Truth with Toenails: The Twisty, The Tortuous, & The Moldy

Brianna Scott, M1

I am unfortunately one of the few students who still has yet to update their phone settings to receive e-mail notifications. Consequently, I never seem to sign up in time for volunteer events. So when I was able to win the lottery system for the Magis Diabetic Foot Clinic (which relied on pure chance and the fact only a few crazies signed up, since it was the week before finals), I thought I had won the jackpot. I was stoked to finally do something that allowed me to learn outside of the butt-numbing hours I was spending gazing at a Panopto screen. Upon showing up to the clinic, I thought I would be spending my Saturday looking at feet and finding some gnarly ulcers. Instead, we were matched with an orthopedic surgeon who specialized in foot & ankle. My first thought was, “Why would they choose surgeons to come screen for diabetic feet?” This question was subdued once I was handed a rongeur, a fancy word for surgical pliers used to cut bones. The surgeon soon informed me that I would be using this tool to cut toenails. I thought, “This is ridiculous, why don’t they have clippers here?!” But I quickly realized that using a bone-cutter was what I needed to conquer the toenails that I would soon meet foot-to-face.

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We spent 2.5 hours incessantly seeing patients that day. Visits consisted of examining foot shapes, checking dorsal pedal pulses, clipping toenails (my job), and sending patients off with new pairs of winter socks and boots. We heard stories ranging from a woman’s current search for a new job to a man’s daughter’s cousin’s sister’s new role in their gospel choir. And then there was me, rongeur in hand, staring at my overgrown toenail victims. However, I did see a few normal toenails, and some patients even had their toenails clipped prior. But the majority I plowed through were at least 3-5 mm thick, had yellow discoloration, were twisted in a way that was up and down and left and right and inward and outward, and crumbled with the click of a clip due to their brittle nature. I’m telling you, I had no idea some toenails could grow like that! And just in case you forgot, toenails grow on feet, so you cannot forget about the smells and the skin too. During this freezing winter, many patients suffered from extremely dry skin. I thought it may as well be a white Christmas with the amount of snow-like skin flakes that floated around the room. It was an unappealing job, and I built calluses on my hands that stayed for two weeks. But to my surprise, I LOVED EVERY SECOND OF IT. I could not stop talking about this experience during Christmas break. Whenever the question of how medical school was going came up during dinner, I couldn’t resist talking about my day clipping toenails at Magis Clinic. My husband, my family, and my friends all knew about these toenails.

More than the fact that I am an adrenaline junkie and thrive on weird/gross things, I realized that these toenails revealed some truth about humanity. Feet and toenails are funny things because they can tell a lot about someone’s life — where they have been, what they have walked upon, how they were cared for, and who was close enough in their lives to notice their conditions. Feet seem to get less attention than other anatomical structures, but any interference of their function can significantly alter a lifestyle. My heart sank thinking about how this population of homeless people had to brave the bone-chilling cold without proper shoes or foot care. The surgeon had also informed me that some patients will even show up to Magis Clinic with frostbite, sometimes necessitating amputation. I cannot fully understand what it is like to walk in a homeless person’s shoes (whatever condition they may be). However, I experienced firsthand how noticing the unattractive details of life and daring to address them can foster an affirmation of human dignity. I cannot know for sure if I radically changed someone’s day through clipping toenails. In fact, I don’t even know if I will ever see those people again. But I can hope that they felt the unnoticed details of their lives, including their feet, were important and worthy of being cared for.
ACROSS
1. M1 curriculum coordinator
2. Why do those students get a new building?! 
8. Overlord of the CE&S center 
9. “I can go to class, or I can just ___” 
12. Culmination of orientation week for M1s 
13. The only thing M2s care about (no space) 
15. An M4’s greatest day 
16. Best part about choosing to stay 
in Omaha during winter (no space) 
18. M3 curriculum coordinator 
19. Dr. Kavan’s mantra 
20. The most glammed-up psychiatrist

