Beyond the Medical

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Asterixis, jaundice, hepatomegaly, ascites, shifting dullness, bulging flanks, infected scrotum. Differential diagnoses?

These were the exact words scrawled into page one of my doggy eared A5 notebook, on my very first day of the General Medicine ward round. Little did I know, these medical findings would be from a patient who taught me invaluable lessons about the sanctity of human life and our innate desire to form human connection.

The General Medicine ward round was always an exciting mix bag of presentations. Although it felt that almost everyone had congestive heart failure, each day felt like a speed-dating mix of personalities, conversations, and families. However, over the course of my 7-week placement, Roger stood out. He was a slim man, no more than 50 years young and visibly sick with all the findings in my notebook. It was day one of my rotation where I watched the consultant break the news that Roger was dying of end stage hepatocellular carcinoma - all whilst I was scribbling away the findings just in case the consultant asked me to present the case. In front of me, Roger was realising that he was dying. Looking up from my notepad, I saw how his demeanour visibly changed from frustration of being in a hospital bed to confusion, anger, despair.

"Who, who is to look after ol' Sal?', Roger staggered.

That was his first question. Who was to look after Sal his dog? Where do pets go when their owners are dying? It became apparent that there was no one else in the room, as Roger grappled with his diagnosis.

Over the following weeks, our team came to know Roger well in our 10-minute daily catchups. We learnt that he loved to keep tabs on the cars zooming in and out of the hospital parking bay and would not hesitate to give us the morning update. We learnt that he started each morning reading the newspaper whilst sipping his coffee in a chair by the windowsill. As the medical

student, I was tasked with speed-typing patient notes on ward rounds and would write, "Progress: patient out of bed, sitting in chair. In good spirits". We learnt that Roger was humorously stubborn, cheeky with the nurses and incredibly witty. This man's body was dying, yet his mind wasn't.

Admittedly, my initial interactions with Roger would be mere smiles and an occasional laugh at his jokes. It felt awkward striking up a conversation on the ward rounds or even to ask him about his day as it seemed that the much more senior staff in the room who had important medical jobs to do would think a low-brow conversation would deem our ward round inefficient. So instead, I watched, and kept typing away.

A few ward rounds later, it struck me that we were his only visitors. We were the only ones who watched as he became severely anaemic and needed a blood transfusion. We watched as his stomach had filled with more fluid, leading us to do an ultrasound guided paracentesis. That day, I asked the resident whether I could go and watch - partly because I'd never seen one before, but mainly because I felt that talkative Roger would appreciate a familiar face. Arriving at the radiology department, I was told there were not meant to be any students rostered on, but they decided to let me stay. As I waited in the bay with Roger, I could see the fear settling in his eyes.
"I don't like needles".
"Neither do I", I replied, and we both laughed. He asked me questions about the procedure that I didn't know the answer to. I did not want to break it to him that this was also my first time watching an ascitic drain on ultrasound. I didn't want him to lose confidence, so I stood there with him and made jokes about how cold it was. It seemed to be enough.

By week six, Roger greeted us from his hospital bed and not in his favourite chair by the window. His sheets became stained with blood from his leg sores, and he would be disorientated with encephalopathy, yet he battled on and cracked a few, "you guys again!". Bed bound, with no family or friends to visit, Roger was slowly coming to terms with the fact that his last days would be spent in this room.

I wasn't there when Roger passed away. I read it in the notes a week later and felt the silence of the room that was no longer graced with Roger's laugh. I cried. My first patient death.

A new patient with congestive heart failure had now settled into Roger's room.

Upon reflecting over my few weeks with Roger, I realised he taught me to go beyond the medical. The art of medicine is not just about a shopping list of examination findings as written in my notebook. The art lies in the doctor-patient interaction. I learnt that a consultation is an interconnection of two people, caught in a snapshot of one's life montage. As doctors and health professionals, we are easily caught up in which investigation to order and the politics of the medical workplace, all whilst our legs are sore and our bellies grumble for lunch. How are we not to feel emotionally drained, when the hospital is this liminal space with ever-changing patients? Perhaps all it takes is putting away the notebook and being present with your patient.

The second lesson Roger taught me was that loneliness can feel worse than the physical pain. He challenged my presumptions of palliative care and how we must not overlook the value of human connection. Roger would seek any opportunity to strike up a conversation, whether it was our medical team, the ward clerk, or the nurses. I could only imagine the overwhelming sense of helplessness and the sheer frustration he felt behind his façade of banter. I realised in the ten-minute snippets each day; I had a duty to create a space of belonging for Roger so that the hospital would seem a little less lonely.

It was in this encounter with Roger where I had a third revelation – the role of the medical student. The role of a medical student in the moments of vulnerability, the heights of human emotion and the depths of life changing experiences is too often unnoticed amongst the multitude of patients we see. Day in and day out, we catch raw moments of individual lives. The squeeze of a hand before a woman gets a dilation and curettage for a miscarriage and the 'you've got this" to a 21-year-old girl about to become a mum, amongst the sounds of the birthing suite. In a hospital, a person stripped is of their identities, their background, and left with nothing but a cold, sterile room. But we must remember that patients are not merely a sum of their examination findings scrawled into a notebook. They are grandfathers, mothers, partners, daughters. As medical students, we are gifted with the opportunity of profound patient interactions such as being the photographer for a couple's birth, or in Roger's case, standing by his side as a needle drained out fluid from his belly. These are things they don't tell you as a medical student.

Reflection is key to self-awareness and self-growth, and I am grateful that my interaction with Roger has shaped my journey of becoming a doctor. Roger served as a pertinent reminder that being a medical student means you can choose to be an observer or choose to embrace your role as part of the team. You may have seen many patients with that disease, but you haven't seen *that* patient with *that* disease. Even if you feel like you're not directly involved in patient care, perhaps the most valuable thing is going beyond the medical and asking a simple, 'how are you?'.

On this note, it is fitting I conclude with Maya Angelou's words,
"*…people will forget what you said, people will forget what you did, but people will never forget how you made them feel".*