On the hyphen

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"I've been a physician for a long time. You're saying I don't care about my patients?" The last syllable evaporated into an uncomfortable silence, as 250 pairs of eyes stared expectantly back from a darkened auditorium. At me, a senior pediatric resident, alone on stage. Lit up by the backdrop of my final slide, feeling like the air had been sucked out of the room. I caught my breath and stammered something to the effect that how physicians learn to use language in health care encounters, like describing infants in respiratory distress as bronchiolitics, can narrow the complexities of patient identity and have unintended and negative effects on clinical care. The judge, a senior faculty member, leaned forward, crossed her arms, and narrowed her eyes. Ten minutes that felt like ten years crept by, her initial skepticism bubbling into palpable anger as I withered under her gaze, flailing around for the right words to convey that my study was posing questions about broader educational cultures and practices, not making value judgments of medical professionals who had been shaped by them.

Needless to say, I did not win the national resident research competition that year. And on the plane home the next morning, as I watched prairies thaw from 35 000 feet, the conversation I had with the keynote speaker at the symposium's evening reception remained burned in my mind. Making the rounds to talk with each trainee, he first thanked me graciously for travelling to present my work. Then, as he turned to go, he smiled and, with notes of kindness in his voice, said, "You know, maybe you should think about just focusing on clinical work. I'm not sure there's really much value in this kind of research."

I did think about it, as I sifted through the ashes of my professional sense of self, wondering whether the openness and creativity of my medical education fellowship environment was an aberration in the way the real world worked. I thought about it as the days turned to weeks and I wrote my Royal College exams, as the weeks turned to months and I started independent clinical practice. I thought about the quizzical looks I had received for years from pediatric colleagues when I raised questions about the intersections of medicine, education, culture, and language — the same colleagues whose commitment to high-quality clinical care was unwavering, but thought nothing of casually talking about "the anorexic in room 623" or "the sickler up on 7C1." I thought about the anthropology conferences I had attended while completing my master's degree, where people held fascinating dialogues on privileged knowledges, critical approaches, and power relations but had little interest in how those concepts concretely touched down in the day-to-day realities of caring for children. I thought back to medical school at McGill and winter evenings of carefully walking down the icy slopes of rue Peel after class. The McIntyre Medical Sciences Building to the west and the Social Studies of Medicine to the east, always feeling as though I was navigating a corpus callosum whose tantalizing potential for productive action had yet to catch fire. And as the months turned to years, I thought back time and time again to my undergraduate theology courses and the inescapable wisdom of St. Catherine of Siena, the 14th-century Doctor of the Roman Catholic Church, that only in being who we are meant to be can we set the world ablaze.

More than a decade has flown by since that presentation. And it has become apparent that her words, while calming to inner turbulence, were also an invitation to the ambiguity and liminality of living in two seemingly disparate professional worlds that attend to language in very different ways. As a pediatrician, I spend my days talking with children, families, learners, and other health care professionals. Asking questions, listening to responses, describing clinical presentations, charting notes, clarifying orders. I recognize the power of diagnosis to make meaning out of the vulnerabilities and uncertainties of illness for families, not to mention its utility in coordinating the treatment pathways and management plans I can help put in place for their child. As an education scholar who draws on history and philosophy, I spend my days surrounded by texts. Studying policy frameworks, analyzing vocabulary choices, deconstructing sentences, examining what was said, what was not said, and how those statements have changed over time. I recognize the power of words to shape social realities for learners, for their educational environments, for what they come to understand as important — and what is not — when it comes to the intersections of health, illness, and care.

These worlds each have their own assumptions, ideologies, and ways of making knowledge. They have their own ways of foregrounding what is and what is not relevant, and their own specific terms and jargon. They have their own insights on health care and education. They exist in creative tension, stretching the fibres of my professional self, demanding constant recalibrations of how to think and act such that what I say meets people where they are, so to speak. I would never talk about Jacques Derrida and hospitality to tired parents in the emergency department at 2 am with a sick baby. Yet this ethical orientation to clinical practice snaps my tired mind to attention in the middle of the night, to

make that unfamiliar space as welcoming as it can be to people who have never experienced bronchiolitis and its cacophonic bewilderment of tachypnea, pulse oximeter alarms, and nasopharyngeal aspirates. Similarly, I would never focus a presentation on Martin Heidegger's work to a room full of pediatric residency program directors. Even so, grounding transition to independent practice in his insights on anxiety and uncertainty unlocks thinking on better preparation for residents both before and after the end of postgraduate training, ensuring that our newest colleagues feel at home and capable in their new identities as fully fledged pediatricians.

My apparent solidity as a person talking with caregivers, clinical coworkers, and academic colleagues quickly dissolves into the seemingly static punctuation mark connecting those two poles of clinician-scientist. I live in the hyphen, in the dynamic, active space of potential in which different worlds can be brought together, dialogues embarked upon, and new paths blazed. While the early stages of my professional life navigating the hyphen felt like walking a tightrope without a net, my trepidation has burned away over time, leaving me with a profound sense of freedom to combine and transfigure thought and practice in novel ways. There are still days when I do not spell things out in ways that resonate with an audience. There are still times when I have deep concerns that being "both-and" leaves me useful at neither, casting shadows over my professional sense of self. Yet the transformative possibilities of the quintessential space in between to bridge worlds and illuminate new and better thinking about how we educate learners to care for others — and how we actively provide that care ourselves — is a productive struggle worth standing up for, one that keeps my internal fire burning.

Brett Schrewe MDCM PhD
Department of Pediatrics & Island Medical Program, Faculty of Medicine, University of British Columbia, Victoria, BC

This article has been peer reviewed.