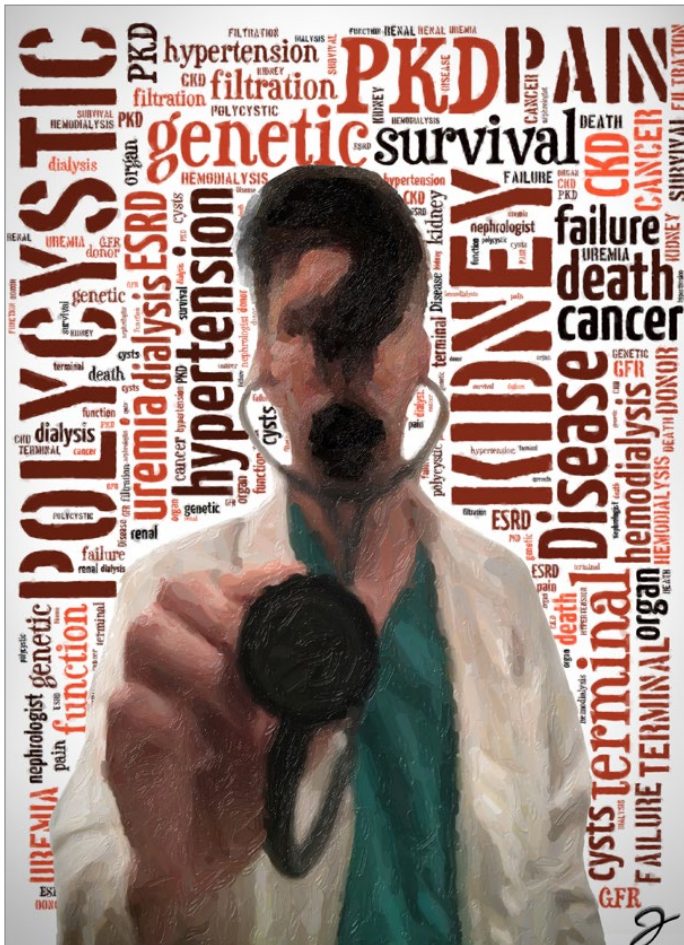


# THE DEPTH OF DAILY INTERACTIONS

Kevin Draper, Class of 2016



## JARGON

Jesse O'Shea, MSc

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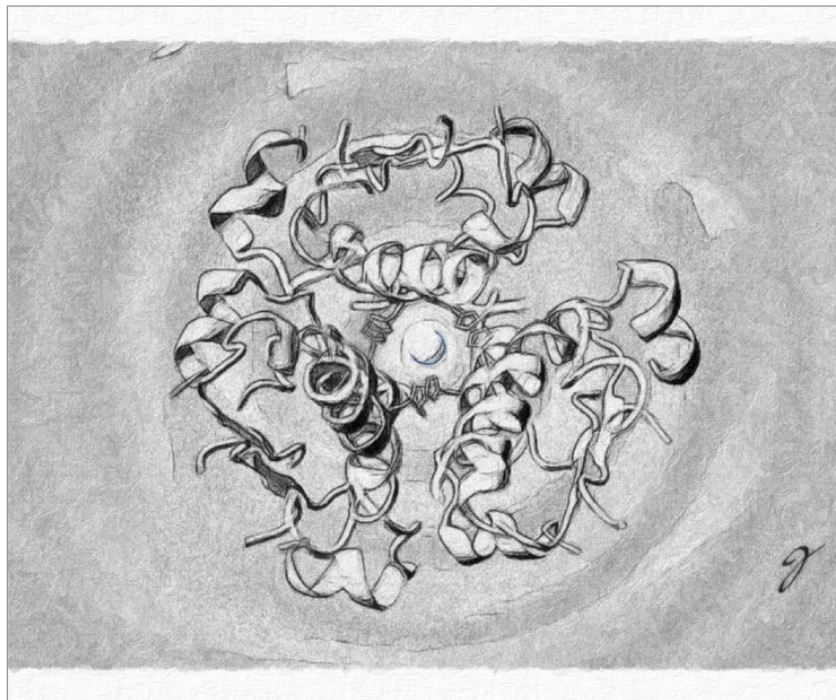
I remember my first solo interview during the first week of my psychiatry clerkship in the same way that I remember my most intimate, life changing, and personal memories. These are memories that awaken all five senses and transport you in time and place. I was instructed to enter a cramped, all but forgotten room of the psychiatric ward to gather a detailed history from a newly admitted patient, Ms. Smith, a candidate for electroconvulsive therapy (ECT). At that point in my education the thought of ECT still conjured scenes from *One Flew Over the Cuckoo's Nest*. I had of course read up on ECT, but not yet witnessing it, those powerful movie scenes were still etched into my memory.

