From Patient to (Student) Doctor

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Growing up as someone with a chronic illness is pretty interesting, to say the least. My normal was quite different from the “normal” that most kids experienced - in fact, my normal was not really normal at all. But outside of my medical challenges, I was just your average goofy, nerdy, awkward kid throughout my life. I enjoyed hanging out with my friends and family, going to the park after school every day, and anything and everything that had to do with Pokémon cards. I don’t mean to brag, but I was pretty much a big deal in the Brooklyn Pokémon Trading Card Game Tournament realm (just kidding, I got wrecked at every tournament that I went to). But as much as I would love to go on and on about my glory days as a real-life Ash Ketchum, I must digress to the actual focus of this article: how growing up as a patient my whole life has inspired me to traverse the exam room to the other side of the table and train to become a physician.

To start, I am just going to give some background on myself before I delve into anything further. At about 7-months-old, my parents noticed the first of countless tumors on my ribs. After numerous doctor opinions later, I was diagnosed with a rare bone disease called Multiple Hereditary Exostoses (MHE). MHE causes numerous cartilage-capped tumors to grow from head to toe. I have this disease to thank for over 200 tumors, over 30 surgeries, and cancer all by the ripe age of 24 years old.

Despite my apparent normalcy, my childhood was pretty much everything but. Growing up, I saw doctor after doctor and got image after image after image. Not a month went by without some sort of appointment, imaging, and/or surgery related to my disease. However, as a child, I weirdly enjoyed the routine - I simply did not see any negative in all of this because it was a foolproof excuse to get out of school for days on end (even though I am a self-proclaimed nerd now). On top of that, constantly being in and out of hospitals gave me plenty of opportunities to guilt my parents into letting me get McDonald’s chicken nuggets and apple pies more often than any human should be legally allowed to. So, needless to say, I thought I was living the life.

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In reality, however, while living the #nuglyfe did have its perks, it was just a way to distract me from what was really going on. Because of MHE, a large part of my childhood was spent in the waiting rooms of doctors’ offices and in hospital gowns waiting to be wheeled into operating rooms. Growing up in various hospital ecosystems thrust me into the depths of the medical realm from a very young age. Although I was a bit scared of having to go to doctor after doctor, seeing everything that they did for ultimately turned them into heroes in my eyes. Whether it was being a friendly face to talk with my parents, removing tumors to help alleviate pain or mobility problems, or just being available to lean on, my doctors were everything to us. As a child, I looked at this whole experience pretty much as my own kind of Marvel movie. In my head, MHE was the evil villain, my doctors were the heroes sent to vanquish it, and medicine was their weapon of choice. They saved me from the pain and suffering caused by this evil villain time and time again. Having grown up around these magical healers, becoming a doctor was just the next step in what became a natural progression for me. These wizards were able to alleviate my suffering with a flick of the scalpel, and I could not wait to one day join their mystical ranks.

As a patient, I learned a lot about myself and my body. The human form is so complex and self-sufficient. There are so many working parts that it is a miracle things go right as often as they do. Yet despite its near perfection, the body cannot escape the natural chance of error. Having learned this firsthand through my disease, my interest in medicine and how the body worked was piqued from the start. Having been treated at some of the country’s best orthopedic centers, I met some fascinating people just while sitting in waiting rooms. Some of these people include a 4-year-old girl with an external fixator screwed into and around her leg and a 10-year-old boy with an arm almost 18 inches too short. The people I met and things I saw throughout my time spent as a patient really exposed me to a huge range of different diseases, and it got my heart from the start.

Throughout elementary and high school, I was absolutely fascinated by the human body and how it worked. This fascination was ultimately the spark that ignited my desire to enter the field of medicine, a desire that only grew stronger with each passing year, passing tumor, and passing surgery. I received my undergraduate degree in Biology, followed by a post-baccalaureate program where I took medical school-level classes. I loved every second of it (besides physics, who needs that #amright). My love for science further confirmed to me that medicine was the right field for me. Armed with a background deeply entrenched in the sciences and a passion for helping others, I applied to medical school in the summer of 2015. The road to medical school had officially begun.

