Bad News

Straightening my tie, I take a deep breath. Knock, knock, knock. I peer into the dimly lit room and through the large window I see the red morning sun shining through the mist hovering over the distant prairie. Serene and peaceful. Two steps in and there’s a very different feel. Chaos. People curled up sleeping in every little crevasse. Dad on the pullout couch turning as the sun is just now hitting his eyes. Son in the recliner with the covers pulled tightly up over his head fighting against the inevitable dawn. Daughter is tossing back and forth on a makeshift bed on the floor in front of me trying to find that fleeting position of rest.

And then there is my patient, looking calm as ever in the midst of it all. An IV poll occupies one side of her bed and oxygen tubing stretches from the wall on the other. She is resting. When I call out her name in a barely audible whisper, her eyes flicker open. At that moment, she looks up at me expecting some knowledge, an update, but I have none. I am just checking in on her and seeing how she did overnight. In fact, I do already know what she is waiting to hear. The team had talked about her case the night before and we’re biding time for the right moment to tell her in the kindest way the bad news.

I ask her the requisite questions and complete a basic physical exam. Her pain is minimal and she has no nausea. In other words, she is comfortable - for the first time in a few days - and this makes her happy. I thank her for her time, let her know that I will be back with the rest of the team in a few hours, and excuse myself.

During rounds the team skips over her corner suite with the attending physician stating “You and I will come back here alone later to talk.”

It isn’t until nearly 11am that we are able to reconvene and approach our patient with the solemn news. The room has come alive in the hours since I was last there. Chants are playing in the background as family members are now awake and busy with various tasks around the room. We see that she is resting and before we have a chance to speak with her, the daughter intercepts us and informs me that SHE would first like to speak with us outside.

Setting the tone from the moment we start, the daughter, son and father inform us that if it is bad news that we have brought we best keep it outside and not share it with her mother directly – something that flies in the face of what we’re taught in medical school. She has already heard it before they insist, and she has come to terms with her limited days a lot faster than the rest of the family. Indeed, when the outside hospital sent her home telling her there was no further treatment they could offer her for her metastatic cancer – she was the first one to latch onto the idea of going home with hospice. She is only here to grant the last wishes of her ever loving daughter and son who insisted on getting a second opinion. Informing her again would only serve as one more let down in a long series of let downs as she was just trying to please her family in her last efforts by coming up here.

Her life had brought her from the other side of the world in search of hope – a place where she could raise her family in prosperity. In a twist of fate, however, today I must help deliver the
news that, despite their best efforts we have come to a place where further chemotherapy will no longer help.

As we start explaining, the eyes of her youngest daughter have fight in them. “There is no way that this is the end” she said with her body stance. It wasn’t then, when she heard those words before, and it wouldn’t be today. But then something changes. As she sees tears building up in our eyes, her aggressiveness melts and there is a moment of mutual understanding that we are not here to condemn, but rather to console. At that moment, the family members turn and hug one another as tears flow, and each begins to accept what their mother had already.

We continue our conversation and close with embraces, but the healing has already begun and there is a new kindling of hope in all of our eyes.
The White Coat
If this white coat could talk, what stories it could tell. It has made an incredible journey as it has been beaten and battered through the rigors of the third year of medical school. In fact, the coat is no longer white. Instead, it is a dull shade of grey that has slowly evolved over the course of the year. It is a color that you will not find at a paint store or in a box of crayons. It is a color that has been forged by individual experiences I have had that somehow blend together. It is torn, strings are hanging lose from the seams, and wrinkles are etched permanently into the fabric. All these blemishes and stains have a story to tell.

Somewhere on the coat is a splash of amniotic fluid. Gross, I know. But this stain is from the time I first found the specialty that I love. There I was sitting at the end of the bed of a patient about to give birth. My arms were up in front of my chest as if to catch a football. The mother was screaming, the nurse was yelling for her to push, and I was wishing that I was anywhere else but at the end of that bed. After a sickening plop, I looked down. Somehow the baby had managed to birth itself and navigate into my shaking arms. The baby’s first piercing cry sent a shock down my spine. I placed the child gently in the mother’s lap and glanced up at her. Tears streamed down her face as she looked into the eyes of her daughter. “Mom, you have a beautiful baby girl,” I said. Tears were streaming down my face too. I was praying that my mask was fogged so that no one else could see how emotional I had become. Here was this tiny family unit that had not existed until today. Dance recitals, proms, high school graduation, college, career, marriage and a whole host of experiences lying before this mother-daughter pair flashed before my eyes. As I walked home to my apartment after that 24-hour call night, not a muscle in my body felt fatigued.

On the left front pocket of the coat is the faint stain of pink marker. This is from evening coloring sessions with a patient on my pediatric surgery rotation. In between cases in the OR, I would hurry to her room and she would show me her latest coloring masterpiece. She would sometimes crawl onto my lap as I sat on the edge of the bed and ask me to fix her legs for her. “Doctor fix” she would say. When I did not make the bandages disappear she would settle for sitting on my lap as she colored away, wildly flinging markers and coloring on anything in her path. “See you ‘morrow, Doctor,” she squealed as I left for the day with the promise that I would return early the next morning.

On the sleeve of my coat is blood, another scar from my surgery rotation. This was gained by holding the hand of a gunshot wound victim in the chaos of preparing him for a CT scan. Medical students often do not know where to put their hands. Working all around me were people who were trained to know exactly what to do. Here I was just the observer. I looked down at the man in the stretcher in front of me. He had been unable to give the medical team his name in the trauma bay, so a pseudonym was randomly assigned to him. His eyes held fear as he stretched out his hand. I was confused about what he wanted. On a whim, I placed my hand in his. He squeezed it tightly and shut his eyes. I held his hand until he entered the CT
scanner. Then, I held the edge of the bed as we wheeled him into the OR. He grabbed my hand for one final squeeze as I was helping the team transition him to the OR table. I think that was the best possible use of my hand for the night.

On the collar of my coat, deeply soaked into the fabric, are tears. That is where they fell after the death of my first patient, which happened on my internal medicine rotation. There they will stay, as I will carry the memory of that first death with me throughout my career.

Somewhere on the coat is the residue of tuberculosis, figuratively not literally. This memento is from the last patient of my third year to whom I said goodbye this morning. I could not imagine ending with a more perfect patient. This patient had tuberculosis and HIV infection and was about as stubborn and hardheaded as someone could be. For two days he refused treatment. He refused medication, refused surgery to drain the 6cm abscess that had formed on his chest wall, and refused a PICC line for the administration of IV antibiotics. He seemed lonely on the isolation wing, so I sat and talked with him over a period of two days. At first we just talked about simple things, how the food was bad at the hospital, what his family was like and the Heat’s latest basketball game. Eventually, we moved on to discuss his fears and his reasons for refusing treatment. What I realized was that he was more afraid of failing treatment than anything. “What if it doesn’t work doc?” he would say. We continued our conversations until this morning. After checking on him, my hand on the door to leave, he said, “Doc, I want that PICC line… and, by the way, I really enjoyed our conversations.”

As students, we often say that we pursued medicine to change lives. However, as I reflect on this year, I conclude that it is my life that is changed. All these different stains and blemishes that I have accumulated over the year have touched me more deeply than just the surface of my coat.

At the end of this year, it is my hope that, when I stand before a patient, this individual will not see a medical student with a stained and torn coat. I hope that instead he or she will see my previous patients -- the first time mom, the 5 year old who loved to color, the trauma victim, the first patient I lost, and the man with TB who all had their part in making me the medical student that I am today. I consider this white coat my “badge of honor,” and I wear it with great pride.