

THE MEDICINE OF BEING HUMAN

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As I began my third year as a medical student, I couldn't have been more excited to start seeing real patients with real problems—assuming the “doctor” role that all medical students long to experience. The countless lectures, endless hours of studying, and strenuous tests experienced in the first two years of my medical education gave me a sense of security that I would be fully prepared to conquer any disease or situation that life would throw my future patients. The doctoring and ethics courses taught me how to care for my simulated patients as my own with the compassion and respect that separates a good physician from a great one. However, it wouldn't be until I met my first patient on my OB-GYN rotation that I would experience an invaluable life lesson that would open both my mind and heart to the true meaning of being a physician.

As I got out of my car and slid my arms into my white coat, I felt much like a warrior stepping into battle. I was the warrior, the white coat my vest of armor, and the stethoscope my weapon to fight all my patients' problems. It had been a long several days of clinic in my assigned Obstetrics and Gynecology office and I had already learned an enormous amount about pregnancy and labor. By the end of the week, my preceptor and I both felt as though I was fully prepared to see my first patient by myself. As I sat in his office waiting anxiously for the next patient, I heard the office door open and the voice of a woman fill the room. It was such a pleasant voice, an upbeat voice; as she spoke to the receptionist I felt my anxiety slowly begin to slip away. It was a very comforting voice, one that could only come from the lips of an excited mother expecting her first child. The nurse showed the woman and her husband into one of the exam rooms and told her that I would be with them shortly.

The nurse handed the patient's chart to me with a smile as my preceptor said, “You're up kid.” After entering the exam room, my patient and her husband greeted me with ear-to-ear grins. I introduced myself as a medical student and began to obtain a complete history from the patient. The excitement these two were experiencing was almost tangible. They were completing each other's sentences and talking over each other as they told

me the story of their challenges getting pregnant. They had completed a round of in vitro fertilization. They expressed the lows of years of trying to get pregnant without success, and the high of finally hearing, “You're pregnant,” from the nurse many weeks prior. The new mother told me how excited they were to begin setting up the nursery and telling all their friends and family members about the new addition to come. She lay on the exam table, holding her distended belly with one hand, while the other grasped the hand of her husband.

I continued to ask the questions I'd heard my preceptor ask so many times earlier that week. My patient and her husband appeared to almost be in euphoria, but answered each question without any hint of concern. As I concluded my questions, I asked the patient and her spouse if they were ready to hear the sound of their little one's heartbeat. Their eyes locked and they squeezed each other's hand a bit tighter as I began to glide the lubricant-covered Doppler over the mother's belly. At first, I was having difficulty obtaining any sound other than that of the mother's own heart. I spent a considerable amount of time chatting with the couple as I covered the entirety of the mother's abdomen searching for signs of life. The couple's rambling began to quiet as they asked me why they couldn't hear the heartbeat. I let them know that it was surely due to my lack of experience, and that I would get my preceptor to assist me in finishing the exam.

My preceptor was in his office writing a note as I began to relay the history I had just obtained. In the process of presenting to him, I informed him of my inability to locate the fetal heartbeat. He stopped typing and looked at me with a raised eyebrow. He asked if I had tried all the pointers he had shown me, as I had been very successful at finding the fetal heartbeat many times before. I responded that I had, but told him that I was sure he would have no problem and that it was most likely due to my own nerves. We both walked back into the exam room. The couple and my preceptor began chatting as he slid the Doppler around the woman's abdomen searching for the fetal heartbeat. After several minutes, everyone in the room gradually stopped speaking and the facial expressions of the couple began to show

signs of genuine concern. My preceptor asked the nurse to locate the ultrasound machine as he tried to ease the concerned new parents, telling them the baby may be sleeping and would be easily awoken with some “poking by the ultrasound probe.” He then continued to ask about the pregnancy in an attempt to distract the couple as he glided the ultrasound probe from left-to-right across the mother’s abdomen.

At one point, he stopped both moving his hand and speaking. Seconds felt like hours as the mother, father, and I waited to hear what he was going to say next. He began by saying “Mr. and Mrs. X, I am very sorry to inform you that your baby’s heart is not beating.” I could feel the pain and sadness of the news as tears began to stream down their faces. It was as if a dagger had struck me in the heart. I felt as though I had let my patient and her husband down. As thoughts began to consume me, I could see my preceptor lay his hand on the woman’s shoulder as he handed them both tissues. It was that day that I realized not every day of a physician’s life would have storybook ending. It was that day that I would experience loss for the first time. It was that day that I would understand that as a future physician it

was my duty to be there for my patients through the good times and the bad. My preceptor stayed with the couple for a while longer answering any questions and providing condolences for their loss. The couple thanked both of us. My preceptor hugged both the woman and her husband before exiting the exam room.

After we made it back to his office, he let out a large sigh, looked at me and could certainly see the concern and disappointment streamed across my face. He walked up to me and placed a hand on my shoulder. He said something that will forever resonate with me. He said, “Letting it get to you? You know what that is called? Being human.” He continued, “Son, if there is only one thing that you learn on this rotation, remember that being human is the best gift any physician can give to his patients.” ■

Eric Beyer is a fourth year medical student, vice president of the FSUCOM Orlando campus, and recipient of the Orange County Medical Society Scholarship.

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