WHEN THE SCREEN FALLS AWAY

Michael Rizzo, Class of 2019

"Don't ever lose your compassion." "Don't let medicine jade you." "Make sure you don't build up a callous to patient suffering." These are pieces of advice I have heard over and over again throughout medical school, and each time I have smiled, said "Don't worry, I won't," and filed away yet another reminder to maintain my humanism through the gauntlet of medical training. But really, if there's one thing that I have never had to worry about it, it has been losing my compassion or empathy. I make an effort to be kinder to patients than the other medical students and doctors I see. I make mental notes so that I can maintain good eye contact instead of furiously scribbling, or worse, typing. I put my hands on the bed rail, I smile, I laugh, I pat the patient's hand. These are things, honestly, that come very naturally to me. I am a very average medical student on standardized exams; my strength is this.

It came as quite a surprise, then, when near the end of my very first rotation, I found myself confronting this issue in earnest. It was my second week of inpatient internal medicine after a long, difficult month of outpatient, sifting through long medication lists and extensive past medical history in a little clinic. I found the hospital environment exciting, with all the people milling about, doctors and nurses and techs bustling around at all hours of the day and night. It felt like the popular medical shows, with all the lights and sights and the steady, soothing beeping and booping of fancy medical equipment. And I, walking around in my neatly pressed white coat, was thoroughly enjoying every minute of it. I would have friendly, pleasant interactions with patients, get a good history and physical and present to my attending, and feel proud and privileged to be there. I had an encounter with a patient freshly diagnosed with lung cancer, and it was actually quite a nice visit. I examined him, we chatted about this and that, joked about the food they were bringing him, all very light-hearted, and then I went on my way. He was whisked away to another floor and I didn't see him again.

One day we went up to the ICU, and I got to see very sick patients that had things I had read about, and I even got to do a paracentesis. The doctors and nurses would stand around chatting, joking and laughing about some patient or other who had been ill in some humorous way. On one such occasion there was a gaggle of doctors and nurses giggling about some guy who had recently arrived in a coma due to a "seizure" when everyone knew it was an opioid overdose since his disheveled girlfriend had told the ED nurse he had been in a methadone clinic. I didn't think this was funny, but I smirked a bit as I saw his bed rolling past further down the hall—you know, just to fit in. Someone said, "Look, the family is here," and I turned just in time to see a man I knew well (I'll call him Mr. L), sobbing as his wife crumpled in his arms. I froze, horrified, and the TV show turned starkly into reality.

I had no idea what to do. Instinctively, I hurried after my attending, who had walked away towards the next patient's room. Numbly, I fumbled through my presentation, and went through the motions of being friendly to this new patient, but something had changed. The weight of someone else's grief, someone I knew, was unbelievably heavy on my shoulders. I wanted to somehow comfort, to make them feel better and have a happy, hopeful conversation about his likely recovery. At the same time, I wanted to teleport anywhere else. I was terrified that they would see me, that I would have to talk to them. I didn't know what to say in this situation where there was really no hope to give.

This patient was a 20-something year old man who had apparently seized and gone into cardiac arrest for many minutes before EMS was able to restart his heart. He was in a coma, with fixed, blown pupils, acute renal failure, severe metabolic acidosis, and hyperkalemia. When I entered his room, he was on a ventilator and they were scrambling to get him on dialysis. From what little I knew about critical care, I understood that this was essentially a hopeless situation. I told my attending that I knew this patient, and that I wanted to hang around his room to…well, really, just to be there. I had no role in his care

other than just to stand there and look at his face, and pray. I stood there and I stared at him and I prayed for probably an hour before my attending told me to go get lunch. Lunch. It seemed an odd thing to think about at the time, but, obediently, I headed for the elevators, in a daze. I rounded the corner, and walked straight into Mr. L.

For a second he froze, his red, puffy eyes wide in surprise. And then he hugged me. This was a gruff, strong, capable man whom I had gone to for advice on manly things like buying trucks and fishing. We were friends, but he was not the type of man to be vulnerable, or touchy-feely, or overly warm. But he embraced me as if I was his only friend. Here he was, in this strange, unfamiliar environment with his son dying nearby, and he had found a familiar face. I stood there and I held him up as he leaned on me and cried, and I was silent. Eventually, he gathered himself up, looked me straight in the eye, and asked me if his son was going to be ok. I didn't look away, I didn't cry, and I didn't stumble over my words, but deep down I knew that any hope I offered him would essentially be false. I knew that I had little to offer as a medical student in terms of prognosticating, and I knew that I really wasn't supposed to make an attempt, so I didn't. But it wasn't in me either to leave him there crushed, with nothing. I told him that the doctor would be by soon with an update and to answer questions, but that, for now, vital signs were good, the potassium had been brought down to normal, and that he hadn't developed any cardiac arrhythmias, but that the neurologist would be by in a little while to assess neurological status, and that was going to determine much of the prognosis. I told him nothing that he didn't already know, and I didn't really offer any hope, but I also didn't snuff it out. He seemed comforted just by the fact that I had a small (really meaningless) status report, and that I was there talking to him. I don't know if I should have handled that conversation differently, but I was scared and put on the spot, and just said what my gut told me to say.

I hugged him again, hugged his wife, and told them that I'd be coming by to check up on them in the coming days. I wasn't there later that day when their son was pronounced brain dead, and I wasn't there the next morning when he died. But I will never forget that day, and I will never forget what I learned from it. This is not a game. It is not a TV show, and it is not light-hearted. I don't walk around solemnly, mourning each sick patient I see, and I have not changed my friendly, happy approach with patients. I still enjoy being in the hospital, and I do not scorn medical professionals that cope with death and dying with humor and making light of the situation. But I do understand now, and really feel, that every patient is the most important thing in the world to someone, and that patients and families are sincerely afraid, often searching a physician's every word for hope. I learned that, for me, truly feeling the weight of patients' and families' concern is what allows me to connect with them, and provide a feeling of comfort and being cared for, even when there is very little hope. And sometimes, what's needed is simply your time, your presence, and a hug. ■

And sometimes, what's needed is simply your time, your presence, and a hug.

This essay originally appeared in Intima: A Journal of Narrative Medicine, *and received an honorable mention in the 2018 Compassion in Healthcare Essay Contest sponsored by* Intima.

Michael Rizzo is a fourth year medical student, and a member of the US Navy. He plans to serve as an active duty flight surgeon after completing his internship at a Navy hospital next year. He is from Pensacola, FL, and attended FSU as an undergraduate, getting his bachelor's degree in Exercise Science.