## MedConference 2010

Students/trainees session

**David Isaac (Medical school, 4th year. University of Indianapolis, IN)**
My November – December rotation was in gynecology at a county hospital in Minneapolis; taking care of uninsured patients. Often times the patients, many of them young, single mothers, with difficult financial situation, the question was what's in store for the children, and the mothers, family, what is going to happen when they leave the hospital? I easily slipped in the mentality that this was a burden. The children that they were having were stopping them from getting an education.
I took care of a mother who's a prisoner. She was handcuffed to the bed and had a guard at the door. Her own mother was coming to the hospital to assume care of the baby while she finished her term in prison. The mother didn't come in the end. In the middle of the night, she had her child, I went to check on her in the morning, she was awake and I asked, how are you? She said that she was very tired but that she didn't want to go back to bed because she knew that she had limited amount of time before her daughter would be taken away from her. What was amazing was that in front of these awful circumstances – the mother being a prisoner in jail and being forced to be separated from her newly born daughter – she had such joy in front of her daughter and smiled so wide when I congratulated her. These are not circumstances that I would plan, not the way I would imagine a daughter should be raised, and yet, the encounter I had with this woman was so clear and so sharp – I want to be looked at the way this prisoner looked at her daughter.

**Mandy Reimer (Medical school, 3rd year. University of Alabama, AL)**
On February 12th at 4'oclock in the afternoon, I got a call. I put my scrubs back on, and went back to the ER. As soon as we got there, 3-6 victims, fatal shooting from UAH shooting, tenor had fired at some colleagues. I found the trauma surgeon, as medical student we have seen a few weeks before, a middle school 13-year old boy, I thought that was the worst I'm going to see. Seeing and waiting and didn't know how many we are going to get, my first thought was: don't screw up and stay out of the way. I ended up with a man, shot in the head, unresponsive, IVs, blood cells, he was not moving and I just wanted to be sort of useful, I found myself something that I can do, clean blood off his face. The nurse in surgery came in, his family was in the waiting area. She took the patient's ID, within few seconds, a women looked terribly shot, her son who is 14 years old, someone said, "is this your husband?", "I don't think he is", "no mom you have to look that's Dad." I was very struck. I was struck at this young boy, being a man for his mom. I found at that moment, very useful to do, is pray, to be with his family as much as I could. It was hard for me to watch them walk out and I have to stay. It was a very emotional time. We went back to work, a line, this line, whatever we try to do to get this man as stable as possible. The most incredible thing is he moved his toe. I didn't believe him, just thought she was being hopeful but she was right, he moved his toes, the most beautiful thing I saw this year. I went back out to talk to the family with the surgeon, to say goodbye to him before we took him in. Steven, the 14 year old boy, "do you want to come by?" The wife was so in shock that she didn't know what to do. Steven brought her up and brought her to the room. He held her back to the room, as soon as he came back the 2nd time, Dr. Lee moved his entire left side, grabbed her in when he heard his voice. This entire time, I'm just a med student, what am I doing here? I'm the

useless person, I don't have a job, the least I can do is that I can suffer with this family. My task was done at 10pm, the surgery nurse and I were not invited. I went back home that night, a 6 hour drive, thinking, Monday I hope I can find a way to be with this family. Sunday night I made a few phone calls. I found out the patient's name, the son was a volunteer, a Catholic. Next Monday I was off from the trauma dept, he was technically no longer my patient but I really wanted to stay with him. I was wondering if they would play music for him? He was on pain medication. They said "ok, he likes Beethoven but not Bach," he never responded to me until later. I realized that what I was doing, talking to him, music, it was very dramatic because I thought I was breaking rules. I felt that I was doing what I'm not supposed to do. I felt divided, and didn't want to tell doctors because they might tell me it's not my patient. What I found was that, being on trauma service call was a gift from Christ, to be able to offer the sharing and suffering with the family, internal commitment to follow with this family and not reduce the need in front of them.

