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SUFFER LITTLE CHILDREN

By Pranav Nanda

As her son wailed in his crib while we tried to draw blood, mom sat still on the edge of the room's sleep-in bed, head in her hands, staring 100 yards through the floor. Her 8-month-old baby had come into Harlem Hospital that morning with a fractured humerus. There was no explanation for how it happened. It just did. "Mommy, will you come over and talk to the little guy?" Our intern was trying valiantly but the kid (let's call him James) was having none of it. Mom snapped out of her trance and shuffled to my side of the crib, boxing me in between her and the corner of the room. To soothe her flailing child, she started counting slowly to ten. "One... two..." James paid no attention. She hovered over him, voice wavering, eyes flitting to the white-coated foreigners working intently all around her, face painted with uncertainty and doubt. "Four... five..." Before reaching seven, she stopped and rocked backwards, eyes squeezing shut. Then, gripping the rail and keeping the crib at arms length with her elbows locked, she joined in her son's desperate cries, starting softly and steadily rising in a crescendo of sobs. As I stood in the corner, trapped in a maelstrom of confusion and fear, head spinning, I tried vainly to make sense of the tears of mother and son.

Within an hour, we learned that mom had been arrested.

Nearly two weeks later, our attending from that day found me in the emergency department between patients with strep throat. "Do you have a free minute? I have some things to show you." He was holding three loose-leaf sheets of paper. Messiyah, our adolescent previously admitted for gastritis, had an uneventful follow-up visit at clinic. The blood smear came back for Destiny, and she, in fact, did not have malaria. And the skeletal scan for James showed that he had fractures all over his body in different stages of healing. "See? If you even suspect abuse at all, you have to report it. Do you follow me?" He had a slight hint of the self-satisfied smile of having solved the morning's Sudoku.[1] My gut clenched in knots. Then it slowly unclenched as I walked to the next room, looking down at the chart, trying to focus on looking for tonsillar exudates.

I love pediatrics. The pediatricians at Harlem Hospital are extraordinarily committed clinicians and teachers, and the sheer love exuded by the vast majority of families is heartwarming and inspiring. But mostly, I love the kids. They're sweet, funny, and very cute.

[1] *Medicine's culture of the "cool case," in which I am a frequent participant, often gives me pause. Cases may be academically interesting and illustrative to us as practitioners and scientists, but when they involve real suffering (as they often do), oohing and aahing and self-congratulating and collecting them like trading cards feels insensitive and inhumane. Yes, it's neat and even amazing to crack cases as a House-like medical detective. But when that sleuthing reveals raw tragedy, restraint may be in order. This attitude, however, might be overly harsh and judgmental. Maybe taking pleasure and pride in the process of medical deduction is necessary to sustain a career in a professional field littered with land mines of tragedy.*

They somehow feel easier to relate to and build rapport with than adults. Maybe that's because I identify with their affinity for bright colors and mobiles. Maybe it's because of their innocence. Children scintillate with hope and potential. In the words of Rabindranath Tagore, "every child comes with the message that God is not yet discouraged of man." So it feels so painful, so utterly brutal, to see them suffer like James. As cornered as I felt in that room, I know that James is infinitely, perhaps irrevocably, more trapped – stuck in a cycle of violence and rage and pain. And it breaks my heart. As much as I want to serve children, those lights of our world, those messages of God, I don't know that I can stomach their suffering, particularly at the hands of their supposed protectors, and then breeze on to the next patient.

Much of the foundational year of medical students' clinical rotations involves figuring out what we can and cannot see ourselves doing and experiencing for the rest of our lives. I quickly learned during my week rotating on the palliative care service that I am okay with people dying. There is dignity in people grappling with questions of meaning and there is grace in people passing with peace.

Where is the dignity in a battered 8-month-old?

Perhaps I have missed the point. Perhaps deeming James's fate "irrevocably" sealed is unfair and gives too little credit to the ordinary magic of children's resilience. Perhaps in treating James's wounds and in showing him love we can help him emerge from otherwise ensnaring cycles. Perhaps by bearing witness to his suffering we validate it and, moreover, validate him as someone worthy of attention and care. Perhaps the fact that pediatrics comes face-to-face with what feels like evil makes it a powerful vehicle for altering the trajectories of children's lives. Perhaps there can be dignity and grace in the response to ugliness. That I can stomach.

Exposure to suffering is a formative piece of students' clinical experience. Through every rotation, we encounter it in various incarnations: on OB/GYN, the would-be-mother struggling with the aftermath of stillbirth; on primary care, the carpenter crippled by chronic pain; on neurology, the CEO robbed of speech by stroke; on pediatrics, James. Being present with this suffering – acknowledging, appreciating, and absorbing it, even developing a degree of comfort with it – is a critical component of our education. Beyond untangling disease processes and navigating hospital systems, we as clinical students must confront the realities of how people ail. Only then can we begin to learn how they heal. The next time that I am in a hospital room with a James, I may not be able to make full sense of the chaos, but I will be still in the storm and there I will be James's friend.

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