DOWN
1. “Roller coasters are the best!!!”
2. Creighton SOM’s Dean
3. Five letter word for question bank 
4. Only study tool for Infectious Disease 
5. M4 curriculum coordinator 
6. The only thing M3s care about (no space) 
7. Spiritual leader – provider of coffee and animal crackers (no space) 
10. Bombarded by 50,000 e-mails for this fundraiser 
11. The only reason to show up to mandatory events 
14. M2 curriculum coordinator 
17. Fill out evaluations! Love, Lora

(answers on page 12)
Why I Love Cafes

Donna Petko, M3

I go to a cafe several times a week. The incessant money drain that this is inflicting on my bank account may be deemed unnecessary. Why study in a cafe – where there is a constant concern for interruption – when I can study in my quiet, controlled environment at home? Why pay for coffee when I can have a steady supply of caffeine at an arm’s reach in my apartment? I’ll even admit that going to a cafe, especially when I have a serious task to complete, is sometimes hit-or-miss. I may not get the most comfortable table, all the outlets might be taken, the patrons next to me may be too loud, and the atmosphere overall might be too distracting.

However, the unpredictability of studying in public is balanced by the benefits of finding a good “third space” between school and home. Here are my reasons for why coffee shops are my comfort zones:

1. I’m in a social space without socializing. Also – people-watching is a good distraction in-between studying periods.

2. I can set a deadline to get something done. Once I’m in a cafe and I’ve paid $3+ for a coffee, I feel compelled to make that expense count and do what I came to get done.

3. On that note, studies have shown that our creative brains work better with ambient noise. I’m uncertain how much creativity is required to memorize powerpoint slides, but I’ll still use this excuse.

4. Cozy atmosphere. The smell of roasted coffee and freshly-baked croissants makes everything better, especially when it’s bitingly cold outside.

5. Mood is infectious. You know the days – your apartment seems unwelcoming, you get stuck in your head about medical school anxiety. Going to a public place and seeing other (non-med) people helps put things in perspective.

6. Do a good deed by supporting local businesses! Omaha has pleasantly surprised me with its array of family-owned coffee shops. Each Sunday, I try to find a new coffee place on Yelp to explore. Resist the Starbucks.

7. Good music – some coffee shops have amazing playlists. My new and improved Spotify playlist is proof.

8. You meet cool people. I’ve struck up some good conversations with baristas and fellow coffee patrons about everything from politics, art, books, and good local foodie spots. It makes Omaha feel more like home when the barista knows your name and remembers to ask how that test went.

Coffee shops are my place of comfort, relaxation, and productivity. No matter what city I’m in, I can always depend on a coffee shop to give me an escape from the rush and noise of the outside.
"Son, if I were to ask you what the most unforgettable action a man could commit was, How would you answer? You’d probably answer with murder, or rape, or infidelity. Maybe you’d surprise me and argue for dishonesty, or dismantling of integrity, or the drowning of morality. But with these, you’d be wrong. For the worst crime is for a man of exceptional ability to let his talent succumb to sterility.

Imagine if Albert hadn’t found the energy
If Martin never dreamt
If Leo gave up on peace
If Helen kept to silence
If Fredrick collapsed under pressure."

And upon this, I turned to the old man and asked, “I wonder if these are the innocent or if we are the guilty?”

And with a tear in the corner of his eye, he said, “That’s the question that may just save you.”

Why does the doctor prioritize relationships with his patients over one with his wife?
Why is she asked to stay awake for so many hours on call so that she can slip when her patient is under her knife?
Why does he preach a healthy diet when he relies on frozen meals to sustain himself?
Why does she commit to a profession that gives so much to others, just to go home to an empty house with an empty fridge and an empty voicemail?
Why does he tell his patients to lose weight for the sake of their own quality of life, but he hasn’t had time in between patients to stand up and stretch his legs?
Why does she encourage nicotine patches and support groups for patients struggling with addiction, yet she can’t get to bed without a shot of Nyquil to sedate her mind from the weight of the day still upon her?
Why did he become a doctor, but adamantly refuses to see one?
Why has she been taught to preach the importance of therapy, but has already lost two colleagues to suicide?
Why will we overprescribe and overcommit to be the best?
Why will we never claim fault, assert our dominance, and brush aside alternate points of view because we know what is “best for our patients.” Have we ever asked ourselves, “what is truly best for us?”
I don’t know about you, but I don’t think there are many things better than a steaming bowl of chili on a cold winter day (or really any day for that matter). My family has experimented with chili recipes over the years, and this recipe is unanimously our favorite. Although the ingredient list may look daunting, it’s actually super easy to make! Plus, it has a whole can of beer AND ½ a bottle of wine in it. How could you go wrong with that?!