**Dulce Cruz (Geriatric Fellow, St. Louis University, St. Louis MO)**
At the end of the first year, as I was doing my rotation in a nursing home, I met Ms. D, over 70 years old. She was diagnosed with diarrhea and treated with antibiotics. I received a call saying that she was refusing medication and being mean to the healthcare professionals, saying "I don't want to be treated by black women," and she didn't want me to touch her. During that call, I took her vital signs, she had hypotension, dehydration. I proposed transfer to the hospital, but she refused, then I ordered antibiotics, but the lady refused the treatment. At the end I talked to the daughter and suggested to send her to the ER. She didn't want her mom to go to the ER either. I insisted that she was sick and she could die. But the daughter insisted "What's the difference? I don't want her to go there, she will be even more confused. Doctor, please give her 3 more days, with the current medication". At that moment I remembered what Elvira said in her talk at the 2009 MedConference, 'to follow the patient', so I decided to give her 3 more days. Next day, as I was doing my rounds, I ran into the infectious disease doctor, she gave me the idea to add liquid antibiotics…. The patient accepted because it's not a pill. She still refuses medication (pills), but she's healthy now and happy in her own world. For me it was a teaching experience, sometimes we forget what the patient asks of you. This was strange for me, because I was able to put away the book and follow reality, follow the patient, despite that this was a risk for her life and that this meant more work for me and the nurses.

**Landon Russel (Medical school, 3rd year. Cornell University, New York, NY)**
I had an experience this past spring, during my final exam. The exam was straight forward, to examine and conduct a history and physical exam of a patient under observation and I did. This was a HIV positive Hispanic immigrant, in for certain routine maintenance. After the exam, the professor brought me back, told me "You did a good job, but I would like you go a step further; what led him to come to the US, to think he has HIV? You need to take into account the entirety of his person." I left the clinic not wholly convinced that I'm supposed to ask according to the checklist. My opinion changed when I found myself sitting next to him on the 7pm train back from Queens. When I first noticed him, we acknowledged each other with a nod, but I hesitated to talk. Would this be crossing the bounds of professionalism? How am I to respond to a casual encounter with a patient outside of the clinic? I pondered moving seats. Then, the thought occurred to me: why need he be different from any other fellow subway rider? Besides, in short time he would be on his way and I on mine. So, I kept my seat. He spoke to me. "I was kind of

nervous during the exam," he told me. "Yeah, so was I," I responded. That was it. The ice was broken; the conversation, begun. As we began to talk, the reality became clear to me that in modern medicine, the decreasing time devoted to personal interaction combined with the increasing technical demands required of professional care make it all too easy for the healthcare provider to 'otherize' the patient. During our initial encounter in the exam room, even when I asked all the prescribed questions on the social history, my view of him was still constricted. In the clinic, the patient was a Latin American immigrant who came to the US to work. From our subway conversation, he was a bright, educated professional who left his home country to find a place where he believed his talents would be put to better use. In the clinic the patient spoke little English and had difficulty responding clearly to questions. From our conversation, he was an articulate speaker who preferred to express himself in his native Spanish (which was not possible to speak in during the initial exam). Through this more genuine exchange with the patient about his life, he became for me less of an "other" and more of a "we" with whom I share a lot to better everyone's burden.
I left the train, he got off somewhere in Queens, I went back to Manhattan, later it hit me that even if I asked all the required questions, there's still so much more to that person. If we don't sort of take that effort to that person we are constricting our views on what they are. Being on the force for so many hours, you have little time, get to the patient, get to the details, but you can remain at the surface if we don't make an effort to look at the patients in the entirety of their life. This is the experience that I brought home with me.

**Maximilian Zucchi (physiotherapy student at McGill University, Montreal, CA)**
I will tell you about a short story that happened to me in a clinical site visit. I went to this hospital, I had this little experience later that led me to write an article on euthanasia. There was this 36 year old patient that looked 50 because of her condition. She was really deteriorating. I spent an hour and a half with her during the whole session, I was really struck, it was a very enjoyable environment, I wanted to get the most of the patient and the physiotherapy. During the whole session something was bothering me; how can this woman still find purpose to live? She may die in a few years. At the end of the session she turned to me and said: it is only thanks to people like her (the physical therapist) that I can say life is worth living. This lead me to judge the experience that I had there. A simple gesture has an eternal dimension, like Dr. Reggiori said, this simple gaze on the patient, washing her hair, calling the Russian interpreter like the nurse Veronica did, this is the eternal dimension, my life is worth living. Then I wrote an article on it, participating to what has been a huge debate on Euthanasia in Quebec. What was said was that we're not doing a battle against euthanasia but we want to introduce this new humanity. Through my friendships, through these medical conferences, I want to have the same gaze like the gaze of this physiotherapist had towards the patient I just talked about.

