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REFLECTION

To Care and to Provide Care

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When I first started medical school, I expected my days to be filled with learning new things. I expected to relearn things I had forgotten and to understand why concepts I had previously learned were the way they were through the lens of a bigger, fuller picture. Empathy was one of the first tenets I picked up. I remember sitting in an orientation, my hip-length, freshly-pressed white coat over the black dress I had chosen for the occasion, and the coat emblazoned with my first and last name and my middle initial. The speaker had my heart strings in his hand.

He was a septuagenarian by my estimation—warm and amiable; the kind of physician I admired. He talked about the importance of truly caring about our patients as we cared for them, and it was fitting for me to be reminded of what I already knew and believed and yearned to practice. Crossing the stage later that day at our White Coat Ceremony, I repeated the word *empathy* under my breath as I was officially coated, the white coat taken from my hand and was held up while I pushed my arms through it till it covered me once again. I repeated the word that I might never forget the kind of doctor I needed to become.

Then, the first year of medical school began. I remember standing in a middle-aged man's room surrounded by upperclassmen, listening to the questions they asked to collect a good history. As our patient spoke about his cancer, and my upperclassmen responded, I thought about how many workdays he had cut short for medical appointments and how many times he had smiled through his pain. With two small children at home, I wondered how many times he had pushed through discomfort to preserve sick days for the childhood ailments they brought home with them. And the strings of my heart tugged and twisted, and I ached to do something to help him get better and to make his life easier. I listened as the third-years and fourth-years formulated a plan, while taking the time to educate me on its proposed efficacy.

A year passed. As a second-year medical student, I began to enter patient rooms on my own. Armed with a checklist of questions that would give me a good history, the space my musings once occupied gave way for differential diagnoses and mental rehearsals of physical exam maneuvers I needed to perform. My thoughts darted back and forth from my patient's history to my plan for the patient to my assessment, putting it all together as the patient spoke so I could present my findings to the attending physician evaluating me. And empathy shifted from its foremost position in my brain to the corners of my mind where I never thought it would drift on its own.

One day as a second-year, I met a 2-year-old boy who had been born to parents struggling with heroin addictions. No prenatal care, his mother had given birth to him at home and brought him to the hospital. I stared down at the cluster of erythematous papules and clear vesicles on the flesh innervated by the ophthalmic branch of his trigeminal nerve for the task I had been given, to elucidate the etiology of his disease. The child lay supine on the hospital bed, his arms beside his face on either side, sleep thankfully sparing him the agony of what I would later learn was herpes zoster, a virus that rarely affects the faces of children in the USA because of prenatal care. I thought long and hard about what the painful rash could be till I had no room in my brain to be moved for the child, to muse on his predicament—that he awaited foster care placement and that the chair by his bed had been empty since the day he was admitted. All I could think about was remembering what the rash looked like and to identify it if I ever saw it again.

At a different hospital on a different day, I stood over the bed of a man whose leg had been surgically amputated below the knee the night before. His pain was tangible when we walked in. Yet, I could not help that I could not help but wait, almost with bated breath, for the resident to lift his blanket that I might look upon such a wound hours after surgery. Leaving his room, my body felt heavier than when I walked in; my

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curiosity satisfied by examining the tape covering the man's stump. At the nurses' station, I said something about how sad his case was to my team, partly to assuage the guilt I felt and partly because there, we learned he also needed a wearable external defibrillator.

Another time, I met a young man in another hospital with a breathing tube in his nostrils for his cystic fibrosis. I remember the resident employing the sternest voice his bedside manner permitted to admonish the young man about compliance with his new medication. The resident was so convincing that putting myself in the patient's shoes, I could not see why the young man needed the lecture. Later, at the nurses' station, conferring with our patient's primary doctor, he was nowhere near as impassioned as we were. "He's tired of trying the latest and greatest," his doctor said to us. "After so many years of different medications and the same symptoms, he wants something that will work and not overwhelm him with a plethora of side effects." I swallowed my impatience and indignation and realized I had not been standing in his shoes after all.

Weeks and months have passed since then. Reflectively, I have found that my first instinct walking into the room of a patient with cancer or any other condition has become to learn first about their disease, how their cells and tissues manifest their conditions, and how their bodies adapt to it, all before I consider what their lives outside the walls of the hospital are like, if I find room to at all. As a medical student who does not engage with insurance companies, who would more than likely never be named in a malpractice suit, and who has spent a considerable amount of time without the white coat, wondering if I would be heard by the doctor I was seeing or if I would be an algorithm, the sum total of my presenting symptoms and demography, I often wonder whether I am journeying toward becoming an empathetic physician in the right way.

I am comforted when I appreciate that I am learning to provide care. When a patient tells me that her daughter was diagnosed with granulomatosis with polyangitis, my mind settles on PR3-ANCA rather than on how her daughter handled losing her hearing, or the fear their family experienced watching her gasp for breath all of a sudden; I make peace with—or strive to—my quest for the attainment of knowledge that will make me a capable physician.

I cannot stray from the kind of doctor I need to become—a doctor who cares. When practicality usurps my expression of empathy, I can still choose to care. I can choose to be sympathetic and empathetic to the patient sitting in front of me, remembering their humanity, remembering my own. To care and to provide care, two blades of a ceiling fan moving in sync, the same one leading and the same one following.