After graduation from college, the post-bacc program, and about 7 months of working in an immunology lab at MSKCC, the day I have been dreaming of my whole life arrived. It took a bit longer than I anticipated, but after a lot of work, tears, and stress (plus an extra application cycle or two), my dream finally became a reality. During a morning bathroom break at work, I got a little beep on my phone. The notification was a new email from Creighton University School of Medicine. I started to have ~premature ventricular contractions~ (aka my heart skipped a beat). “I’m not supposed to hear back until next week! Ugh why did they have to reject me today and ruin my weekend? How selfish of them. I hated Nebraska. Midwest nice? NY mean is better anyway. Go Cats,” I thought. To my happy surprise, I opened up my inbox and saw the subject: “CUSOM Offer of Acceptance” and I. Absolutely. Lost it. I screamed “GAHHH” at the top of my lungs, burst out of the stall, and sprinted out to tell my boss the good news. After stumbling through my words, I put in a notice that I was going to quit very soon. It was surreal: I did it, I was going to be a doctor!

Fast forward 8 months to August 1st, 2018. I have finally arrived for medical school orientation. “I MADE IT” was going through my head for like three days straight. It truly was a surreal experience and I was absolutely THRILLED to be there. Needless to say, I was living the good life. I went through the following year in a daze; boy, did that first year kick me in my gluteus maximus. I felt that ALL of the information and emotions came just as fast as they went. At some points, I was humbled and amazed by the things I was learning. At others, I felt stressed because I could not learn even a quarter of the things we needed to learn in time (lol shoutout @anatomy). Other feelings included elation to be in med school, sadness to be away from home, frustration about my medical problems, and happiness because of my amazing group of friends at school. At any given moment this past year, I was feeling a combination of all these emotions. If I had to give a name to the emotional rollercoaster that this past year has been, I would have called it Kingdom Ka-whatthehellisgoingon, but I honestly would not trade my ride for the world.

This past year has been, surprisingly, the most enjoyable of my life. Although it took some adjusting to get used to the Midwest, I eventually felt right at home. Who knew people could be nice and genuinely smiling all the time, even those taking your order at Taco Bell? Yes, it was a lot of studying and it was very stressful to get through at times, but I was lucky enough to have an awesome class and a very fun group of friends.

Despite the fun I had, this year has also been one of the darkest years of my life. If you were to ask anyone that knows me, they would probably describe me as the happy-go-lucky kid that was able to dive deep into the trenches in daunting battles against disease and come out on the other side unscathed. But in reality, there were times where I had never felt further from well. These instances happened more times than I would like to admit.

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This past year has been very rough, both physically and mentally. To be honest, it was the most stressful, darkest time that I have ever faced. I felt like it was time to address it. The more comfortable I get with my own struggles, the more I feel like mental health is something that should be talked about in the open. It seemed taboo to mention my struggles to others because I was afraid they would just look at me as crazy and/or treat me differently. It was not necessarily the shame or fear inside me that prevented me from saying anything, but rather the stigma inside others. This is simply not the way it should be. So now, I am going to lay it all out on the line in hopes that it makes people more comfortable to talk about mental health. This will hopefully also help clear things up in my own head a bit in the process.

So as previously mentioned, MHE really did not affect me too much growing up (outside of the physical manifestations of the disease). But as I got older, mental struggles were thrown into the mix. I have started to realize the true impact of my disease and, quite frankly, it scares the hell out of me. Questions race through my mind daily. Some were small: What if I go to my intramural volleyball game tonight and my hip locks up? Will it cause a limp? What if people realize what is going on and start treating me different? What then? Some were a lot bigger: What if I have biological children and they inherit this disease? Will I be able to live with myself passing this disease on? Are there any tumors growing? Oh yeah there’s one on my foot. How big is it? How much has it grown in the past month? Is it malignant? Will it stop growing soon? Will these tumors ever stop coming?

That last question is something that is a permanent fixture in my mind, like those ominous chandeliers that flicker in horror movies. Throughout my childhood, I was always told that by the time I was 18 or 19 and stopped growing, the tumors would stop growing as well. However, here I am at 24-years-old and finding new tumors every few months (and God knows my 5 foot 6 and ¾ inch-tall self stopped growing YEARS ago). The most recent problematic one that popped up was a growth on the bottom of my foot, bringing with it the pain and frustration of walking around with a walnut-sized rock at the arch of your foot. This new one knocked me off my literal and proverbial feet time and time again.

Although it may not make sense to most (and as I write, I realize how ridiculous it must sound), sometimes a bump that is particularly worrisome to me can take on a personal importance of its own. “My friends and I are never leaving you; we’ll be around for the long-haul,” the tumor would taunt with every step I would take. My sanity and mental well-being were held hostage by the pain and the thought that my problems caused by MHE would never end. How do you silence such a voice? It’s simple, go in and have another surgery to remove it. At this point, it is a routine: have pain find tumor causing said pain have surgeon cut out tumor go to PT for a bit wait for the next tumor. But how do you silence a voice when you cannot afford to take the time to take care of these tumors anymore? That answer is also quite simple: you can’t. This incessant voice is something that, as I get older, gets louder and louder. It weighs more and more heavily on my mind and, at times, is something that I feel like I would do anything to silence.