**Laurence Normand-Rivest (Medical school, McGill University, Montreal, CA)**
This year has challenged us through the debate on euthanasia. It had been prepared by pro-euthanasia groups for 2 or 3 years, but the society debate started in March of 2009 when an old man, who had terminal prostate cancer, wrote to Le Soleil of Quebec city to ask publicly to our minister of health to have euthanasia. Dr Bolduc answered right away that he would start the debate at the National Assembly.
I was restless at that time: it seemed to me that something very dangerous would soon be introduced in my province, so I went around my friends of the community (*) asking them if I

should form a coalition of students, and I was urging them to write a flyer on the subject. My friend Cristiano told me at that time that the most important thing for me was to take the matter of euthanasia seriously, to start by doing the work to understand it, to seek the truth in this reality. I understood at that time that this couldn't be looked at as a simple debate, that I had to start from this man with prostate cancer, who had such a desire for dignity, pleading to be relieved of his solitude in front of death – like many people in my province, suffering from divided families and communities – and what I wanted was to look at him, to really face his suffering with him and to share with him the hope I had for him. I wanted to tell him that his life has a beauty and a meaning that cannot be reduced by misery. That we never lose ourselves. What I really wanted for his life was it to be beautiful, and happy. I wanted to tell him, like Ms Vicky Aryenyo told us in the movie Greater: «Don't you know that that there is a value in you that is greater than your sickness? » So I met with my friends and we wrote the first article we published.

Afterwards, the debate reached the federal level with MP Francine Lalonde's law project for decriminalization of euthanasia. There was a national assembly organized by Preston Manning of the Conservative party in Ottawa and I went there with some friends, and we met there some people I loved very much, including Linda Couture, with whom I became friend immediately, and who was going to become the director of our coalition against euthanasia in Quebec. Linda told me afterwards that she wasn't interested into getting too much involved with euthanasia because she remembered too well the debate on abortion, but she fell so much in love with people there that she finally dropped everything she was doing, her work, to become the director of our organization. We started to exchange between us all the articles that were published in the newspapers and we all wrote back to the papers, getting many articles published.

I had done nothing to organize all of this, yet a true friendship and a new gaze on the patients was given to me through this company, working with me to testify that there was something greater.

The most important event through this period was to accompany my grandmother dying of brain tumor this winter. She had been always beautiful, full of makeup, going out every night, and in the summer of 2009, what she thought was a flu was a brain tumor, of which she died three months later. I could never forget her eyes. There was no more of all the suffering of the past (the suicide of my uncle, who was the baby of the family, the many problems in marriage, and out of marriage in other relationships), no more of all the resentment between her and her children – my father, who had ignored her for 3 years, couldn't keep himself from coming to visit everyday and found it hard leaving, so he was moved by her beauty. She was filled only with gratefulness, which made her tender towards herself. Even the vanilla yogurt we would give to her had become amazing to her. I had never seen her praying, but I left with her my icon of the Black Virgin of Czestochowa, next to her bed. One day, she asked to say Hail Mary together. Now that she had lost everything, she was free to ask the Virgin to be with her. She was free to lay her gaze on Another.

**Federica Fromm (1st year resident, Saint Vincent Hospital, New York, NY)**

I was moved by these interventions, I was struck by the judgment that each one of them was able to make facing their everyday circumstances as they are training in the medical profession. I am still in training myself and I am completely aware of how difficult it is to even have a second to step back look at your circumstances and make a judgment rather than just being overwhelmed by the endless amount of tasks that are assigned to you.

