Thursday Memo – May 3, 2018

Becoming a Doctor – by Peyton Morss

We’re on our kidney block right now, learning renal until it bleeds out of our eyes, red cell casts et al, hematuria directly from the pupils – that sort of thing, you know. We’re on renal so we’re learning about it. That thing that happened, the one that I still sometimes lie awake thinking about. I know what happened that night, and I already thought it was horrible, but I think that the more I learn, the worse it becomes. In this way, medical school has made some of the worst moments of my life ever more present, because no matter how bad it seemed at the time, I know all the ways it could have been worse. We memorize electrolyte changes and ECGs. This leads to peaked T waves, to Q-T prolongation, to Vfib, to death, my flashcards say glibly. Or to somnolence, to seizure, to coma. The patients will present like this, like that – a list of words and descriptions that does not truly illustrate how the patients will actually present. When we stand beside a hospital bed, what do we see? I will tell you what it is that I do not see. I do not see words on a page, or drugs on a chart, or symptoms in a neatly bullet-pointed list.

The only way to learn this material, someone said jokingly, is through brute force. I said that, actually, and I say it all the time. It’s true, we learn through brute force, through rote memory. But the thought came to me when we stood in front of the mesothelioma specimens, examining the way the carcinoma had consuemed the pleura, and discussed the patient, the patient, the patients – always the patient. Breast cancer is pretty common, I thought. I mean, I would know, having recently memorized the epidemiology statistics. And we sit here talking about lung cancer – invasive, deathly lung cancers, for which even the more benign there’s still a poor outcome – as if we’re invincible. Some of us will probably get cancer. My mom’s college roommate just died of breast cancer, even in this age of medical miracles. She was married to someone high up in some New York company, they would have dramatic fights in the middle of the night and throw and break things, she’d take her computers to Apple stores at 2am to have them fixed; she was that kind of person, carefree, with the best of everything money could buy. The best medical care that money could buy, and breast cancer won anyways.
We talk about the patient and we forget about the scenario in which we are the patient.

I have two younger sisters, and talking to them is one of the ways that I unpack my mind at the end of a long day. They’re quite a bit younger than me, four and seven years my juniors, so my childhood was defined in part by their limitations. My middle sister somehow became the baby of the family. Phoebe is tall like me but a little bit ganglier, with a touch of OCD that means she’s always had physical compulsions. When we walk through a clothing store she picks up every piece of fabric, rubbing it between two fingers, and when she hugs you she’ll crimp her fingers against your shirt, tickling you by accident. Phoebe communicated differently as a baby, calling us all nicknames because she had a lisp, and her prized stuffed animal was toted everywhere, more excessively than mine. One of my most vivid memories is of her, Phoebe, in water-wings and a diaper, wading through the brownish water of a lake, the toes of her stuffed bunny slowly sinking in beside her. As she aged a few of these mild neuroses became more pronounced – never excessively so, but her injuries seemed to be more varied and prominent than ours, her scrapes more traumatic. In retrospect she began to take things to the extreme. A successful runner, she ran until she was injured, she hydrated compulsively, she abhorred sugar because “it slowed you down,” and she went to bed at 8pm.

My senior year of college, we were all home for Thanksgiving break and Phoebe came downstairs with a migraine. This is the part of the story that is difficult to tell, because I feel physically ill to recall it. But I know the memory; how I told her to drink water, because my migraines almost always seemed to be the result of dehydration. “Chug water,” were my exact words, and how could I have known that her migraine was from the opposite reason entirely? I can feel my blood pulsing in my stomach. What was I thinking? But I said it, and maybe it mattered, and maybe it didn’t.

I can’t remember much of what I did that day. Most of it is consumed by that guilt. Phoebe was always delicate, so when I heard her throwing up in the bathroom next door to my room, I didn’t even leave my room. She was just sick, just feeling off, that sort of thing happens.

One of my friend’s parents had a heart attack and collapsed and I remember him telling me that the whole house knew something was wrong because of the sound that he made when he fell down. It’s true. In a tight knit household you know the groans that the pipes make, the creaks of the old stairs, and the small clicks of dog fingernails on wood. A resonating thud through
floorboards is only made by one sound, someone falling, and you will know it if you hear it. I hope you never do.

She was lying on the bathroom floor. Phoebe. Her head had struck the radiator when she fell and there was blood, but I didn’t care about blood. Her lips were blue, I still remember that. Cyanotic, my medical lexicon supplies, but they were blue. My sister, my healthy, normal sister, with never a hospital stay, and my mom was grabbing her face and trying to give her CPR, while her limbs jerked oddly and then my mom started to scream. It was Phoebe but not Phoebe, Phoebe seizing, my mom screaming. What I dream about still is her eyes, the way that they were both empty and familiar, and my emotions, my desperation and panic, my desolation, despair, guilt and confusion. I try not to think about the night, the whole week, too much because the tightness in my chest can take days to dissipate. But during medical school it is sometimes unavoidable.

So as we learn about hyponatremia, beating into our heads the various numbers, the ways, the possibilities, the outcomes, my brain takes these words on the page, the drugs in their charts, the bullet pointed lists, and fills in the images of patients. The closer I get to being a doctor, the more information I know. Sometimes this information can obscure the patients behind the disease. Facts take up a lot of room. Certainly the anguish of the learning process can make us forget the same anguish of illness. But most of the time, I find that I see the patients more and more clearly. I watch the ER patients come in surrounded by their families and I can see the ripples created in their family structure. I also see, almost disbelievingly, the trust that you put in a doctor when a loved one becomes ill. Here’s someone I cherish most in the world, my favorite person, my baby sister, and you have to make them whole again for me. Last year I thought a lot about maintaining my creativity and empathy during medical school. This year I think about becoming worthy of someone else’s faith.