As an adult, it is hard to find time for surgery and rest because now, instead of just missing lessons on nouns and state capitals and counting to 30 in Spanish, I am missing things that I cannot make up for. My life does not accommodate for any bumps in the road anymore, and all of this really takes a toll on me. Pain, fatigue, and stress from my mind, and, at times, is something that I feel like I would do anything to silence.

To help people understand what “became a problem” means to me, I came up with an analogous scenario to paint a picture. Here we go:

It’s a beautiful, hot, sunny day out - 75 degrees, no humidity, and not a cloud in the sky. You want to do something outdoors since it’s finally the start of summer but don’t really want to deal with your annoying kids or your family/friends. So to take advantage of this perfect weather, you decide to sneak out early in the morning and go out for a ride on your boat alone. It’s a twin-engine, 33-foot speedboat named “Usain Boat” and, as the late Steve Irwin would say, it is gaaaaawgeous. Ahhh, how nice, right? You get out into the bay and the water is as calm as you’ve ever seen it. You think “Wow, this water’s like glass,” and decide to push the boat a bit to test out those twin bad boys. You go a bit faster and a couple miles farther than you normally do, feeling the wind in your face and the sun on your back. “This is perfect,” you think to yourself.

Then about 20 minutes into your cruise, you start to feel the boat hesitate a bit out of nowhere; one of the engines starts stuttering, makes a weird loud pop, and abruptly gives out. “Well, okay, I don’t need to call anyone quite yet, I still have one more engine running, right? I don’t want to worry anyone else. They’re all probably asleep anyway. I’ll be alright,” you think. You decide to push it a bit more. You test out that lone engine and go even farther out into the ocean, determined to let nothing ruin your perfect day.

Another 30 minutes go by and things are going alright. At this point, you are really, really far out. At this point, you no longer have service on your phone or radio. That “Cool Clean Vibes” playlist you were rocking out to on Spotify stopped because you were too cheap to spring for that Spotify premium account. Then all of a sudden, you hear the second engine make that ever-familiar stuttering sound, a pop, and then it gives out. “Wait what, that wasn’t supposed to happen. This boat is brand new, top of the line. Why is it giving out on me? This weather’s great. This was supposed to be a perfect day. What’s going on here?” you think. You are stuck, stranded out in the middle of the ocean alone with no lifelines while everyone is back on shore, thinking you are just fine and comfy in your cozy bed, not even imagining the turmoil that you are in. “Why couldn’t you just stay closer to shore? You could have easily called someone and reached out for help if you didn’t go this far out. Idiot, now you’re screwed!”

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To make matters worse, after a few minutes, a dark cloud starts approaching fast. It begins to thunder and rain like no other - the kind of thunder that no number of Thunder Buddies and no amount of Taco Bell could help you get through. Your boat, built for speed and not storms, starts to take on a little water as the rain starts to get even worse. Thankfully you were smart enough to bring a cooler with you to keep your Bud lattes cold, so you dump out the ice and drinks and start using the cooler to scoop water out of the boat. For a little while, you are able to take advantage of all those arm workouts you’ve been doing and dump water out of the boat as fast as it comes in. You are just able to manage. You start to think how maybe, just maybe, you can just wait the storm out and hope that, somehow, at least one of the engines magically starts up again.

But after a little while, Poseidon is like “Na sorry bruh,” and the storm gets worse. To top it all off, your arms start to cramp up because you are so dehydrated - you’ve drank nothing but Bud lattes all morning. So little by little, the water level rises inside the boat cabin until it floods over into the cockpit. It is getting bad. Simultaneously, the storm progresses even further, and the ocean swells are starting to get bigger and bigger. However, you fail to notice because you are too busy desperately trying to keep your boat afloat. You are so preoccupied that you do not even think to put on a life jacket just in case things get even worse. Soon enough, the swells grow big enough and flip the boat. You are thrown off the boat into very rough waters. You are all alone, being tossed around in a violent sea, with no one else even knowing that you are gone. The perfect day that you were so excited about merely moments ago turned out to be the perfect storm.

