

WHEN TIME STOOD STILL

Makandall Saint-Eloi, MD

Waking up in the middle of the night for a consult for your surgical rotation seemed normal enough. Seeing a new patient admitted from the ED tends to be an exciting time for young medical students. This experience allows us to see patients one on one and build rapport. As I walked down the hall I noticed it was a little after midnight and the hospital floors were quiet. You could only hear the distant bells and whistles of the patient monitors chiming a poetic melody to alert nurses of any dangerous changes. As I walked into the room I was greeted by an amazing smile, perky and bright, accompanied by eyes wide with hope and strength. The wearer of this smile uttered, in a soft melodic voice, “Good evening, young doctor.” We began to exchange dialogue after I introduced myself as a third year medical student, but she would only agree to call me “young doctor.” I began to dive into her history asking the common questions of what, when, where, and how.

“I’ve been having chronic pain on my right side which has been going on for about a year. I can sometimes feel something on my right side under my ribs, but I don’t know what it is. I’ve also been having difficulty eating and have lost a lot of weight,” she said.

I immediately began to build a differential in my mind; the pairing of a mass enlargement with significant weight loss never adds up to a good diagnosis. I asked her what her biggest concern about her medical issues was, and she began to cry. At this moment I held her hand and looked into her face as silence filled the room and a stream of tears ran down her cheek. I remembered that same look of fear and uncertainty on my mother’s face as she battled through her own cancer. I began to think about what my mother would need from a student, a student that could really offer her nothing in the medical realm. I realized all I could give was compassion and empathy.

“What scares me the most is the possibility this could be cancer. I feel I have always done everything in my life for the good

of other people. I feel as if bad things always happen to good people,” my patient revealed.

With no definitive diagnosis reported, I told her to be optimistic; the diagnosis could be a collection of diseases which present the same way. Looking into her eyes, I could see a mild sense of relief. I decided to dig a bit deeper to understand who this special woman was instead of labeling her based on a possible diagnosis. I discovered she is a woman of faith with a supportive sister and daughter. She enjoys helping others far more than doing things for herself. The more I talked to her the more I could see parallels between her and my mother. After about an hour and a half of conversation it was time to part ways and I reassured her I would visit her again in the morning. On my way back to the overnight bunk I decided to check if any imaging came in from the ED on her admission. Being a novice in reading images I was not sure what I would be able to interpret, but as soon as I opened the image my heart felt heavy. I began to try to swallow, but it was as if a boulder was lodged in my throat. There was a gallbladder mass invading into the liver. The impression read possible diagnoses of cholangiocarcinoma.

At that moment I knew this woman who reminded me so much of my mother would have an extremely tough battle ahead of her with uncertain prognosis and high percentage of fatality. All I could think about was those eyes that lit up as I walked into the room, eyes with so much hope and strength, and I knew then this would be a battle she was prepared to fight. My memory of her was ingrained not as the 40-year-old woman with a several month history of right upper quadrant pain, but as a woman of faith, a sister, and a daughter. With all the new miracles—new medications and new treatments—there is still medicine within a simple touch and an empathetic heart. ■

Dr. Saint-Eloi graduated from the Florida State University College of Medicine in 2016. He is currently a resident in the Jackson Health System Family Medicine Residency Program at Jackson Memorial Hospital.

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