To Care Is To Treat

Ever since I wanted to be a physician, I was driven by the intention of serving others. This desire spurred me to pursue a career in medicine. Fortunately, I was able to take the first step on this aspirational journey by entering medical school. I am now faced with a new challenge, one that I am often asked about: "What would you like to specialize in?" I quickly respond, "Palliative care." The reactions I receive range from comments such as, "That's very courageous," to "That's sad." It seems to be a reasonable sentiment. Choosing to serve a patient population where often the principal goal is alleviating symptoms, and not treating the underlying problem, can be viewed as futile and sometimes contrary to what we are taught in medical school. Acknowledging that most of one's patients will meet their demise or suffer with chronic illness is a heavy burden to bear for many. However, I do not share this sentiment. I have had multiple experiences that have taught me differently. I have witnessed the power of compassion and service, the initial intention behind my desire to become a physician, being the foundation of palliative care. And it now serves as the foundation for my aspiration to become to become a palliative care physician.

Gosnell House:

In my second year of medical school, I was privileged to have the opportunity of spending a weekend at a hospice home. Frankly, I was entirely unsure of what I was getting myself into. Regardless of my doubt, this experience showed me a side of healthcare that focused on the "care" in the word "healthcare."

One of the hospice residents I met had been diagnosed with terminal bladder cancer. Upon entering his room, I looked around. There were several pictures of his family and messages from loved ones, all placed amidst several bouquets. Most importantly, there was a picture of his grandchildren by his bed. I spent the next two hours talking to him about death and about finding closure in life. I asked him if his illness had changed his perspective on dying. He responded by saying, "We all die, but we never realize it until that time comes." He felt comfortable about death and was ready to greet it. He expressed that he had grown a new appreciation for the time he could spend with his family, while avoiding the pain and horrors of excessive treatment regimens. He said to me, "If you can take someone's pain away, I bet that means a lot." With comfort care, he had time to spend with his family, to share his last moments with his kids, helping them as they come to terms with his passing. It made me reconsider the whole concept of medicine and healthcare. What really is the true goal of medicine? Are we here just to treat disease or is there a deeper purpose? Should providing a better quality of life be just as important? I cogitated about this repeatedly at my time at Gosnell House. Here, the primary motive was to provide the best quality of life in the wake of terminal illness and provide loved ones with means to cope with their loss. I saw the power of medicine in a different light.

Passing of my grandmother:

A few weeks later, I travelled to India to be with my grandmother. She had suffered a stroke and had now drifted into a coma. Unfortunately, in a small Indian city, resources are scarce. Not only are palliative care facilities unavailable, it would be near impossible to find someone who understands the concept of palliative care. My family thus decided to care for my grandmother at home. My uncle and aunt are physicians. They struggled to balance their roles as both my sick grandmother's children and her doctors. They never had the chance to grieve as they were so focused on trying to manage her health, knowing subconsciously what her prognosis was. Every day sitting by her side, we could see that

she was in pain. Tears would trickle down each time my physician uncle suctioned her secretions via the respiratory tube. Watching one's family as they suffer each day, hoping for her to wake up while knowing deep down that it is in vain, is both frustrating and heart wrenching. I vividly recall how the hospital physicians never had a conversation with my family about end-of-life care and what to expect in the coming days. We had the misfortune of seeing her spend her last days in pain rather than in comfort. This agonizing experience and its stark contrast to the journeys of other terminal patients at the Gosnell House helped illustrate the power of palliative care.

Surgery Rotation:

Fast forward to a year later. I am now in my core surgical clerkship rotation. As a third year student on the trauma team, I struggled to balance my responsibilities as a student with my responsibilities as a member of a high-functioning team. There were days where I was left dejected from the lengthy hours and lives lost from unfortunate incidents. These experiences, as educational as they are, eventually scar your innocence just as a sandpaper scratches the surface of a pristine slab of glass.

One experience in particular comes to mind. I met an elderly lady who was admitted following a fall. She was left paralyzed from the waist-down and severely disabled from the waist-up. I remember the first time I met her in the ICU: I was looking at her chart and dreaded the thought of entering her room for fear of the condition she was in. To my surprise, she was very composed and greeted us with a motherly smile. Clearly, she was in immense pain. Yet, here she was, smiling at me, her strength radiant. As I performed her neurological exam, I repeatedly struggled to watch as I asked her to perform maneuvers that I knew were absent. I looked into her eyes. Mine filled with empathetic despair as I contained my tears, hers still bright and positive.

In the next few days, as I made my rounds, I made sure to visit her at least once a day. Over the course of our encounters, I learned about her time in Maine, the structure of her family, how she met her husband, and her imminent anniversary. Through these visits, I also had the unique privilege of experiencing what her family was going through in the wake of a terrible prognosis. I watched how the healthcare team provided her with a sense of support. I could sense that small acts, whether it was the one of the team members taking a few more minutes to adjust her bed, or my heating her soup for dinner, helped remind her that she mattered. Her body might have been broken but it was crucial that her soul and her integrity remained intact. Now, as I walk by the corridor peering into the room that she has been transferred from, I dearly feel her absence. I think about where she is and whether there have been any developments in her road to recovery. I wonder if I will get to see her again and thank her for reminding me of the power of caring. This experience helped me learn a very important lesson: making our patients comfortable and showing that we care is just as important as what drives us to manage their health issues.

Literature suggests that as third year medical students, prior to becoming residents, our empathy and compassion diminishes. We need to understand that while there may be limits to medicine, there are no limits to compassion. During my time at Gosnell house, the on-call physician once said, "Good medicine is palliative medicine." It stems from the belief that as physicians, we have an obligation to our patient to not just treat their disease, but also to provide them with the best possible quality of life. As we enter the next phase of our medical journey, as we approach the doors to choosing our specialty, I would like to share a parting thought: whatever specialty we choose, and wherever we end up, I hope all of us take the time to remind ourselves that to care is to treat.