

## Heart Failure

By Rachel Conrad

During my months of Internal Medicine, it seemed that every patient was a victim of kidney, liver and heart failure and was admitted to the hospital for volume overload. Most suffered from obesity, improper nutrition and harsh lifestyles. Many struggled to adhere to their medications at home and often came to the hospital when their chronic conditions spiraled beyond their control.

One patient was so obese she could barely move; I feared that she would fall off the bed while I attempted to examine her in her hospital bed in the emergency room. Her whole body was swollen. Her skin seemed painfully taut stretching around her engorged extremities, fingers pressing into her legs left deep prints, and water rattled in her lungs as she breathed. The records showed she was frequently admitted to the hospital through the emergency room and lab results suggested she had trouble properly taking her medications at home.

In our team room afterwards, someone said, “The residents who saw her last month said she isn’t volume overload, she is just fat and keeps returning to the emergency room.” We had seen the signs of volume overload on her physical exam only moments before; he knew that this statement was inaccurate.

While comments I heard in the team room disturbed me, my exasperation only escalated in my experiences at the patient’s bedside. She consistently endorsed every symptom I mentioned. She reported extreme pain and complained about the nurses, the hospital’s food and even the hospital’s shampoo.

The patient was clearly suffering but I had no sense of how we could help her. The only solution that I fathomed required reconceptualizing our entire society. Blaming the patient for her diseases and dismissing her symptoms seemed simultaneously inappropriate and dishonest. Though I deeply desired to feel compassion for her and hold hope for her healing, I struggled to stay present when I spoke with her. My resentment toward the entire situation grew.

Toward the end of my three months on Internal Medicine, exhaustion and frustration was draining my ability to be present and empathetic when caring for patients. I didn’t want to fall into the pattern of detachment and dismissiveness. Days before my next clinical assignment was to begin, I cancelled my rotation in order to escape to a Vipassana meditation center.

The sense of inadequacy that I was unable to handle the intensity of medical school gnawed on me days into my stay at the meditation center. Classmates informed me of the research projects and extracurricular achievements they planned to pursue while I was washing dishes, drinking chai tea and sitting in a dark room to observe my breath.

Wrapped in an enormous plastic apron and donning yellow gloves while perched over industrial sinks filled with dirty dishes, my fears spilled out before a fellow meditator. Tears

dripped down my cheeks and fell into the brown soapy water. I shared my shame about needing a break from school and fears that I wouldn't be a good physician and couldn't handle the intensity.

As we spoke, I remembered a story told by the Buddha: A woman named Kisa Gotami whose only child had died came to the Buddha to ask for medicines to save her late child. Buddha said he would heal the child for the price of a mere handful of mustard seeds, but the mustard seeds must be procured from a household that had never lost a family member. Kisa Gotami searched house to house, asking if anyone had died. She slowly realized that every household had suffered the pain of losing a beloved.

I easily recalled times that each of my medical school friends and mentors faced burnout or fear of inadequacy. While these moments are unavoidable on our onerous path, they only gain power to become toxic to us as well as our patients when buried. Our opportunity to confront these fears will deepen the compassion we are able to offer our patients. Buddhist nun Pema Chodron said, "Compassion is not a relationship between the healer and the wounded. It's a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity."

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