Basically, if you’re looking for a filling, delicious meal with great spice and a TON of flavor, this is the recipe for you!

**DIRECTIONS**

1. Heat oil in a large pot over medium heat. Cook and stir onion, bell pepper, jalapeno peppers, and garlic in the hot oil until softened.

2. Meanwhile, heat a large skillet over medium-high heat. Cook and stir beef in the hot skillet until browned and crumbly (5 to 7 minutes). Add Worcestershire sauce and garlic powder. Crumble bouillon cubes over beef and add beer. Continue to cook, scraping any browned bits from the bottom of the skillet, until liquid is hot (about 3 minutes). Stir beef mixture into pepper mixture.

3. Stir crushed tomatoes, diced tomatoes, tomato paste, and wine into the beef mixture. Season with chili powder, 2 tablespoons cumin, brown sugar, pepper sauce, basil, paprika, salt, oregano, and black pepper. Bring to a boil and reduce heat to medium-low. Cover and simmer until meat and vegetables are very tender and flavors have developed in the chili (about 90 minutes), stirring occasionally.

4. Mix kidney beans into beef and vegetables. Continue to simmer until beans are hot (about 30 minutes more).

5. Blend sour cream, cilantro, and remaining 1/2 teaspoon cumin. Serve sour cream mixture with chili.

**Chili ingredients:**
- 4 tablespoons olive oil
- 1 yellow onion, chopped
- 1 red bell pepper, chopped
- 2 red jalapeno peppers, chopped
- 4 garlic cloves, minced
- 2 1/2 pounds lean ground beef
- 1/4 cup Worcestershire sauce
- 1 pinch garlic powder
- 2 beef bouillon cubes
- 1 (12 fluid ounce) can or bottle light beer
- 1 (28 ounce) can crushed tomatoes
- 1 (14.5 ounce) can fire-roasted diced tomatoes
- 1 (12 ounce) can tomato paste
- 1/2 cup white wine
- 2 tablespoons chili powder
- 2 tablespoons ground cumin
- 1 tablespoon brown sugar
- 1 tablespoon chipotle pepper sauce
- 2 1/2 teaspoons dried basil
- 1 1/2 teaspoons smoked paprika
- 1 teaspoon salt
- 1/2 teaspoon dried oregano
- 1/2 teaspoon ground black pepper
- 2 (16 ounce) cans dark red kidney beans

**Sour cream topping ingredients:**
- 1 cup sour cream
- 3 tablespoons chopped fresh cilantro
- 1/2 teaspoon ground cumin

**Pro tips:**
- Freeze leftovers for a SUPER easy meal at any time!
- If you’re a carb fan, pour the chili over your favorite rice or pasta.
- Leave out the ground beef and use a veggie bouillon for a delicious vegetarian version.
- If you like things really spicy like me, add another jalapeno pepper or more chipotle sauce. However, if you’re someone that gets a 0 at Salween, maybe leave those ingredients out completely…
The 2 A.M. Musings of a Tired, Procrastinating M1
Shravya Dindu, M1

Diagnosed with hypothyroidism at 13, I’ve struggled with the ups and downs of weight for years. Genetics seriously suck. My experience taught me early on that stress, school, and otherwise exacerbate this struggle tenfold. Fortunately, my gap year allowed me to make some big lifestyle changes. In addition to going vegan, I adopted a 6 day per week workout schedule that told me exactly what to do, down to the T. I appreciated that breakdown because it let me plan and (most importantly) know what to expect. My 8-5 work life complemented this well and I repeated the program 5 times to a grand total of 40 weeks! Work, workout, med school apps, friends, eat, sleep, repeat.

