2016 UMMS Oath Ceremony Speech – by Chioma Noreen Okwara

To the class of 2018, perhaps the best way I can share what I have learned with you is through 2 simple stories: The first is about my favorite patient. I know that we are not supposed to have favorites in medicine. However, in the spirit of honesty, I must admit that I once did; Her name was Mrs. C, and she was 96 years old.

It was the first day of third year, my very first rotation. My team and I walked into the room and the attending tried to explain to Mrs. C that there wasn’t much we could do about her medical condition. “So what are you saying doctor? Are you saying that I’m going to die?” she said. Then pleading as she broke into tears, she said, “I’m scared, I don’t want to die. Please don’t let me die doctor.”

My heart sank. I wanted nothing more than to run to the side of her bed and hug her or hold her hand, but I didn’t know if that would be considered “acceptable behavior”, so I just stood there, frozen. “Can someone please hold my hand?” she said after a few minutes of silence. Of course, I jumped at the opportunity. She held on tightly to my hand, and the fear in her eyes made tears linger in mine. “It will be ok,” I whispered to her in as soothing a tone as I could manage.

From that point on, I went in to see Mrs. C every day. She even had a special name for me, Blackie. The most difficult part of each visit for me was holding Mrs. C’s hand. I held it every day. Yet, that’s all I did. It’s all I could do. I couldn’t offer her hope, couldn’t take her fear and anxiety away, I couldn’t fix it! Honestly, there were moments during our interactions when I wanted to lie to this sweet lady: I wanted to tone down the harshness of her diagnosis, to use words that didn’t sound as grim and scary as my attending’s did, to answer her questions with more enthusiasm than the truth deserved. But, I didn’t. Instead I just held her hand and said “it will be ok,” only half believing it myself. I felt small, somewhat useless, and even a bit confused.

I remember the morning I walked into Mrs. C’s room and found it empty. The bed was neatly made, and the pictures on the nightstand were gone. I knew exactly what had happened. I stood there for a few minutes, mostly because I didn’t know what else to do: She was gone. Medicine hadn’t saved her. My team hadn’t saved her. I hadn’t saved her.

As I watched Mrs. C struggle with the idea of death, I realized that there are some struggles that I will have to watch my patient deal with from a distance. Much as I may have wanted to carry half of Mrs. C’s burdens, I needed to accept and respect the fact that this was her experience, not mine. I could hold her hand, I could calm her down when she became anxious and afraid, I could be there and answer her questions the best I could. That was enough. That had to be enough.
The second story is about another patient, Ms. K. Ms. K had been in and out of the hospital multiple times over a month’s time, so I came to know her and her family well. Whenever we walked into Ms. K’s room during morning rounds, her husband would always direct his questions to me. No matter how many times I explained that I was JUST a medical student and introduced my attending, he would still ask me what the plan was and what he ought to do. On the day Ms. K passed away, her husband looked at me and said, “doc, what do I do now?” as tears flowed freely down his face. I didn’t have an answer. I didn’t know what he was supposed to do.

I didn’t know why he zeroed in on me, why I became his anchor in this torrential time, but I realized that again, this was his moment, not mine. No matter how significant this experience had been for me, my sadness paled in the face of his pain. So when he reached out for a hug, I hugged him and clenched my teeth to keep my tears from flowing. “Thank you for trying,” he said as we parted ways.

Some may argue that I should have picked different stories to share with you today; something more uplifting, more clearly “heroic” or triumphant; like the time I found an enlarged lymph node on a routine physical exam that turned out to be a treatable cancer, or the time I diagnosed delirium in a post-op patient, moments before her discharge from the hospital. But I would argue that confusing and heart-wrenching as the moments I have shared may be, they too are uplifting stories.

As physicians in training, we are blessed with a special and unique opportunity to become an intimate part of our patients’ lives. To walk with them through difficult times even when we are unable to “save” them. Throughout this year, the many patients you will interact with and help care for will trust you with their stories. They will allow themselves to be vulnerable with you in ways that you cannot imagine, and welcome you into their lives, broken and imperfect as they may be. Initially, this opportunity will surprise you, excite you, and even humble you. However, as the days get longer, the hours of sleep get shorter, and the reality of shelf exams gets real, you will be tempted to lose this awareness. Some days, you will just want to “get through the rotation” and move on.

My challenge to you is to fight that temptation… I challenge you to walk into every encounter with humility. Make it your priority to take your eyes off the evaluation, and simply give each day your very best; I promise you that someone will notice. I can tell you from experience that there are some rotations that you will fall in love with, and others, well let’s just say you won't; be present anyway and learn all you can …you owe it to those who will trust you with their lives.

Finally, as those of you who know me have heard me say before, please do not compare yourself to anyone else. Each one of you is uniquely talented, and deserving of being at this point. So please be kind to yourself… most of your patients will forget to read First Aid before coming to hospital, so you may not always know exactly what to do with them; that’s OK.

At the end of each day, forgive your mistakes, recognize your strengths, and give yourself the time you need to grow and improve. Much as you will learn a good deal of medicine this year, you will also learn many things about yourself, your own struggles, and your own capabilities.