An unexpected journey

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At the orientation session on the very first day of our very first clinical year, the Head of School, whom I would later discover is also an oncologist, asked at the very end, 'Right, now who's Thomas Swinburn?'. Having been one of the last to arrive, I found myself in the front row and slowly raised my hand, bemused and sheepish in equal parts. On that day, in front of the whole cohort, I found out that I would begin my clinical placements with oncology. Little did I know then that this unexpected allocation would expose me to patients who would fundamentally challenge my perception of clinical medicine in this formative stage of my journey towards becoming a doctor. In this essay, I will share the story of my relationship with one of these patients, a Māori man named Ereuti*.

I first met Ereuti on consultant ward round as I was coming to the end of my first whirlwind week. Up until then, I had been largely preoccupied with trying to be helpful to the team, and simply keeping up without getting in the way. The medical team bowled into 14B*, I probably closed the curtain, and it was in that whitewashed room with sunlight streaming in that I first met Ereuti. He was a gaunt, pale man with sunken eyes in a hospital gown sitting silently in a chair, sprouting various lines leading to various whirring devices. Listening to Ereuti that day, I wondered whether he just wanted to feel a bit of normalcy; he asked us whether the nasogastric tube and catheters could be removed so that he could go home, and what would happen if he did. The consultant oncologist was sympathetic but didn't mince his words: Ereuti could go home, but without the constant infusion of intravenous nutrition, he would be making the choice to go home to die. Ereuti looked into his hands and said nothing.

As we continued the ward round, I found myself in a state of despondence and contemplation as I tried to make sense of the enormity of the decision that our team had just laid before him. Later that day, my registrar suggested that I take a history from Ereuti. It feels uncomfortable to admit that my initial, visceral reaction was one of apprehension, for earlier in the week I had taken a history from a similar patient, and I had not managed to establish the connection I had hoped for, making for an uneasy if otherwise polite interaction. Memories of this past experience surfaced at my registrar's mere suggestion. As I walked towards Ereuti's room, I could feel myself carrying my biases down the corridor, and I found myself conjuring up worst case scenarios. I wasn't sure how to manage these thoughts and emotions, so I simply allowed myself to name them as being on my conscience. As I sat down with Ereuti and we began to connect, it quickly became apparent that our interaction would unfold neither how it had with the other patient earlier in the week nor how I had imagined it this time round. I felt caught between relief and a sense of guilt that I felt relief. These fleeting seconds served a powerful reminder that as doctors, despite what we and perhaps society might imagine and even expect of ourselves, we are not immune to the intrinsic human condition. Assumptions and stereotypes shape our interactions and relationships before we have even set eyes on the patient. The totality of our previous experiences, the way we innately identify self from other, and even more simply our basic human needs like hunger and sleep, can subconsciously interfere with our commitments to professional ideals. I believe we cannot transcend our human nature as subjective beings and clinicians, but a good starting point may be the ability to be honest with ourselves by recognising our real emotional reactions.

As our conversation took shape, alongside all the usual questions I decided to try something a bit different. In medical school, we're taught to ask

*Name and details changed to maintain anonymity.

patients about ideas, concerns, and expectations, and in the past I had seen these as nice, token questions needed to obtain distinction in end-of-year clinical exams. However, an intuition spurred me to ask Ereuti what mattered most to him now. After just a few seconds to catch his breath he replied, 'Regaining health and being able to live naturally once again. Being able to eat without this tube in my throat and to pass bowel motions naturally. Relationships. Not superficial relationships but deep relationships. Relationships where I can be myself. Money and career don't matter now.'

In the past, actors with whom we had practiced might have responded to such a question with something like 'getting rid of this knee pain' or 'returning to work as soon as possible', and reassurance with neat, prepared formulas was easily rendered. But here, sitting one-on-one with Ereuti, I wasn't prepared for an answer that felt as though it drilled down to the very essence of what it means to be human, even as I feared that some of Ereuti's wishes might not be able to be fulfilled. Here, I didn't have any charismatic stock phrases up my sleeve. Here, I couldn't tide the silence with a polite, empathetic smile before signposting into the past medical history. Instead, I remember being both mesmerised and somehow uplifted by his answer. I was struck by his clear sense of priorities, his yearning for dignity, and the resoluteness and certainty I detected in his voice. I sensed that he had had time to meditate deeply on the answer. It almost felt as though he had been waiting to have the opportunity to express his heart's deepest desires.

