

THE 2ND ANNUAL “HUMANISM IN MEDICINE” ESSAY CONTEST

Sponsored by the FSUCOM Chapman Chapter of the Gold Humanism Honor Society, in partnership with *HEAL: Humanism Evolving through Arts and Literature*.

1ST PLACE ARRANGE WHATEVER PIECES COME YOUR WAY

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Monday. 9:38 PM. My first day of surgery rotation. Night, rather—I have been at the hospital since 6:00 AM. One last gallbladder to take out for the night.

Our patient reminds me of my aunt Donna. She is in her sixties and sweet, with a Jersey accent. She is an English professor at the local college. Her specialty is Virginia Woolf.

Monday. 10:04 PM. The circulating nurse calls the golden moment and my surgeon starts the cholecystectomy. Thirty minutes into my shaky laparoscopic camera driving, the unthinkable happens. In an instant, the camera goes completely crimson and we're blind. I quickly pull out and clean off the camera only to reveal blood pouring into the abdominal cavity. Calmly, my surgeon clamps the source, takes the camera from my hand, and says, "We have to convert to an open operation. Scrub out and get help."

Stunned, I rip off my gown and gloves and run out of the operating room. The halls are deserted and all the lights are off. We're the last room operating.

Wednesday. 12:36 PM. Rounding over lunch. Two days post-op and our sweet, New Jersey patient had to be intubated last night in the Intensive Care Unit. We had been watching her closely since her surgery, but despite our efforts, she isn't improving. The JP drain we left to remove any fluid in her abdominal cavity is filled with thick, dark green fluid. She is leaking bile.

I can see the disappointment on my surgeon's face. He's young—only three years out of residency—but already loved in our small community. Patients appreciate the extra time and effort he takes with them. He makes a point to learn about each of his patient's families and their occupation—insisting on calling his patients by their professional titles. Physicians constantly refer to him because he closely medically manages each of his patients. He is the definition of busy, but thrives on the work.

In the dim fluorescent lights of the ICU, he calls me over.

“You need to come here and listen to me make these calls,” my surgeon says. “This is not a proud moment for me. In residency, I fixed problems like these. But part of being a doctor is knowing when you have to ask for help. I know I could repair the bile leak with another surgery, but when you’re too invested—that’s when you make mistakes. Potentially life-threatening mistakes.”

The first call is to our patient’s son. He’s a theology PhD student in New York that is flying in this evening to be with his mother. My surgeon explains his mother’s condition, answers all his questions, and discusses his plan to transfer her to a larger medical center. He agrees with my surgeon and, despite his palpable sadness, thanks him for doing what he thinks is best for his mother.

The next call is to a surgeon he knows at the larger medical center two hours away. It was surreal to see my confident, skilled surgeon explain his patient and situation with such humility. To witness him admit that he needed help.

He hangs up the phone and without saying a word, he gets up. I follow at his heels. He slides open the heavy, glass ICU door and approaches the head of our patient’s bed. She lays with her eyes closed, tubes and wires entangling her. My surgeon places his hand on our patient’s shoulder without any indication that she knows he is there. In a soft, soothing voice he explains to her what is going on and the plan to transfer her. He tells her that he’s sorry that he cannot take care of her here. He tells her everything.

Although I had only known him for a few days, I already respected his knowledge and surgical skills. However, it was at that moment that I truly began to admire him as a doctor. Medicine is a field in which perfection is not only rewarded, but expected. We are trained to be confident and infallible. We are held to seemingly impossible standards.

We often measure a physician’s excellence by their achievements in medicine—developing innovative techniques, performing complicated surgeries, curing deadly diseases. It is easy to praise obvious success and lose sight of our humanity. But we are imperfect beings.

My surgeon revealed to me that real physician excellence is the ability to be altruistic in unfortunate situations. As much as doctors want to fix everything, we must make the compassionate choice with our patients and admit when we need help. His forthright admittance of a disappointing outcome, respecting the

best interests of his patient, and making it a teaching moment for me demonstrated true integrity.

Tuesday. 10:45 AM. My last week of surgery rotation. I turn around to my name being called in a quiet, but unmistakable Jersey accent. My gallbladder patient is back for a post-op visit with her son.

She updates me on what has happened since she was transferred. At the larger medical center, imaging incidentally revealed an asymptomatic tumor in the tail of her pancreas. She told me that the doctors said she was lucky because that type of pancreatic tumor is typically not discovered until it is too late for treatment. If she had not been transferred, the tumor would not have been found. They were able to repair her bile leak and remove her tumor in the same surgery.

“I’m so sorry to hear that they found a tumor,” I say as I’m removing her surgical staples.

“As Virginia Woolf said, arrange whatever pieces come your way,” she responds with a smile.

My surgeon arranged the pieces and made a difficult choice for the well-being of our patient. He demonstrated to me that an exceptional physician embraces humility, shows empathy, and makes excellent decisions even in difficult moments. ■

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