

Room for a view

A transformation

I am not like most doctors. The marvels of medicine do not fascinate me. Rare syndromes and abnormal findings do not inspire me. Physiology and pharmacology do not leave me breathless.

I do not like medicine.

As I force myself out of bed each morning and put on my happy face for work, I am convinced that I should quit. Yet somehow I make it through the day. I return home physically and mentally exhausted. My extracurricular activities have become a chore. I let them slide, which is a mistake, since I clearly need an outlet.

Nonmedical friends tell me to give it up and go back to teaching. My medical friends cannot sympathize, since their lives are just as hellish, or worse: some are in surgery. Acquaintances and relatives can't believe I would consider leaving this noble profession after I've "come so far."

I'm in a pediatrics residency. I like everything about it except the medicine. I love what most people dislike. I love developmental, behavioural and psychosocial pediatrics. I love to play, to read and to cut and paste with children. Unfortunately, a busy service, many admissions, presentations, journal clubs and mock oral exams leave little time for play in or outside the hospital. I remain in pediatrics because I see things somewhat differently. I value emotional medicine more than the science of disease.

A recent conversation with one of our patients troubles me. He was being worked up for subacute bacterial endocarditis. This adorable four-year-old looked healthy but continued to spike temperatures. Our team entered his room to listen to his murmur. He welcomed us with a smile and laughter. When the third person (of five) was listening to his heart, he was told we needed more blood.

He was going to get poked. He began to whimper.

You're going to take blood?

Why?

Are you going to take it now?

Will it hurt?

Can my Mommy stay with me?

What will it feel like?

Are you going to do it now?

Mommy, I don't want another needle!

Can you do it tomorrow?

What kind of band-aid will I get?

His questions were limitless. We answered each one honestly. The medical student listening to his chest asked him nicely to please be quiet, so she could hear his heart. He complied for about 45 seconds and then began firing more questions. The next person to examine him prefaced her auscultation with a reminder to be quiet.

I wish I had interrupted the clinical exam and tried to alleviate his fears. Instead, I only helped to stifle them, for both he and I stayed quiet.

Guilt also plagues the next memory. Surgery was my first rotation as a medical student. I had just finished the first history and physical of my medical career. My patient had hepatomegaly. An abdominal ultrasound and CT showed hepatic cancer. The prognosis was poor: only six months to live. During morning rounds, our team of five walked into his room at 6:20. He was alone. His wife and family were at home. After asking him how he was feeling, the attending physician gave him the news. In front of five strangers, our patient found out he had cancer.

"So you're sure it's cancer?" he asked.

"I'm afraid so."

The team proceeded to the other side of the curtain to ask the next patient if he'd passed any gas.

I next see my patient staring out a hallway window at 3 a.m. My first inclination was to leave him alone with his thoughts. But I turned back to talk to him. Selfishly, I needed to talk to him. I feel guilty at the memory of it: when we talked, he was trying to make me feel better.



Art Explosion

I feel guilty about the manner in which he was told of his impending death.

I feel guilty knowing about his impending death.

I still search obituaries for his name, although I know he has passed away.

Medicine brings joy into millions of lives. Unfortunately, accompanying this joy is overwhelming hardship. This misery explains my attraction to psychosocial medicine. I interpret its sorrow with less morbidity.

On our service is a teenager with pseudoseizures. Neurology has cleared her of any pathology. Her tox screen is negative. She is a top student who has a boyfriend, plays hockey, works two jobs, is bulimic and desperately wants to talk to her mother but does not know how. Her teenage angst has finally manifested itself in pseudoseizures. I find this fascinating from both a medical and a personal viewpoint. Rejecting my woes and shutting out the world is, at times, pathetically attractive. Sadly, catatonia has become enchanting.

These thoughts make me want to quit and to remain in medicine at the same time. A wonderful senior resident once told me to look for something unique in each patient, to look for my own "take-home message." For me, the breathtaking, heartstopping moments in medicine occur when I gain my young patients' trust and they let me play with them.

In a profession that I permit to rob me of my energy and emotional strength, I hope to find stability. I hope to strike an equilibrium between my life and my profession, hoping that in this way I will find happiness. But if, in my search for serenity, I choose a path away from medicine, I will still treasure what I have gained: the ability to transform patients back into people.

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Dr. Lambert is now a resident in psychiatry at the University of Manitoba, Winnipeg, Man. She feels "rejuvenated and excited about medicine" and is planning to pursue a career in child and adolescent psychiatry.

This article is one of the runners-up in the student/resident category for the 2000 *CMAJ* Essay Prize. The contest winners appear on pages 1860 and 1862. The contest is described on page 1859.