Over the next few days, I found that I couldn't help but ask myself the very question I had asked my patient. While I tried to reason that his perspective on the most important things to him had undoubtedly been influenced by his terminal diagnosis, it was both confronting and refreshing to undertake my own introspection. While Ereuti wished simply for a healthy body and meaningful relationships, my valorisation of academic and career pursuits, often at the expense of spending time with family and friends, seemed shallow and short-sighted in comparison. We've all heard the age-old adage that one learns from one's patients. I didn't just learn clinical medicine from Ereuti. Instead, I couldn't help but be challenged to stop and evaluate my values, the journey I was choosing to steer, and what matters most to me, both now and when the time comes to look back on a life lived. As doctors we have a significant potential to serve, and we have an even greater privilege to be privy to the innermost lives of our patients. The doctor-patient relationship is one of reciprocity as is the student-patient relationship: while we give what we can, the insight and wisdom we take, perhaps often for granted, is humbling.

Over the next few weeks, I came to enjoy popping in to see Ereuti, sometimes for no other reason than to say hello. I felt the warmth of his smile as he recognised my increasingly familiar face, and I hope he felt mine. I made a conscious effort to spend just a little bit longer with Ereuti than I might with other patients, whether that be sharing some medical knowledge, attending to his comfort, or talking about our shared aspirations: for the bowl of grapefruit sitting on the windowsill to ripen, for Ereuti to return to his tūrangawaewae (place of belonging), for health equity in Aotearoa New Zealand. At times, I did harbour doubts about whether I was acting appropriately; while I felt our interactions were always professional, I worried that perhaps my allocation of time with Ereuti compared with other patients might be 'unjust'. If as a doctor I continued this practice of spending more time with some patients than others, would this equate to inequitable practice? I was able to reconcile this uneasiness when a mentor shared with me that inequity of input is required to achieve equity of outcomes. Looking back, I recognise that sometimes levelling will feel like privileging. In other words, the feeling that one's actions are privileging a particular patient might actually be the feeling of achieving an equitable outcome for that patient, or at least taking a step in the right direction. It is clear to me that equitable practice equates to professional practice.

Ereuti continued to receive inpatient treatment when my placement in oncology had ended. You can imagine my surprise when a few weeks later, I pulled back the curtain after talking to another patient on another ward, only to find Ereuti in the neighbouring bed, sitting up dressed in his own clothes with a big smile on his face, waiting to be

discharged. He was reintroducing soft foods into his diet and his bowels were moving once again. As we parted for what I thought would be the last time, he joked that I could find him catching 'kingi' off the wharf in Kawhia. As the months passed, I would find myself smiling, perhaps naïvely, at the possibility that he was still alive and fulfilling those wishes he had shared with me.

That was until I passed the palliative care doctor in the corridor. 'Ereuti's back. You might want to visit him, because this will probably be his last time in hospital.' I realise now that the significance of those words hadn't quite sunk in as I made for Ereuti's room, a spring in my step as if I were going to meet an old friend. As I reached his room and pulled open not a curtain but a door this time, I was taken aback to see that the gaunt man with sunken eyes had returned. 'It's good to see you again. I'm at peace with dying… It's good to see you again,' Ereuti managed between laboured breaths. While a part of me was ready to hear any final existential musings the 'master' might have for his 'apprentice', the space we once knew and shared had changed. I sensed that he just wanted some time alone. Ereuti had embarked on another chapter of his unexpected journey. I said goodbye and we exchanged warm smiles for the final time.

As I reflect on my relationship with Ereuti over these months, I feel privileged to have learnt so early in my career that the practice of medicine lies as much in sharing our common humanity as it does in prescribing and intervening. Sitting alongside penicillin and morphine, listening and talking are tools we all possess in our medicine cabinets, to name just a few. Sometimes, a simple smile is top-shelf medicine. While I have no doubt that the plethora of lines and devices contributed to Ereuti being able to walk out of hospital, at least for a time, so too did the kindness of the medical, nursing, and support staff and their simple gestures, one human to another. When I set out on the very first day of our very first clinical year, I thought medicine was about diagnosing and treating disease. Through walking alongside Ereuti on his journey, however fleetingly, I am privileged to know now that it is about much more. As I embark on my own unexpected journey, while there are many technical skills to learn, Ereuti showed me that sometimes it is the human qualities we all possess that are the most powerful medicine.