

The Journey Through the Forest

By Lawrence Hergott

“The things of a man for which we visit him were done in the cold and the dark.”
-- Ralph Waldo Emerson

“I get needle sticks all the time,” a friend said recently as we sat discussing the risk of performing invasive procedures on patients with blood-borne infectious diseases. “As cardiothoracic surgeons, we get blood all over us during surgery, even on our socks and underwear.” His statement made me recall a comment he made years before on the same topic. That occasion was a meeting of our hospital’s medical staff in the 1980’s, called to discuss how to deal with the newly described immunodeficiency syndrome named “AIDS,” a condition about which we knew far too little except how devastating it was. We did know that a few risk categories had been identified, “*The Four H’s*”: Haitians, hemophiliacs, heroin addicts and homosexuals. (“The trick,” some members of the gay community joked in those days, “is convincing your mother you’re Haitian.”) Since two of the risk groups suggested a blood-borne route of transmission, there was concern physicians could contract the illness by means of contact with a patient’s blood. National medical organizations had generated a few early guidelines, and one of the risk scenarios described that evening was the triple combination of a hand and a sharp object together in a body cavity, a situation surgeons encounter routinely while working with scalpels, sewing needles and syringes.

“Are you going to operate on these people?” I asked my friend that evening. “How are you going to handle them?”

“I don’t know,” he replied. “I do know if I get infected my career is over.” We both knew that if he got infected much more than his career was at stake. Soon thereafter, following consultation with others and contemplative time alone, he decided to do what physicians had done through time—care for such patients and do the very best he could for each of them, even at risk to himself. The notion struck me then, and was reinforced by his comment, that, beyond the ethics of it all, it is an act of courage for doctors to perform invasive procedures on patients with conditions such as HIV or Hepatitis C. Yet it is only one example of the courage physicians manifest and witness in others when practicing medicine.

Courageous acts are typically thought of as being dramatic, vividly recalled, and of relatively brief duration, even when they are life changing. While such a characterization often fits the remarkable courage shown by patients and their loved ones when they are suddenly called upon to deal with a health catastrophe, it less often describes the times when doctors show courage. Courageous acts by physicians emanate from traits like compassion, duty and commitment, qualities doctors apply daily throughout their careers and exhibit long before they lay hands on a patient. Each of us can recall, for example, the undergraduate pursuit of medicine, calling for the submission to a vast academic regimen that sacrificed other scholarly interests and social opportunities, with the possibility that after years of intense collegiate or even postgraduate focus, admission to a medical school may be denied.

All of these risks and more are taken for a plainly honorable but otherwise vaguely understood existence at the end of the quest. When an individual is pondering whether to venture forth, it takes courage to sense how daunting and uncertain the journey can be.

Reflective of this, I find great meaning in something I read. The Old French text of *The Quest of the Holy Grail* describes when, if a knight wants to succeed, he must enter the forest “at a point that he, himself, had chosen, where it was darkest and there was no path.”² At some point, every physician of today summoned the amount of courage necessary and stepped into the forest.

As experienced physicians will affirm, those who have been successful in the first part of their quest enter medical school and find the journey becomes unimaginably more difficult, initially because of the colossal amount of information students are required to assimilate in the first two years, and later as they assume the responsibilities of clinical decision making. Especially early in their medical education, many experience these realities as dark and disorienting. A student graduating with honors from our medical school related recently that, “If you’re not in a total state of shock your first few months of medical school, you don’t understand what’s going on.” Yet, medical students persevere, making frequent use of what may be called *buttocks power* (the discipline of sitting for extended periods of time over texts and other resources that slowly divulge their exotic contents). As a medical student and later in training, one tolerates the inadequacies and sometimes-archaic traditions of medical education, including the diverse, not always pleasant or helpful, and occasionally harmful, personalities of people who are academically superior. Medical trainees may stumble or become distracted, but they refuse to be moved from the laudable course to which they are committed. The trainees continue to forfeit much along the way, learning that a great deal is asked of them because the stakes are so high for people who will be in their care. As is generally true of physicians at any stage, the trainees’ loads are lightened, and the forest brightened, by the companionship and support of colleagues moving toward the same destination and operating from the same set of ethereal principles. Although also true for more experienced physicians, those in training are sustained by the continual unfolding of the wonders of medicine and their application to the well being of others. Yet, the path is often solitary, rarely level, and at times courses through literal and metaphorical cold and darkness. Courage nonetheless continues to be called for, even though it may not be recognized.

