
FIELD NOTES | FALL 2017

No Time for Tears Today

By William Fyfe

The wards are chaos. Not to those who know them well, but to us newcomers, they are sheer terror. Things happen quickly, invisibly, in some sort of perfect synchronization that is dumbfounding and hopelessly complex. The residents seem like gods, each action calculated and mysteriously efficient. They are plugged into the rhythm of the floor, they are part of the floor. And me, I feel like an imposter, someone who has wandered into a sacred space he's not supposed to see.

This is my third day of pediatrics, my first clinical rotation of medical school. I'm responsible for two patients, a little girl with an abscess in her throat and a teenage boy with sudden-onset paralysis and loss of sensation in his legs. My first patient is recovering after a trip to the operating room yesterday, where I watched an ENT lance her abscess and suction the pus from the back of her throat. She will go home today. I admitted my second patient yesterday evening, when I was on call with the night team. I don't know what the future will look like for him.

It was tough dragging myself out of bed this morning. I didn't get back from the hospital until close to midnight, and now I'm looking out of my window and watching the first sliver of sun appear from behind the distant hills. Absentmindedly, I hit the start button on the coffee maker and pour myself a bowl of cereal. I shuffle over to my laptop and begin remotely logging into the hospital's computer system so that I can begin recording the fluid

status and overnight lab values of my patients and begin to formulate a plan that I can present to the team.

Flash forward one hour and I'm pre-rounding on my patients. Sheepishly, I wake them up to ask how they slept. I ask how many times they pooped, if they had any pain, and then I examine them. It seems odd to be examining hospitalized children by myself. I know it's a necessary part of both my education and their care in an academic hospital, but somehow it still feels unethical. I listen to their hearts and lungs. I feel their pulses. I look in their ears, and eyes, and mouths. I touch my teenage patient on his foot. "Can you feel this? No? How about this?" And onward I march only to confirm that he still can't feel anything. No matter how many times I ask him to wiggle his toes, he can't.

Thirty minutes later I'm sitting in an amphitheater back in the medical school with the rest of my team. It's Friday, which means that all the residents and students must attend grand rounds. I listen, anxiously, to a lecture about child sex trafficking, all the while trying to run through the presentations I will make during rounds. I'm nervous that I've forgotten something important. My eyes are sore from staring so intently at the computer this morning. My eyelids are heavy from too little sleep last night. I struggle to stay awake, aided by the atrocities that I'm hearing.

One hour later and I'm on rounds with the team. We do "family centered" rounds, which means that I need to present in front of the medical team and the family. I must strike a balance between using my newly acquired "doctor words," and speaking in terms that the families can understand. For my teenager with paralysis, I have the added challenge of also conveying that information through an interpreter. Despite my preparation, I stumble. I pause frequently and look at my senior resident for guidance. She looks back, encouraging me to

keep trying. I rehash our plans as if I'm asking them questions. My confidence wavers. The team steps in to rescue me.

Rounds end early this morning because we have a family conference with one of our other patients whom I'm not directly following. It's a boy with a progressive neurodegenerative disease. He watched his older brother die of the same condition three years ago. His younger sister is in its early stages. Joey is a 15-year-old with good cognitive function, but the nerves in his spinal cord are slowly betraying him. He can't move, he has trouble swallowing and enjoying his favorite foods. He gets frequent pneumonias that land him back in the hospital. Most recently, the electrical system of his heart appears to be failing. The family isn't ready to let go. A hospice organization is on speakerphone, around which sit his pediatrician, nurses, and case manager. There are many tears, and the father begs us to help his little boy. He has money, he says. He'll do anything, but it's not enough. We can't save him.

The meeting runs for an hour and a half. I'm emotionally drained. As soon as it wraps up, my team gets a page. It's for my teenage patient, the neurosurgeon has come by to see him. They've found a mass compressing his spinal cord, which is the cause of his paralysis. For a moment, I'm hopeful. Neurosurgeons can remove masses. Perhaps my patient will walk again. When we arrive, he explains that he will operate... but not for a few days. There's no rush, since he's been without function for over 24 hours. There's no chance of functional recovery at this point. My heart sinks. I listen to the rest of his presentation. "It's probably an ependymoma or astrocytoma. It's hard to say. Probably not a lymphoma because of the location and contrast enhancement." Now we have to tell the patient and his family. I'm glad that my attending speaks Spanish. I'm ashamed that I do not.

I have to run out of the room immediately after we're done. I have a conference on the emergent management of the lethargic toddler back in the medical school. I feel numb. I meet up with the four other medical students on rotation with me, all assigned to different pediatric teams. Most look like they're having fun. I don't want to talk to anybody. As soon as we arrive I put my white coat on the back of the chair and drape my stethoscope over it. I walk purposefully away from the table looking for a restroom. I haven't gone to the bathroom since I got up at five o'clock, and now it's the afternoon. Standing at the urinal, it's the first chance I have to pause all day.

Unexpectedly, my hands start to shake. I feel a heat welling up behind my eyes and a sharp sting in my nose. Suddenly, I'm crying. Big, salt tears drip down my face and onto the floor in front of me. Luckily, the bathroom is empty. I take a deep breath to steady myself. I splash cool water on my face, and step back into the hallway to rejoin my classmates. There's no time for tears today. I have to learn how to be a doctor.

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