Fast forward to my first semester as an M1. I’m desperately trying to maintain the same schedule, failing repeatedly and beating myself up over it. Now might be a good time to mention my perfectionist tendencies. And yes, I know this is the tripe, overused go-to my high school self would use to answer the classic “what’s your biggest weakness?” But seriously. Perfectionist. As in, I often see situations as all-or-nothing. As in, if I can’t do something 100%, I have a hard time motivating myself to keep going. The more I think about it, the more I realize it’s actually a matter of control and my ineffectiveness in dealing with uncertainty when that control escapes me. I’m sure that as medical students, many of you can empathize with that. Come on, say it with me – we are control freaks! We like our schedules mapped out, we argue point-for-point on exams, and I’m pretty sure 90% of our class owns a color-coded planner*. I am also certain that 90% of us are in for a wakeup call, if it hasn’t rung in already.

The art of medicine has inherently evolved to decrease physician “control,” and that’s a good thing. I’m all about that patient autonomy, but if ethics have taught me anything, it’s that this ideal can get messy really fast. Now, as a measly M1, I can’t yet speak more to the intricacies of patient care in said context. However, I can address the lack of control I felt towards my lifestyle while settling into medical school. It’s not that it doesn’t allow for balance – it does, if you work to make the time. It’s more so that medical school challenges you to adapt at an alarming rate. I quickly found that my perfectly organized, 6 days/week workout schedule did not fare well with seven hours of daily lectures, mandates, and weekly exams. And being the perfectionist that I am, I had a hard time with the days missed. I kept restarting the program, determined to get it right, whilst failing to reflect on why I couldn’t. But regaling my wise M3-at-Tufts best friend with my workout woes, I had a eureka moment to something she said: just because it worked before does not mean that it will work now.

I realized that my approach was failing because it did not accommodate for change. As I progressively seep into medicine, I’m learning that I have to allow myself more flexibility, especially in the expectations department. I’m learning that things rarely turn out in an all-or-nothing dichotomy. Most importantly, I’m coming to terms with the idea that success is a bunch of little steps, not one big jump. Even if I take one step back, I can pick up from right where I am and keep pushing forward. Needless to say, all of this is easier said than done. It requires conscious implementation when tackled with those inevitable setbacks, which can be a seriously taxing process. But I’m hoping that working on this now will better equip me to deal with the whirlwinds that are boards, rotations, residency, and beyond.

Finally, I have to admit that writing about something so personal is scary and very outside my comfort zone. Still, I have a feeling that I’m not the only person going through this experience. So, if this article speaks to you, makes you ponder, or prods a revisit of your routine, I urge you to question why you do the everyday things the way you do. Is it because it works? Or is it because it’s easier to cling to that warm, fuzzy blanket of familiarity? Think on it!

*This statistic is from a random sample of the population and the confidence interval is TBD, please stand by.
Decisions, decisions, decisions. . . your daily life is filled with decisions. When should I get up? What should I wear? What do I want for breakfast? Do I go to class or Panopto? What should I study today? Do I need to do laundry today, or can it wait for the weekend? Should I call home, or put it off for another week? Sometimes, it’s exhausting just to think about all these decisions and more. You may be experiencing what experts call “decision fatigue.” The mental work of making decisions takes energy. The more decisions that are made, the more fatigue builds up. Fatigue leads to a decrease in the quality of subsequent decisions. Ask the quarterback who makes poor choices at the end of a game, or the roommate who can’t decide where to eat after a long week of classes.