Sometimes, I am in a scenario similar to the one above; I’m out enjoying the beautiful weather without a care in the world and then boom, the engines start stuttering and a heavy storm rolls in. Sometimes, both engines go out simultaneously, but other times not at all. Sometimes, the storm comes in and flips my boat within seconds, but other times I am able to wait the storm out safely and get to shore. Sometimes, I do turn back after the first engine goes down and I am able to call and get help. Other times, I am so busy trying to figure out why that first engine went out that I forget I even have a phone to reach out. Sometimes, I am lucky enough to have woken some people up to take the ride with me and there are people on board when these complications start to arise. Other times, I am all alone. Sometimes, I am able to remember to put my life jacket on and ride with the waves until the storm passes. Other times, I am tossed off the boat without one, left to till in the violent sea until I am too tired to battle the cold waves as they pull me under.

Before medical school started, I would never have said that I struggled with my mental health - or at least if I did, I never fully acknowledged it. Both engines always seemed to be firing on both cylinders. However, being around people that are dedicating their lives to helping others has somewhat normalized talking about mental health - a notion made even stronger by the modern societal movement of acceptance and normalization of the topic. Throughout my life, I have never really been one to outwardly show or admit that I am struggling with absolutely anything, be it physical pain or mental struggles caused by MHE or figuring out how to do laundry for the first time. I don’t think I feared the stigma or shame surrounding mental health; I have always just been too proud. “I can get through this; I’ve been dealing with this stuff my whole life. I’m fine. I got it,” I would say to myself. But this past year has taught me that recognizing your struggle is the first step in overcoming it, and writing this has helped prove this point to myself.

Although I may never fully get beyond my problems, I have been able to make progress in coping with them. That is something I am proud of. Whether it is finding some sort of creative outlet to detox myself of negative thoughts (like writing this), talking with a trusted individual about what is weighing on my mind, or doing anything else that helps put my mind at ease, I have been making a conscious effort to achieve wellness.

This past summer, I lived in Florida to have another surgery and to do research with some of the surgeons that have operated on me. It was a truly humbling experience. But outside of work, I spent plenty of time alone pondering life’s questions. At times, this would put me into a bit of a mental hole. Struggling with something while being physically isolated hundreds of miles away from family and friends does, in fact, make the storms a bit worse when they roll in. However, this summer has taught me that if you look hard enough, there is always someone or something that can help. These past 7 weeks have forced me to be more proactive about my mental health and about figuring out ways to cope. I hope to come up with strategies that truly work for me so that even at times when both engines go out, I can stay afloat until the storm clears up.

Through my struggles with illness, I have learned that there are always going to be bumps in the road. Those bumps could be MHE, anxiety, panic attacks, some other mental or physical illness, or even just a bad day at work. But the fact is, these bumps in the road are just that: little bumps. They are struggles and obstacles that may be rough, but they are preceded and followed by smooth paths of hope and stability.

Throughout my life, I actively fought against my physical problems caused by MHE. Back in 2006, my family and some other families affected by this disease started the MHE Research Foundation (MHERF). The goal of this organization is to raise money for research to cure MHE, spread awareness of the disease, and advocate for families suffering from it. Through the MHERF, a lot of progress has been made in research for the cure, culminating in a clinical trial for a drug called Palovarotene. This drug is essentially a cure for young MHE patients that have not had much tumor growth. This drug ultimately slows down and even fully halts tumor growth, preventing any of the associated pain and immobility. It really is a dream come true; if this drug were approved and go to market, it would mean that many people suffering from MHE would no longer have to worry about bumps popping up again. To make it even sweeter, it means that I can have my own children relatively guilt-free. So thankfully, a lot of progress has been made in the realm of treatment, and that is something I am very grateful for. But as I get older, and the physical problems caused by MHE (hopefully) begin to plateau, I now have to address the mental toll it has taken. I feel that writing this article was a great starting point to do so.
Through my experiences with the MHERF, online support groups, and the Paley Institute - which treats the largest MHE patient population in the world - I have had the pleasure and privilege of meeting countless MHE patients. While MHE is statistically quite rare, I would have to say that encountering someone with as much fortitude and strength as some of the patients I have met is many times rarer. We are some of the most unique, strongest, and resilient people out there. Although at times dealing with tumor after tumor can feel very isolating, it is also something that can bring people together and help form a community like no other. For my fellow MHE patients that may be struggling with these bumps - in both the literal and figurative sense of the word - I want to end with this one message: we are stronger than this disease. In no way, shape, or form does it define us. We define who we are and how we handle these struggles. We can weather the storm, no matter how long or how brutal it may be. We will fight, we will adapt, and we will overcome. We are warriors.