With a knock on the door I entered the room. A middle-aged woman wearing a pink t-shirt and faded blue jeans stood up to greet me. I introduced myself as a medical student assigned to conduct her interview on behalf of her attending physician, and we exchanged handshakes. She was strikingly tall—well over six feet—and her broad shoulders projected an intimidating presence. On closer inspection, she had soft blue eyes complimenting her welcoming smile, and her long brown hair was tied into a pony tail with a pink bow, all of which tempered her otherwise imposing frame. I settled in for the interview for which I was supposed to follow a structured packet of detailed questions. I started simply by asking, “What brings you in here today?” This question would be all I needed to spark a free flowing conversation between us. I gathered more information than I ever anticipated. I barely kept up.

She began with childhood stories about being the tallest person in the class and the mean-spirited name calling by her classmates. She recounted how she would come home from school in tears, which in turn caused her father to hit her and demand that she toughen up. She opened up about how deeply it hurt to be different.

Boys either paid no attention to her or were just outright mean. She constantly resented her appearance. Amidst stories of heartache, she also told of occasional moments of happiness growing up, such as when her size was an advantage and she led her high school volleyball team to the state championship. Unfortunately, these moments of joy were fleeting, inevitably drowning in some deep sadness. It was midway through her senior year when she first attempted to take her life. She laughed awkwardly when told me how she woke up in the hospital with bandages around both wrists, thinking about how she was a failure—even at trying to die. I wasn't sure how to respond except to simply say, "I'm sorry." She nodded then continued.

Following her suicide attempt she started seeing a therapist. Things seemed to improve over the next several years, although in the back of her mind the sadness always lingered. She explained how she had earned a volleyball scholarship and went off to college where she majored in education. This led to a master's degree and a solid teaching job. A few years later she fell in love with who she thought was a wonderful man. When he became verbally abusive, she spiraled into a depression worse than any she previously experienced. She swallowed all of the pills in her medicine cabinet, and as she dozed off she had thoughts of finally being free of the pain that had tormented her. Again she would survive, and she laughed uncomfortably as she



## INSULIN: THE MIRACLE MOLECULE

Jesse O'Shea, MSc

lamented having to begin another cycle of rehabilitation. Her doctor prescribed new medication after new medication, what she described as "every drug out there," but nothing worked for more than just a little while. For years the sadness and treatment failures went on and time slowly passed. Although she wasn't better, life had become tolerable, but that changed when she recently lost her teaching job. She felt the all too familiar overwhelming desire to end her suffering by her own hand. This

And so it is with the profession I have chosen; often very brief interactions with patients can be the most impactful moments in one's medical education.



## THE VIEW FROM HALIFAX

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### THE DEPTH OF DAILY INTERACTIONS (CONTINUED)

time, however, for reasons that escaped her, she decided to not give up. She felt out of options, save ECT. She expressed hope that it would bring her a semblance of peace for which she had long yearned. Under that backdrop, Ms. Smith found herself sitting on an old couch in an old room in a remote wing of a large hospital telling her life story to a medical student. She was asking me, a green third-year medical student still adjusting to a new rotation to be the bridge to what she saw as her last chance at happiness. I had to be receptive, understanding, inquisitive, reassuring, and advisory, when all I felt was confusion and sadness. I knew I had to hide how I really felt for the sake of Ms. Smith, except to remark how hard this has been for her and that I hoped for the best. As our interview concluded, I thanked her for sharing her story and she thanked me for kindly listening. We shook hands and parted ways.

When I got home that day I reflected on what transpired in that interview room. I couldn't escape the thought that it was so unfair that someone so kind could be so lost and alone. Had I found myself standing next to Ms. Smith in a grocery line, I would imagine we might just say hello and move on with our happy lives. How could so much anguish lay beneath the surface of an unassuming and gentle façade?

From the start of medical school I had heard many times how the greatest but most humbling part of entering the medical field was the privilege it afforded you to gain trust from the patients you treat. I hadn't gained a full appreciation of this until I learned it from being the med student assigned to Ms. Smith. I heard about past events that haunted her, the things

in the present that worried her, and the things about the future that scared her, and she looked to me for help. And so it is with the profession I have chosen; often very brief interactions with patients can be the most impactful moments in one's medical education. Ms. Smith was my catalyst to contemplate the complexities of human interaction and human existence at its face, and realize that the struggles we experience are not always on the surface. Without knowing it, Ms. Smith taught me that everyone I meet, no matter how normal they seem on the surface, has problems and secrets they hold close to the heart and I must always strive for empathy and understanding with any patient I see.

The beauty of the field of medicine and life as a physician does not lay in the simple privilege of patient contact and trust. That is part of what makes it special, but it is not what makes it unique, and it is not what changes one as a person. What changed in me that day, and what I think changes everyone in this field, whether they realize it or not, is that you must truly understand and appreciate the depth of everyone you treat. One must open up the heart and the mind and consider what may be, not just what is or what seems to be. I hope I can one day master what I began to realize that day with Ms. Smith. For now, all I can do is to extend kindness, care, and understanding to patients that come my way, and do it without any thoughts of receiving something in return, save a sense of having done some good. ■

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