The work of decision-making takes a toll. When you make lots of choices throughout the day, the brain starts looking for shortcuts – either to act impulsively or to get lazy and do nothing. Roy F. Baumeister, a social psychologist, has studied mental discipline at Case Western University and Florida State University. In this time, he has found that there is a finite store of mental energy for exerting self-control. If a person is faced with resisting the temptation of candy or cookies, then that person is less likely to be able to resist other temptations or to complete tasks. Willpower, as it turns out, is a form of mental energy that can be exhausted. Baumeister’s research demonstrated that shoppers who had made the most decisions in stores gave up on simple math problems the most quickly. Depleted energy can make you a cognitive miser – looking at only one aspect of a decision (just give me the cheapest one), taking the path of least resistance (sure, I’ll buy that), or simply choosing inaction (don’t bother me).

As a medical student, decision-fatigue can take a toll on your academics and lifestyle. You can potentially wear your mental energy down with a lot of unimportant decisions:

• The alarm went off. . . should I hit the snooze or get up?
• Should I go to class today or should I just stay home and Panopto?
• Should I go to the gym today or tomorrow?
• Which approach should I use to review the lecture?
• I can’t decide which resource to use for board studying.
• I hear of people taking a different strategy toward board studying than the one I planned. . . maybe I should try those?

By the time you sit down to actually study, you are exhausted! Instead, try to minimize the energy you spend on these decisions:

• When the alarm goes off, get up!
• Make a schedule for when to go to the gym. Put it in your calendar. When it pops up, head in that direction.
• You should have some kind of insight about what works for you with regard to reviewing lectures, so just do what works.
• Allow for some experimenting with study resources, but then settle in with what to use.
• You probably have a plan and a calendar for Step 1 preparation, allowing you to wake up in the morning and know what’s on your agenda for the day.

Having these decisions made beforehand will allow you to have energy for decisions that really matter:

• Making a decision about the answer in a multiple choice test.
• How to change an approach when what you are doing is not working.
• Making decisions about how to most effectively use your time.
• Staying focused over a long period of time (like for board studying).
• Managing time, tasks, and relationships more effectively.

On a final note, keep this in mind: having more energy for important decisions can mean fewer impulsive decisions are ultimately made. Make your decisions count!
As I trek through my M3 year, I have noticed that it becomes increasingly easy to lose sight of why I am in medical school. I start to look for shortcuts and my day simply becomes a checklist of clinical duties and studying for the shelf. I just want to make it to the end of the rotation in good standing and then restart the process again.

Pretty quickly though, it becomes obvious that this is not a sustainable way to get through my third year. It feels like purpose is lost and the desire to become a physician slowly fizzles. I noticed it pretty glaringly by my third rotation of the year. I started questioning myself: how am I going to survive burnout in residency when I feel burnt out less than halfway through my first year of clinicals?

So, I started examining what I could do to help myself. I remember something one of my attendings mentioned: self-reflection. This physician, who had been practicing for 20+ years, said she would spend 10-15 minutes every morning reflecting on her purpose, on how she can help the lives of her patients, and what she can improve on from the day before. It sounded corny and cliché when she described it to me, but a few months later (when I could feel myself stuck in the rut), it stopped sounding so corny. I gave it a try.

Every night before bed, I spend 5-10 minutes in silence, away from my phone. I sit there and begin my thought process by thinking of why I chose medicine in the first place. I recall the long course from undergrad to starting medical school, and all the unnecessary hoops we have to jump through to get to that point. I think about how and why I was willing to do all of those things. Then, I think about my daily job as a third-year medical student – I think about the patients I had seen that day and those I would see the next day. Did I add quality to their lives? Did I help them get closer to their goals? If my answer is no, what can I do so that my answer is yes tomorrow?

Thus far, this exercise has gone a long way for me. Self-reflection has helped remove the feeling of monotony as I go through each rotation. It’s a long road, but I feel reassured because I found a tool that works for me. Hopefully, it is a tool that can help others too.

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**Spring Roll Bowls**

*with Sweet Garlic Lime Sauce*

Katherine Pattee, M2

Sick of the cold weather? Rebuke the snow and usher in Spring with these fresh and zesty Spring Roll Bowls, a real fan favorite! This recipe is modified from Pinch of Yum (https://pinchofyum.com/spring-roll-bowls).