Continuity of Care

Haley Schuster, M3

As an M3, I have experienced how rewarding it is to be in the clinic and on the wards. However, the third year of medical school isn’t the only time a medical student can have fulfilling clinical experiences. As a testament to this, I would like to share an experience I had during longitudinal clinic last year. This experience can be characterized by the phrase “continuity of care.”

Last year, I was assigned to be with an OB/GYN physician every other Thursday for longitudinal clinic. If I am being completely honest, I wasn’t excited with this assignment at all. Since M1 year, I have been very interested in psychiatry. Now this may sound a bit narrow-minded, but I had no interest in OB/GYN. Looking back on my experience in longitudinal clinic, I can say that my thoughts on pursuing OB/GYN haven’t changed… and THAT’S OK. However, I liked it a lot more than I thought I would because of one patient in particular.

Within the first month, I met a patient who came to the clinic to inform my preceptor that she and her husband were going to start trying to get pregnant. It was her first pregnancy and she wanted basic information on what vitamins to take, as well as any other advice my preceptor had to ensure that she could have a healthy pregnancy. She was very bubbly and clearly excited to get pregnant. Otherwise, our first encounter wasn’t particularly notable, but I do remember leaving the exam room feeling happy for her and her husband. Her excitement was contagious.

I’ll admit, the downside of being in clinic one afternoon every other week is that it can be challenging to keep track of patients. Your ability to follow up with patients is hit-or-miss. The next time I saw this patient was in December, the last longitudinal clinic I had before Christmas break. Both she and her husband were in the room… and she was a little less than half-way along in her pregnancy! I was so happy for them and the patient was just beaming.

I didn’t see the couple again until the end of January. By this point the patient was halfway through her pregnancy. They were having a little girl! The appointment started just like any other from my experience in longitudinal. I would first see the patient on my own. This initial encounter involved me getting a history, seeing how the patient was feeling, asking about the baby’s movements, and addressing any other concerns that she brought up. Then, I would measure fundal height and use the doppler to listen to fetal heart tones. After that, I’d leave the room to present to my preceptor. However, when I was measuring fundal height, the husband was making light conversation and said he liked my ring. He was referring to the ring I wear on my right hand every day.
Now here’s the story about that ring: it is an abstract shape that looks like it could be a flower. It’s very dainty with a small stone in the center. It’s also very old. My mom’s grandparents gave it to her when she was a small child as a baptismal present. The stone is my mom’s birthstone. It was never meant to be worn as a ring; rather, it was put on a string that was tied around my mom’s ankle for baptismal pictures. I’m very proud of my ring and its sentimental value, so I proceeded to ramble on and on about the way this ring came to be in my possession. My mom hadn’t seen the ring in years. It had somehow wound up in my dad’s possession after my parents got divorced and no one realized it until we were going through my dad’s things when he passed away. My maternal aunt was with me as I was going through things at my dad’s house when she suddenly let out an exclamation. That was when I learned that ring wasn’t my dad’s, but my mom’s. My aunt had a ring just like it when she was young. Being a rather sentimental person, I appreciated the story quite a bit. I tried it on, and it fit perfectly. I’ve worn that same ring every day since. I am very fond of it. So much so that I went on a long tangent about my ring to this poor patient and her husband. Embarrassed of my rambling, I proceeded to get very quiet, duck my head, and mumble something along the lines of “thank you for asking” in an attempt to save myself from the terribly awkward sensation creeping up on me.

However, when I looked up, I noticed that both of them were beaming back at me. They met my excitement, and not in a patronizing way. They were genuinely excited that I shared my story. Then they proceeded to tell me the story of her engagement ring and wedding band. They were her grandmother’s. Somehow, the patient got a hold of these rings when she was seven years old and wore them around her neck for years. She had no idea that they were a wedding set until she and her husband got the rings appraised. The rest was history. They got the rings re-sized and she has worn them ever since.

What a small world. That was such a specific thing to connect on, yet we did. The rest is history. Since then they opened up to me and I opened up to them. We talked quite a bit and I got to know them quite well. In addition, they started scheduling all of her appointments for Thursday afternoons when I was in clinic. Now THAT was cool. For the first time, it felt like I was making an impact on a patient’s life. I was making an impact on MY patient’s life.

