great Mr. Gatsby, who had his name legally changed to that, by the way. He missed the next two appointments; I called and left voicemail messages. Then I received a call. The woman on the line explained she was Mr. Gatsby's landlord. She hadn't seen him in a while and was getting worried. She liked to keep an eye on him because he didn't have any family or friends around. Sometimes she'd bring him some soup or a plate of dinner. When she hadn't seen him in a few days, she decided to knock on his door, and when he didn't answer, she went in to have a look. "I found him laying in his bed. He'd passed away. But the good thing is he looked peaceful, like he'd died in his sleep. I called you because yours was the first number in his phone. And I just thought someone should know."