Some of these ingredients (see right) can prove challenging to find – I recommend the side store off of Salween on Saddle Creek for the more specialty ingredients like rice noodles and fish sauce. Sometimes, rice noodles can be found at Baker’s.

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1 package rice noodles (pad thai style)

Any **mix of veggies** you like! Here’s what I use:

- 2 or 3 Shredded Carrots
- 1 Bell Pepper (recommend orange or yellow because they’re sweeter)
- 1 Cucumber (partially peeled if thick-skinned)
- 1 bunch Scallions
- 1 bunch Radishes
- 1 or 2 Serrano or Jalapeno Peppers

**Herbs:**

- Mint
- Basil
- Cilantro

**Protein optional:** any protein you want!

**Sweet Garlic Lime Sauce**

- 6 Cloves Garlic
- 4 T Rice Vinegar
- 1/2 C Brown Sugar
- 1/2 C Fish Sauce
- 2/3 C Lime Juice
- 2/3 C Vegetable Oil (I prefer avocado oil for its mild flavor; plus, did you know it has a smoke point of 500°F?!)  

**Top it off**

- Avocado
- Crushed Peanuts

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1. Soak the rice noodles in cold water for about 20 minutes, or just while you chop everything. Meanwhile, prepare a large pot of water and bring it to a boil.

2. Shred carrots, medium dice bell pepper and cucumber, cut radishes (half lengthwise and then in half-moon slices), thinly slice scallions (whites and greens together), and finely dice the serrano/jalapeno peppers, discarding the ribs and seeds. Mix veggies all together in one bowl.

3. Chop the herbs and mix in with vegetables. Amount of herbs is up to you, but I highly recommend using all three extravagantly (for those of you that think cilantro tastes like soap, I feel sorry for you and the inescapable void you don’t even know you carry).

4. Cook the protein in whatever way your heart desires. I typically bake lightly oiled, salted and peppered chicken breasts in the oven for ease. (Chicken should reach 165˚F unless you care to gain some first-hand experience with ID.)

5. To make the sauce, chop the garlic, add the measured liquids and sugar, and blend until fully mixed. (Pro tip: never smell fish sauce, just don’t. Yes, it smells like osteomyelitis, but it tastes like joy. Don’t question. Just add it and let the magic happen.)

6. Once the water boils and all other ingredients are ready, boil the noodles for about 3 minutes or until tender. Strain and serve noodles – they will stick to each other aggressively, there is no way around this as far as I can tell.

7. Top noodles with veggie and herb mixture in about a 1:1 ratio of noodles to veggies. Add on avocado, protein, and crushed peanuts. Pour over sauce until it begins to pool at the bottom. (If it doesn’t pool, keep going. Trust me.)

8. Enjoy with friends and strive to avoid medical conversations – I promise it’ll bring you some much needed b-a-l-a-n-c-e! Remember, the best way to make friends is to make food. You heard it here first!

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**To the Wards: Reflections from an M3**

Eugene Chau, M3

At 5:45 AM, I found myself rounding with surgery on my first day as a third-year student. I was dressed in green scrubs with my white coat, stethoscope in hand, ready to be a team player. In the midst of seeing our first patient of the morning, the fourth-year resident asked us to get some ABD pads. My classmates and I eagerly broke off to complete this seemingly simple task. It quickly became apparent that we knew neither what they looked like, nor where to find them. It wasn’t even fifteen minutes into the day and I already felt flustered. I began to realize that the knowledge I had gained from Step 1 studying was simply the beginning. To say that I had a lot to learn would be an understatement.