As her pregnancy progressed, I progressively grew more excited to go to my longitudinal clinic. Every other Thursday afternoon, I got to see MY patient. Then one week, I got to my clinic and my preceptor had news for me. My patient and her husband invited me to be a part of their delivery! Immediately, I was overcome with excitement. All the while, my preceptor was explaining how she told this couple that I would be busy studying for Step and I might not be able to be present for the birth of their daughter. My preceptor had explained to them that my longitudinal clinic assignment ended before her due date and it wasn’t required of me to be there. No, I already decided… I had to be there. I reasoned that this would be a great break from Step studying and a perfect opportunity to experience continuity of care. I met this patient before she was pregnant, I had the amazing opportunity to follow up with her and her husband throughout her pregnancy, and now they want me to be there for the birth of their first child. We were going full circle and I was honored.

Fast forward to May 14th. Step is three weeks away and I am in the thick of it, studying away and just praying that all of my studying will pay off. Then I got a call from a nurse at Immanuel saying that a patient arrived and wanted me to be informed. Today’s the day, MY patient was going to have her baby. The nurse said she would let me know when MY patient was further along in labor so I wouldn’t have to be at the hospital all day. A couple of hours later, I got the second call. Time to go. I hurried over to Immanuel and up to the patient’s room. Her husband greeted me with a “Well Miss Haley, we finally have everyone here. Let’s get this party started.” Both my patient and her husband were so grateful that I was able to make it. I was equally grateful to be given the chance to be there.

What I witnessed next was absolutely beautiful. My patient was in high spirits and pushing like a champ. Her doting husband was waiting on her hand and foot, providing any support he possibly could. They were happy, excited, and SO very much in love. It melted my heart. This continued for the next couple hours until they welcomed little Miss “Harper” into the world. A beautiful baby girl who was healthy and absolutely perfect.

Longitudinal clinic didn’t make me into the next budding OB/GYN, and that’s OK. Instead, it reminded me of what I love about medicine - the patients. M1 year is scary, M2 year is hard, and M3 year has crazy schedules that are constantly changing. Imposter Syndrome will make you question your worthiness to even be in medical school. Everything is stressful, but the patients make that struggle worth it. This experience has shown me that, no matter how far along you are in your education, you can impact the lives of patients. On the flipside, patients will impact your life as well. This couple showed me how much I truly enjoy continuity of care. They allowed me to be a part of their life as they welcomed their first child into the world. I don’t think I’ll ever forget them or the experience they gave me.
“Orar” he whispered quietly. “Pray.” My attending had just asked José* if there was anything else our team could do for him. The silence in the room weighed heavily upon us and underscored the graveness of the situation. The intern on the case replied to José’s request with a simple yes. “Would you like to have the chaplain stop by again?” the intern asked. José nodded his head in agreement. Our team turned to leave the room, but I held back and muttered that I would catch up with them later. I then asked the interpreter if she would stay.

I knew that faith was important to José. In the five days that I had known him, he had mentioned prayer several times. I wanted him to know that we understood this, and in this moment, I finally had an opportunity to do just that. The thing was, José was dying. He had cardiac amyloidosis, and his heart had become so congested with the protein that it was failing him. His valves were stiff and no longer closed, allowing fluid to flow in every direction. His body was overwhelmed as the fluid backed up and engorged his tissues, resulting in severe abdominal pain.

With all of this in mind, I turned towards José. “Can I pray with you right now?” I asked. He nodded his head. I went over and sat in the chair next to his bed, folded my hands, and bowed my head. I said a quick Our Father as I had been taught to do as a kid. José was silent during this, not understanding the English words spoken to him. I finished with an “amen,” and he softly repeated “amen.” A word we both understood. The interpreter translated what I said, and we got up to leave. My legs felt weak, and I was amazed by how nervous I felt in spite of how simple it was. José thanked us with a “gracias,” and the interpreter and I left the room.

As I left, I wondered if I had provided him with some comfort. Even though we did not speak the same language, I wanted José to feel like I understood him and what was important to him. I thought about all of the things I could have said. How I could have prayed in my own words to give José strength as he tried to understand that his life was ending. Instead, I stuck with a simple prayer, hoping that it was enough. I know how important prayer can be for patients. For many people, praying is what they do with their families and in their homes. Even when they are away from home, praying can provide an active link to those they love.

My own mother had been consoled immensely when a doctor sat down and prayed with her. At that time, I was three years old and in the midst of a seizure that had lasted for more than an hour. The doctors were struggling to get the seizure under control, and things looked grim. With nothing working, a doctor offered to pray with my mom. Throughout my life, she has told me how much comfort this gave her. She felt like the doctor understood her and was on her side. Now that I have begun my own journey into medicine, I have been determined to sit down and pray with those patients who want it, attempting to provide that same support my mom had. As I left José’s room, I wondered if my small act was enough.

