The person inside

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As medical students, we are suddenly dropped into hospitals with heavy expectations and constant evaluations. We attempt to bring our years of learning into practical clinical knowledge while the feelings of helplessness bring on even more pressure than the old-school staff's constant grilling on obscure medical trivia.

This experience was very humbling for me. It taught me to trust what I know, answer honestly, and, when all else fails, bring in other life skills—a sense of humour and compassion can heal more than I ever realized.

I invite you along on a 6-week journey: my adventure on the internal medicine service, concurrently learning about and providing health care.

Week 1: Do not resuscitate

On the first day, I sat down with my new team to review the list of our patients and decide who would be looking after each of them. As we wrapped up the meeting, the senior resident added, "We have a patient coming down from the CCU. May is a 79-year-old woman with a history of hypertension, dyslipidemia, diabetes, MI with CABG, breast cancer, COPD, DVT, stroke, Parkinson's, heart failure, and end-stage renal disease. She has been in hospital for a couple months with renal failure." I too keenly put up my hand and volunteered to take her on. Although the senior resident was reluctant to give this complex patient to a third-year student, I was able to convince him to add May to my patient list.

I spent the first morning reviewing my patients' charts, trying to get a handle on their medical issues. May's chart was almost twice as big as the others. She was receiving at least one medication from every class that I could think of. Realizing I was in over my head and that I needed as much support as I could get, I went to May's room with the senior resident. May was very swollen and looked to be sleeping. Her family was gathered around the bed as if they were saying their goodbyes. Shortly after introductions were made, the senior resident launched a discussion of resuscitation status for May and of how aggressively we would treat her complex issues. Her family wanted to pursue a palliative course of care. I noted the conclusion in her chart and, in clear letters, I marked down *DNR*.

Each day, I would come back to assess May, who didn't respond much beyond opening her puffy eyes. Her chart showed that the previous team had discussed the issue of dialysis with her family before she deteriorated and was sent to the critical care unit. I brought this up to the family on one visit, and they expressed interest in trying dialysis to see how she would respond. With approval from my staff, dialysis was performed over the weekend.

Week 2: The patient inside the shell

Monday morning of my second week I went around to see all of my patients. When I arrived at May's room, I greeted her in my usual fashion. I almost fell over when I heard a weak and raspy "hell-o-o-o..." come from the bed.

I took this opportunity to reintroduce myself. "My name is Andrew. I am a third-year medical student, and I will be looking after you."

Aside from snoring, there was no response. I completed my examination and continued on my rounds.

By Tuesday, May was a little more alert. Wednesday's dialysis left her sleepy, but she was more awake and alert than ever. I was so excited to watch this woman slowly come back to life.

When I walked into May's room on the Friday of the second week, she said, "Goo-od...m-morning...A-anndrew-w." I couldn't hold back my smile. I sat down with her, and for the first time she was able to give me her proper history.

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Week 3: The heart inside the patient

The senior resident pulled me aside at the beginning of the third week and told me he was going to ask one of the other residents to take over May's care and give me a more "active and interesting" patient. I protested. I had finally memorized her long list of medications and their doses—not to mention how excited I was about being able to interact with her. I wasn't quite ready to let go, as I wanted to see of what else she was capable.

I continued my daily assessments and realized that more than half of my work for May was cheerleading

and encouragement. I had no objection to this, given my limited medical skills. Visits would start with questions about her breathing and bedsores and would finish with a story of her youth, or an anecdote from her extensive catalogue of medical experiences. The stronger she became, the more I learned about this clever and fascinating woman, medically and personally. Her dry humour made each visit a good laugh.

Week 4: The plan

May's health continued to stabilize with further dialysis and adjustments to her medications. She began to make her first attempts at getting out of bed. I made an effort to stop by and encourage her as she dangled her swollen legs over the side of the bed with the physiotherapists. By Friday, she was bearing weight.

I wryly said to May, "I only have 2 weeks left on the service. When I walk off this floor, you are going to be walking out, too." She gave me a huge smile and assented. I shared this new "plan" with the rest of my team, who dismissed my poor grasp of reality.

Week 5: Happy birthday

May began to take her first steps around her room and to spend more time up in a chair. Through her daily assessments, I learned of her love for writing and traveling. She started to express excitement about getting back to her apartment and friends. She had even asked her nephrologist if there was any way she could travel while receiving dialysis.

I had spoken to some of the nurses on the floor about May's 80th birthday. We arranged for a birthday party and serenaded May while she had a room full of visitors. She was glowing. I couldn't believe that this was the same puffy-eyed shell-of-a-woman I had met only a few weeks earlier.

Week 6: May's triumph

May continued with her physiotherapy, and despite some minor setbacks (including deepening bedsores), she showed improvement. On Thursday morning I arrived at the hospital and learned that May finally had a placement in a rehabilitation hospital. She would be transferred that afternoon.

I arrived at her room, and with a stern tone I sarcastically said, "May, how could you? We had a plan to leave this place together, and you just couldn't wait 1 more day? You have some nerve." She laughed and gave me a huge smile that I knew I would miss.

Friday seemed like the longest day of rotation. It wasn't the sitting around waiting for my evaluations that seemed to drag everything out. Something was definitely missing. The only patient who had stayed under my care for all of my 6 weeks was finally gone. I stopped by her empty room and felt a surge of emotion.

Journey's end

After my internal medicine rotation, I would occasionally check the on-line patient records to find out how May was doing in rehab. I smiled every time I saw that she had had dialysis. After a few months had passed, I noticed a new dictated letter on her computer chart. May had been readmitted to hospital with a chest infection and had become critically ill. She had passed away. For a moment I felt that all of my work had been for nothing. I felt as though I had raised this woman's hopes and had set her free, only for her to fall ill again and die.

I happened to run into May's daughter about a year later, and we shared our memories of this strong and caring woman. I am not sure she could appreciate how much her mother meant to me.

There is so much that we cannot control. I can't control what my supervisors write on my evaluations, and even with the best interventions available, we can't always control medical outcomes. In this terrible uncertainty, of which I was just beginning to get a taste, I realized the one thing that I can control: myself. By providing emotional support, encouragement, and a caring ear to patients, I was able to optimize the conditions for physical healing and strengthen the physician-patient relationship.

May was a "chronic patient"—as labeled by my seniors. These patients are usually reserved for the senior medical students and residents on the team, as most of their care is adjusting doses of their many medications, providing a poor learning experience for someone at my stage. Ironically, it was my experience with May that, to this day, has taught me the most about my career and myself.

Competing interests
None declared

Dr Organek *is a first-year resident in family medicine at McMaster University in Hamilton, Ont.*

This story was collected as part of the Heartbeat of Family Medicine project of the College of Family Physicians of Canada. An exciting new program called History and Narrative: Stories in Family Medicine will be launched at Family Medicine Forum 2007 in Winnipeg, Man, this fall. Please send your stories by e-mail to **Inese Grava-Gubins** at **igg@cfpc.ca** or by mail to History and Narrative: Stories in Family Medicine, College of Family Physicians of Canada, c/o Research Department, 2630 Skymark Ave, Mississauga, ON L4W 5A4.