Third year has been a whirlwind of a ride. This memory continues to remain vividly ingrained in my head because it encapsulated the challenges that laid ahead. The abrupt transition from lecture marathons as a second-year to actual patient care in the third year required entirely different skill sets in addition to our knowledge of various pathologies. As I trekked through each rotation, the notion of adaptability came to mind time and time again. Not only did I come across patients with varying personalities, I also worked with attending physicians, residents, and other integral members of the healthcare team. Each would have their own leadership style, approaches to patient care, and methodologies for teaching. My experiences thus far have taught me how to be flexible, to take criticism well, and to see everything as a learning opportunity. With how quickly we move through rotations, we are constantly thrown into new settings and situations. Learning to be comfortable with change and understanding these various aspects of adaptability have been crucial parts of my growth this year.

(continued on page 11)
In addition to learning how to take on the role of a medical student, this foray onto the wards also meant that I would have the privilege of experiencing the emotional highs and lows of patient care. In just one semester, I have seen multiple cases that will likely stick with me forever. From participating in the heroic efforts to save a trauma victim who would ultimately pass away, to presenting a newborn child to first-time parents, I was surrounded by the highs and lows of life itself. Now more than ever, I found that it was important to have families and friends to talk to as I processed my experiences. You would be surprised how helpful a good listener can be.

As you can see, third year can be challenging. You will probably feel like a fish out of water at first, and there are additional challenges I haven’t elaborated on (e.g. the stress of committing to a specialty, formulating your fourth year schedule, applying for away rotations, etc.). However, developing the skills of adaptability and staying in touch with people who are important to you can also make it a tremendously rewarding year. As I look back on my clerkships, I feel privileged to have had the chance to grow through these experiences.

A Reflection on Hospice Volunteering
Joslynn Hoburg, M2

Earlier this year, I started volunteering at the Josie Harper Hospice House. One reason I started volunteering there was because I was trying to figure out what my eventual role would be in my patients’ suffering. I think as physicians, we like to be able to fix things. However, there are times where that’s not possible for patients, especially those who are in hospice. What is my role, then, if it’s not fixing things in these situations? Getting the chance to meet one of the residents at the Hospice House, Claire*, supplied me with at least part of my answer.

It was only the second day of volunteering on my own at the hospice house, and I was walking through the hallways looking pretty lost. I walked past a room with a woman sitting alone in her chair. We made eye contact, and I went in to see if she needed any help. She asked me to help her open a bag of candy, and then asked me what my job was. I told her I was a volunteer who was there if she needed something or just wanted someone to listen. She looked at me and told me she needed someone to listen. I pulled up a chair and Claire started telling me about how scared she was. She wasn’t scared of dying, but of the suffering that was going to come with it. Soon she would be bedridden, and she was afraid of how that was going to feel. She also didn’t want to be a burden on her family or bring suffering and grief to them. As she was telling me this, she started to cry. I leaned forward and took her hand. She told me about her family members, and the life that she had lived. The look of pride on her face is something I’ll never forget. I spent the next couple of hours with Claire talking about everything from suffering to politics. I learned so much from her. I couldn’t do anything for her physically, but in that moment, all she wanted was someone to listen.

*altered name
(continued on page 12)
After that experience, I have begun to consider my role in patient suffering to be about bearing witness to their lives. It’s about being that hand people can hold without feeling like they are burdening others. As doctors, we get amazing access into other people’s lives – including during their most vulnerable moments. That’s a privilege that I feel so grateful to have, and I want to use it wisely. I want to use the science we are learning now to help alleviate whatever suffering I can. However, when the options run out, I want to be that person that walks with patients through the pain. Shifting my mindset from “fixing the pain” to actually being a witness for people and their stories has changed how I approach not only medicine, but life in general. Everyone has experienced a unique story, and I want to be there to hear them. I know that this is not a perfect answer to what my role in suffering is. However, I think it’s a good start. Thank you, Claire.

Answers to the Crossword Puzzle

ACROSS

1. knoop
2. dental
8. peters
9. panopto
12. whitecoat
13. stepone
15. matchday
16. snowdays
18. thurin
19. balance
20. malin

DOWN

1. knezetic
2. dunlay
3. uworld
4. sketchy
5. zach
6. steptwo
7. fatherben
10. patagonia
11. food
14. pisarri
17. oasis