One of the hardest things about José’s case was that it was a failure of the medical community. José had been seeing doctors for months, but he did not learn that his illness was terminal until the week before I met him. At that time, he was in the hospital, getting ready to be discharged, when palliative care was consulted to talk about goals of care. They told him what no one else was willing to: he was going to die. The problems continued after he was discharged home. He was so weak that he was wheelchair-bound and could not keep up with the different doctor appointments. To try and resolve this, José asked if there was a way for him to receive care at home. The palliative care doctor did what she could to set up this up, but the different home health organizations in the area said no. He had no insurance, and they were out of charity slots. After not receiving the care that he needed, José was back in the hospital and in very bad shape.

We, the medical community, had failed to care for José in his home, so now he was alone in the hospital, surrounded by people who could not speak his language as he struggled to accept his impending death. He was very far from home. In the face of this tragedy, I hoped that my offer to pray with José gave him some peace and a feeling of support. I knew that José had a long journey ahead of him as he struggled to accept the reality he was in, but I believe that with the right support, his burden could be shared by those who dedicate their lives to the care of others. As I carry José’s memory with me on my medical journey, I hope to support my patients and help them find peace while they are enveloped in the chaos of disease. I hope to help my patients find a home while they are away from their own.
I’ll start by disclosing my conflict of interest, I am a huge book warm. Reading is up there with lifting weights and watching basketball as my favorite hobbies. I’m a little on the boring side, I am aware. Nonetheless, reading is something that I love to do; I would argue it is one of the most invaluable things I spend time on. I am strongly in the pro-reading camp.

For starters, I generally just like to know stuff. It doesn’t matter what it is; if I am spending time on something, then I really want to get to the bottom of how it works. Books are a great way to do this. They are some of the most information-dense resources at our disposable. Authors spend hours and hours crafting their knowledge and expertise into resources that can be finished in very short amounts of time. Books give you a great return on investment.

In addition to that, books are generally super cheap! Almost all books can be free if you like to use the library. I am also a big fan of used bookstores, as older books are ones that have usually stood the test of time. Most books at retail price are even cheaper than a night out! At very minimal cost to yourself, you can gain access to in-depth knowledge on something you were previously ignorant about.

I haven’t even mentioned what I consider to be the best part yet. With reading, you can learn what you want to learn. That has always been a huge appeal to me, because in school you only really spend time learning about what other people want you to learn. That doesn’t often line up with what I care about, and I think rigid curricula often miss things that are exciting or worth knowing.

Now that I have convinced you about the greatness of reading, I would like to pivot to how to do it! We are in medical school and are the busiest we have ever been. It is very easy to write off reading as something we don’t have time to do. Since I feel that it has been so valuable to me, I would like to share some of the unconventional strategies I have used to keep reading in my life.

One of the easiest tricks to reading more is keeping a book on the nightstand by your bed. I have found it is much easier to wind down at the end of a long day by reading a few pages of a book than scrolling through stuff on my phone. I do think this is a better time to read something light, like fiction or a biography. There are definitely some types of books that are too interesting to use for winding down.

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Another good strategy is not being afraid to read more than one book at a time. Growing up in school, we had to take multiple classes at the same time and were able to follow each along successfully. You can definitely do this with reading too! For me this was one of the biggest game changers, because it allowed me to read whatever I felt like reading most on a given day. If I don’t feel like finishing a book I am working on, then I don’t have to. The last thing I want is for reading to feel like a chore. In the long run, this strategy has helped me read more because it keeps the desire to read each particular book intrinsically motivated.

Many books don’t need to be read in order. In fact, in a book I recently read called Why We Sleep, the author encouraged the readers to read it in whatever order best suited their needs. That is someone who is talking my language. This method doesn’t work very well with fiction or mystery novels, but it works great with nonfiction! I have picked up many nonfiction books, skimmed the table of contents, and skipped straight to the chapter I found most interesting to read first.

Now that I am getting pretty unconventional, I will compound the last trick with a plea to stop reading books you don’t like altogether. There is no way you will ever read all of every book you ever want to read, so having a “completionist” mindset about reading isn’t helpful. There is no need to punish yourself for the sake of finishing a book that you are only reading for yourself. The earliest I ever stopped reading a book was on the fifth page. I checked it out from the library, hated it, put it down, returned it, and never looked back. Not every book is meant for you, and that is okay.

