Reflections

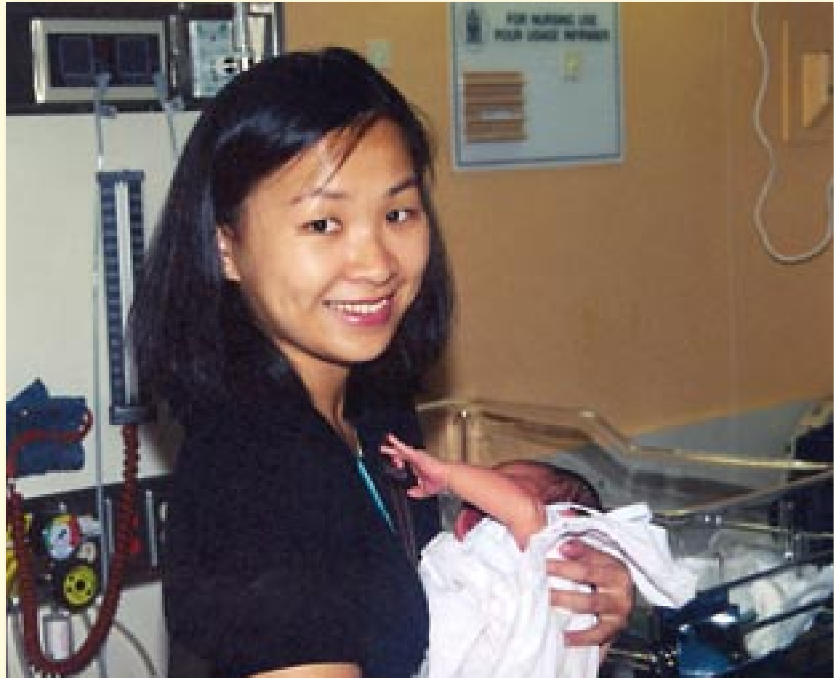
Loss of innocence

Stella Yiu, MD

The medical student looked shaken as she emerged from a patient's room.

"Are you okay?" I probed. She burst into tears.

"It's too much—two sets of premature twins dying on the same night!"



I left her alone. As I headed off to see another patient, I remembered one event several months ago. I was a medical student in an internal medicine rotation. During the morning rounds, I discovered that my patient had deteriorated and gone to the intensive care unit the night before. I felt guilty. The residents reassured me: "It happens all the time." "Are you just going to feel bad about all of them?" "Don't be silly." Convinced that I was simply too green, I pushed my feelings aside.

It worked. My callus grew. I tried to be more professional, more polished under this natural hardening. The sheer volume of diseases slowly drowned out my initial innocence about them. I learned to agree that "bad things happen" and "patients are sick." I flinched at traumas less often; I was less emotional during the miracle of birth. I grew comfortable until I became a resident.

Canadian Family Physician invites you to contribute to *Reflections.* We are looking for personal stories or experiences that illustrate unique or intriguing aspects of life as seen by family physicians. The stories should be personal, have human interest, and be written from the heart. They are not meant to be analytical. Writing style should be direct and in the first person, and articles should be no more than 1000 words long. Consider sharing your story with your colleagues.

Welcome to the world of healing

As a resident, I stepped into the world of healing. To heal, I was told, involves combining the art and science of medicine. While the science of medicine focuses on hard facts, its art counterpart hinges on empathy. One professor explained empathy as "trying to feel the patient's pain as if you are, but not actually, feeling it yourself." We were taught to use empathy to create rapport with our patients.

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I practised using empathy. I was never warned, however, that certain patients could elicit intense, uneasy feelings of identification. It was difficult when I saw a young woman with lymphoma. I felt too overwhelmed to face her as a patient because I related to her as a friend. I almost broke down when I overheard a toddler comforting his newly paralyzed father. It is not the mere tragedy of a disease or an accident that is difficult. To me, this is the "bad things happen" logic that I have grown accustomed to. The difficulty arises from this practised empathy that I use to identify with and connect with my patients. Empathy breathes life into patients, and "bad things happen" transforms into "bad things happen to someone I like." The more I can relate, the more difficult it is when misfortune occurs.

Now I am confused. Empathy draws me closer to patients. However, I am afraid of the disappointment when bad news arises. Am I simply too green? Is this attachment just an "occupational hazard": simply inherent or does it happen only to those who are careless or weak? How much should I protect myself? Should I be more distant as a defence to keep me sane? How much reserve do I have for such guilt and disappointment? Maybe I should start protecting myself now, before it is too late. Is this aloofness inevitable? And if so, what price am I paying for this loss of innocence?

I am afraid of making attachments; yet it is precisely the bonds that I have found most gratifying. The smile of an infant, patients breaking down, and every fetal heart sound heard are magical moments that suddenly make my work seem worthwhile. This is my passion for clinical work, my art of healing. It draws me; I thrive on it.

State of numbness?

Although I fear being hurt, I am terrified of becoming inert. I worry about a gradual ascent (or decline) to a state of comfortable numbness. When bad things happen to friends and families, how will I react? Will this trained detachment make me more objective or simply rob me of my naïve denial and force me to surrender unrealistic hope?

I do not know. I want to believe that even though attachment and disappointment go hand in hand, perhaps the reward far exceeds the hurt. Perhaps there is a way to be sane but not hardened. Perhaps there is an ideal balance to how much I expose myself to this occupational hazard. Maybe this balance comes after years of practice, or maybe there is none, and I have to ride through the lows to feel the highs. I have no answer, yet I want to be courageous enough to retain my ability to feel, my empathy that elevates my work to a challenging, yet rewarding, privilege.

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