At the beginning of the journey, hopeful individuals step into the forest declaring an ardent desire to be a doctor. At that point many have about as much practical understanding of a doctor’s life as my father-in-law—a hardworking farmer—did when he said about medicine, “Well, it’s mostly just visiting, isn’t it?” I think what the hopefuls actually mean is they want to *become* a doctor. They want to get into medical school and get their degree. They want to then go on to live the medical life, whatever that turns out to be for them. As arduous as the “becoming” phase is, the decades-long period of *being* a physician is a deeper and broader reality only understood in the doing of it. Being a physician calls for a deeper and broader kind of fortitude. Life gets more complex, with attention required to handle an assortment of potential issues not previously operative, or at least not to such a degree: balancing family or other personal time with that of medical practice; a change in identity from newly trained to established physician, with its attendant implications of managing finances and possible changes in self-image or even values; the breakup of a family; bearing a great sorrow or a great secret; illness; aging; etc. In the face of these and other realities doctors summon the mental, moral, and very often physical strength required

to persevere, dedicated at their core to the well-being of their patients. Doctors embody Robert Frost's declaration that, "Such as we were, we gave ourselves outright."

Some practical illustrations may be clarifying. It takes courage for a physician, tired and sodden at the end of the day, to make that last patient phone call, which perhaps could have waited until morning, or to stop in at the hospital to check on a patient one final time. It takes courage to face patients and their loved ones after a procedure or treatment goes badly, perhaps because of an error in judgment or technique; and courage as well to soon thereafter walk into the obstetric delivery suite, intensive care unit, operating room, or treatment room to care for the next person who comes along with the same condition. It takes courage on the part of physicians and their loved ones to take less financial remuneration in exchange for more time to be together. It takes unimaginable courage to continue on the path, sad and lonely, when a spouse or other treasured loved one departs. It takes a particular kind of courage, too, for a physician to recognize when a career's journey ends and walk away, down a less familiar and perhaps less enriching path, knowing that although the hard-earned title *doctor* remains, personal identity changes in the absence of patients.

Perhaps it is when healers themselves need healing that requires the greatest amount of courage; the time when the nonspecific symptom turns out to signify the one condition we hoped it would not. It must seem eerie when physicians acquire a condition they themselves have treated, seen through a microscope, or even in a jar in the pathology laboratory. When things get serious, it must be disorienting to recall the manner in which thousands of clinical decisions were made and recommendations were offered to others over a career, to find oneself in the receiving role in that process.

As is commonly experienced, since about the age of forty I have noticed a crescendo in the incidence of various maladies in friends and family, and as time passes, a greater frequency of tragic, life-ending diagnoses. Being of an age that places me in Act III of the play, "*Life*," I wonder about whether or when current or future ailments will denote I am in Scene 3 rather than early in Scene 1, as that untrustworthy variable, *chronology*, now indicates. I hope, for myself and other doctors, that when the telling symptom appears, we will be rational enough to take a predominantly responsive rather than overly analytical role, wise enough to seek attention, and humble enough to put our trust in the person caring for us. As for courage in that instance, it is too uncertain to speculate about, too private to share, and will depend once again on what transpires in the cold and the dark. If physicians are fortunate enough to be able to reflect at that point, hopefully, they will find strength in the recognition that their professional life, from its very beginning, has been replete with acts of courage. I do know that, for me at that moment of need, I will, at the very least, be deeply grateful to my physician for having ventured into the forest, withstanding the difficulties medicine brought, and traveling the long, hard, journey to arrive at my side.

References

1. Emerson RW. *The Gospel of Emerson*. Dillway N, ed. Unity Village, MO: Unity Books; 1984.
2. Armstrong K. *The Spiral Staircase: My Climb Out of Darkness*. New York, NY & Toronto, Canada: Alfred A. Knopf; 2004.

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