The last big strategy that I have is probably one that many of you have tried before: audiobooks. The only bummer about audiobooks is that you can read faster than the speaker can talk to you. For me, this is generally offset by only listening to audiobooks in times where I wouldn’t have otherwise been able to read. Driving alone back and forth between Omaha and St. Louis is part of what helped me finish ‘A Song of Ice and Fire’ (at least up to what George R.R. Martin has written so far). I also find that I like listening to audiobooks when I am running, because it is easier for me to keep a steady pace to someone’s dialogue than it is with the changing pace of music. Both instances are examples of times I wouldn’t have been able to read. Thanks to audiobooks, I can now consume content that I enjoy more often.

So far, these are the main strategies that I found help. I’m sure others have their own strategies for incorporating reading into their lives. If anyone else has some strategies to share, please let me know!
Son, there's something you should know
This life of yours was never mine to own
But of this world, these are all what I pray for you to enthrone

I pray this world brings you to your knees,
So you learn all that it takes to rise to your feet

I pray that the one you love becomes the one you lost,
So you learn that it takes more than loss to lose what you love

I pray for the people of this world to never build a circle where you would fit in,
So you learn there is nothing inside the circle of Them to define the you within

I pray for all the knowledge to leave you nothing more than a fool,
So you learn it takes more than knowledge to be saved from being a fool

I pray you never find any content in life,
So you learn contentment kills all the what-could-be's of life

Son, there's nothing I can give,
So there's nothing for you to take

But these words are mine and I wish for them to be yours upon the moment you wake
Debriefing on Death

Valerie Teano, M3

Since being at the hospital, my colleagues and I have come face to face with death on more than one occasion. Death is an inevitable part of medicine; however, this week felt particularly plagued by unfortunate events.

The week began with a patient on my team suddenly dying during a code. The second patient to pass away was one of my own, a 101-year-old woman who passed peacefully in her sleep. Although all death is difficult, this patient’s death was less sudden and unexpected given her age. The third encounter with death this week was especially traumatic and has been increasingly difficult for me to cope with. I hope to share my experiences with death and shed a light on the profound lack of debriefing and support for those with experiences similar to mine.

It was my first call night and I had admitted two patients that evening. Both cases seemed ordinary initially. The first patient had suffered a syncopal episode, and the second was admitted for a transient ischemic attack. My first patient was a pleasant woman, brought in by ambulance to the Emergency Department. I even had the opportunity to speak with her two nieces.

A mere two hours after admitting the first patient, I got a page that she was coding. I had seen a code before, but I had never participated in one. Frankly, as a fresh M3, I had never really participated in anything. During the first two codes I stood there and watched, hoping that this time her return to sinus rhythm would remain stable. Unfortunately, she continued to return to pulseless electrical activity.

At this point, the team needed all the help they could get. Before I knew it, I was on the patient’s chest doing compressions. I was petrified thinking about the possibility of a patient I just admitted dying. I did my best to compartmentalize, put up a wall, and continue to give CPR without letting my emotions impact my care. By the fourth round of cycling from normal sinus rhythm to pulseless electrical activity, the two nieces I had met earlier finally arrived to the patient’s room. The doctor and team called for us to stop compressions. I kept going for a few more seconds, failing to process what was happening in that moment.

Before then, it did not sink in that the patient had likely been dead for most of the hour-and-a-half that she had been coding. I left immediately after I stopped compressions and walked down the hall, unsure of whether I was capable of crying. I took a few moments to gather myself before returning to the patient’s room, as I knew the nieces would be having a difficult time. They thanked me for doing everything I could. I hugged them, and then I left to provide them some privacy with their Aunt.

In the hours following this patient’s death, I had no idea what to do with myself. I brought water and chairs to her nieces and then stood outside, still in shock, for about an hour. The mental image of this patient’s final moments continued to enter my thoughts without warning. Fortunately, I had an attending willing to help me work through the stress that weighed on me after this experience. I found this help to be incredibly helpful emotionally, and I really encourage anyone who experiences this to talk to someone as well. It does not necessarily have to be a classmate, or even anyone in the medical field. You can talk to a counselor, family member, friend, or even your pet (in my case, my hedgehog). Resist the urge to hold in your emotions and do not be afraid to reach out. Moreover, I ask that everyone be proactive and reach out to students who you suspect are grieving the loss of a patient. Even though your colleagues or attendings may appear unaffected, it is likely that they are struggling too. We can all benefit from leaning on each other. Be open, reflect, and most importantly, never forget your patients as you move forward in your practice.