I just finished my PGY1 year in internal medicine and sometimes even in my sleep I think that my pager is going off or wake up in the middle of the night thinking that there must be some PTTs somewhere that I am supposed to follow up for my patient on a heparin drip.
Intern year was rough, intern year was extremely challenging and yet I think about it as one the most beautiful times in my life. Why? Because I was challenged and also accompanied by friends on daily basis to ask myself "why am I doing this?" as I was literally running to codes in the middle of the night while on night float with my 9 month big pregnant belly.
In this regard, I want to tell you a story happened this year, as I was an intern. I was called to take care of a VIP patient, the wife of the head of cardiology, affected with cancer. They told me, she has to be a priority. I remember thinking, great, I've been given this task and I was freaking out. This poor woman was at the end of her disease. I pretty much was told this patient came here to die. For me it was moving that this case marked the beginning of my residency. It's true that at some point I have to start, but I felt completely incompetent. I learned so much from me taking care of her, a woman who's dying and her 5 children. I knew that my role was to give the best medical care but also to accompany her. She was very sick, and she took a lot of my time. She never left the hospital, she fought every day, her husband didn't want to give up. Think about it, he is specialized in so many things, his wife is dying and there's nothing he can do. Even if you have the best training, there's nothing you can do, life is not in your hands. This taught me a lesson from the beginning. In the end I was accompanying her and became friend with her and her children. She used to tell me, "I don't want to die, I don't want to leave my children". At that time, I was pregnant, and had nausea, the woman didn't smell very good and she knew that. She looked at me and said "I know it's hard". Eventually she passed away. She became hypotensive. We had to put in central line. My resident came with all the supplies for the central line, the patient stopped him and said she wanted me to put it. She grabbed me and said "I don't care if you know how to do it, but you care about me". The poor woman died. Nine months later, the chief of medicine called me in. He told me "I received something in the mail, the husband told me that her wife left 6 letters, 5 for her children and one for Dr Fromm". This man, the head of cardiology, commented "what struck of me about Fromm is that she cared about my wife and her passion for life. She deserves any job she works. I want this letter to be submitted as reference letter for in each interview Fromm wants to submit".
What moved me, it that all I am is what I have learned from this place. What makes you who you are is not your personality, but what you met. To me it is impossible to conceive myself without this place educating me. I'm not in the best school, not in the best residency program, however, I'm learning to treat my patient for who they are.
Why is being in the medical field worth all of this?
I was moved by what David said when faced with the prisoner holding her own daughter:
"What was amazing was that in front of these awful circumstances she had such joy in front of her daughter. These are not circumstances that I would plan, not the way I would imagine a daughter should be raised, and yet, the encounter I had with this woman was so clear and so sharp -I want to be looked at the way this prisoner looked at her daughter."
If we stand in front of our patients with that simplicity, like David did we can learn that not only can we be a witness to our patients, but our patients themselves can reawaken those questions of truth, love and justice in us, even those patients who at first would just appear to be bothersome. Yet, unfortunately, most of the time in our fields of work is spent facing tragedy and so as in Mandy's case for example, we look at these people who are dying and we stand in front of them

and we ask ourselves: "Why me? Why am I here? Why am I privy to this awful occurrence? What can I do/have I done to try to "stay in front of this"?
And this is where the real challenge begins. What do we say to our dying patients? How can we, healthy young people training in the medical field, how can we look at our patient in the eye and say that life is worth living?
And this is where I was blown away by Max and Laurence's interventions.
Laurence says when faced with a man who wants to end his own life because of unconceivable pain that "If we try to impose our own measure on reality, we weaken it, we hide ourselves from the possibility it beholds. The human being doesn't want to be looked upon as the result of a quality of life equation: he knows he is much more when he encounters a person who lives the experience of the certainty of the fulfillment of life."
And I think that Max's story shows that patients are in fact aware and recognize when they are looked at in a different way. He says: "the human who enters into a relation with another evokes in the latter (and indeed onto themselves!) a greater desire and cannot remain passive about it. The patient is above all a human being; it cannot be regarded merely for its illness. We all desire more than mere "physical" healing, our primary need is to be loved. *This* is dignity."
And so what is the hope for the future? As we look ahead 5 years when we will be in "charge", when we will be the ones making decisions? What does this say about the future of medicine? Landon touched upon this point when he states that "Future doctors must then be thorough yet not too constrained; they must assess relevant information to provide appropriate medical care but not limit themselves to technical criteria alone; they must assess clinically relevant data but still enter into a frank, sincere interaction with a human person."
And so what do we need?
A year ago I stood on this same stage and along with other students asked Dr. Pellegrino a series of questions which all had in common a sense of restlessness and difficulty facing this difficult profession we have been called to. This year I sense that a step has been taken, I sense that we have grown in our judgment.
Dulce goes back home after the conference last year and facing her difficult patient is able to say:
"This was strange for me, because I was able to put away the book and follow reality, follow the patient, despite the fact that this put at risk her life and that this meant more work for me and the nurses."
Why can she say that? Circumstances have not gotten any easier but we are on a road and we are not alone. It is not by chance that a year later, after we took part in this conference and built relationships with people we met here from around the country who accompanied us throughout the year to judge our lives, we can stand on this same very stage and recount what you have heard today. How do we explain this?
Laurence explains it the best when she concludes her article stating: "We need a person who witnesses Another. This Other, Christ, embraces everything, even the miserable condition of man. He reveals to him that he is infinitely loved, that even his hairs have been counted."
Everyone in this room is called to be a witness for each other of Christ's presence in our lives. This is the only hope for our lives, for our patients, and for the entire world. I am excited to see what great things will happen this year as we mature even more on this road.

(*) the movement of Communion and Liberation http://www.clonline.us/