

Redemptive Medicine

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Curled up in my tribal Kenyan blanket with the sunny windows open, drinking a cup of meditative tea, I feel safe from the hospital world, from the demands, the disease, the death. I open up my computer to click through practice multiple choice questions, screen after screen, feeling both adequate and immune to the physical realities of patient care. Whether my answers are right or wrong, my virtual efforts are converted into a numerical score, a score that does not experience pain or bowel movements, fear or hope, loneliness or love. The reality is that my third year of medical school has taught me more than simply realizing the many holes in my “fund of knowledge.” Ultimately, I know that no score on any standardized test will make me a better healer and it is difficult to transition from the clean-cut patient vignettes of a White Female or Hispanic Male into real-life men and women with bodies, hearts and souls. Likewise, in the hospital, I am tempted to avoid emotional attachment by falling into the algorithms of medical statistics, tests and treatments. I base the efficacy of the doctor-patient interaction on evidence-based medicine, leaving aside human-based medicine to doctors’ memoirs from 1940s or those fictitious physicians who have more time, as if some happen to be immune to the fast pace of medicine. And although I try to be a caring person, I now have a subtle disability to interact well with suffering people, especially when I am on a schedule. Part of this has to do with a sense of entitlement, in that my time is somehow more valuable than people’s discomfort. There is certainly no area that pride is more potent than in our use of time. But a larger part of my difficulty involves my own lack of suffering over a mere 25 years. With a sense of immortality and even immoridity, I awake with no chronic disease state to struggle against, and find myself only complaining about a vague fatigue, easily combated with caffeine. So when trying to alleviate distress, I cannot sympathize with a tearful “I understand” as I do not. I cannot be part of their support group, with a quiet “Hi, my name is Lisa, and I have end-stage cancer...or HIV...or debilitating neurofibromatosis.” I cannot even tell a patient that I will be there for her in the end, to see her through the pain and to death, for I will be onto another rotation, another hospital, another city.

Also, I end up simmering my faith on the back burner, only to dish it up “when all hope is lost,” and I find it has become tasteless and stale, useless as nourishment. Yet this is not the mind-set I had when entering into medicine, nor do I want to lose sight of the values that define me. As a Christian, a person of faith, I long to listen, to pray with patients, to continue to believe in miracles as more than a last resort to comfort patients in distress and denial. Still, miracles seem so far away when standing in front of a blatant CT image of metastatic hepatocellular carcinoma and my hope sours and seems trite.

I wish that chaplaincy training were more a part of our education. For in my mind’s eye, they recite magical words to weave a spell of healing over grieving or fearful families,

with peace dripping like an elixir from sacred lips. Meanwhile I've grown disenchanted in the powers of medicine to heal; we are not proficient with truly relieving suffering, at least not the inner suffering. No, sometimes we just prolong death. One of my most poignant moments during internal medicine occurred when a patient was aroused from his altered state for the first time since his admission, only to ask me "how long am I gonna be like this here?" I knew intuitively what he really meant although he was not explicit: he was asking about prognosis and I could not tell him. I told him, smiling, that he would be going home that day with his family and he would have some nurses every day helping him with his pain and nausea. I was afraid to tell him that he had only months to live or less. I don't understand why I was afraid, but I simply could not tell him the truth and he simply could not demand it. I was useless to comfort him or listen to him, in his few moments of lucidity.

Perhaps part of my hesitation lends from a poor insight into death itself. Like an impossible Escher drawing, I know that patients nearing the end of life need a sense of wholeness and peace and my knee-jerk fear is that morphine might sooth the patient into not resolving their emotional state and relationships. Yet this pain and discomfort may in fact be hindering their ability to walk this road. The words and prayers and tears of patient and family are cathartic and necessary regardless of faith, but how much more for those sensing a need for the forgiveness of sin. DylanThomas wrote a poem about death which starts out:

Do not go gentle into that good night,
Old age should burn and rave at close of day;
Rage, rage against the dying of the light.

Perhaps there is an innate need to rage against death, but ultimately through this, to find peace and a sense of deliverance for the soul.

My dream job is to return to Sub-Saharan Africa and work with patients with HIV/AIDS, with people who are suffering greatly in many ways and are often teetering on the brink of life and death. I do realize that this is simultaneously noble and idealistically silly. Naivety is both a blessing and a curse, for a sense of tackling the impossible is essential to hope and yet I do not deal well with failing. When a patient with pneumonia went to the ICU and was nearing death, I was frustrated that more antibiotics were not given, that bronchoscopy was not insisted upon, that other doctors "got it wrong" about presumptive CHF. That same frustration may someday be turned back toward myself, causing me to do risky and unnecessary procedures or, worse yet, to lose a respect for a person's humanity by trying to simply keep them alive against their desires.

Another side to idealism is when it comes crashing down, when a patient is not *worthy* of my hard effort and care, taking advantage of my concern and sympathy. While I did not doubt a certain patient was experiencing pain, I noticed myself minimizing her pain as she did not seem entirely sincere. Her laundry-list of symptoms began to bore me, her whining irritated me and after several days I was grateful she had been discharged. I am reminded of something I journaled during my very first month of MS3 year:

“In a few short weeks, I have come to find certain patients repulsive. Some whine, complain and cuss; they stink and you can see all their bodily functions, the urine, feces, pus, blood. Others moan constantly about their pain, they snort and gag and cough and sweat. They are ugly, fat, stupid, unkempt and ill-dressed, covered with imperfections, wrinkles, stretch-marks, abscesses, tumors. I find myself beginning to avoid certain people, making excuses for myself, occasionally laughing at their eccentricities or sniggering at their drug seeking habits; then after about 20 hours on my feet, I too drift into the mental whining, complaining, cussing. My heart stinks and my spiritual waste products begin to show. And I hate myself for it.” ~July 24

The gut reactions towards certain patients must be guarded against. One of my favorite descriptions of human limitation comes from a novel, *The Brothers Karamazov*, by a Russian author, Fyodor Dostoyevsky:

"I love mankind," he said, "but I marvel at myself: the more I love mankind in general, the less I love human beings in particular, separately, that is, as individual persons. In my dreams," he said, "I would often arrive at fervent plans of devotion to mankind and might very possibly have gone to the Cross for human beings, had that been suddenly required of me, and yet I am unable to spend two days in the same room with someone else, and this I know from experience. No sooner is that someone else close to me than his personality crushed my self-esteem and hampers my freedom... To compensate for this, however, it has always happened that the more I have hated human beings in particular, the more ardent has become my love for mankind in general.'

'But then what is to be done? What is to be done in such a case? Is one to give oneself up to despair?'

"No, for it is sufficient that you grieve over it... If, however, you have spoken so sincerely to me now only in order to receive the kind of praise I have just given you for your truthfulness, then you will, of course, get nowhere in your heroic attempts at active love; it will all merely remain in your dreams, and the whole of your life will flit by like a wraith. You will also, of course, forget about the life to come and you will end by somehow acquiring a kind of calm."

I dread the thought of living a heroic but dream-like life without ever achieving a genuine “active love” and ending up unfulfilled but perversely calm and content, forgetting about the life to come. Christ, as Healer, relieved the suffering of many people including the crippled, blind and psychiatrically unstable, and he gave deference to the poor and outcasts. Yet we know that some forms of suffering can be productive and Scripture tells me, “We also rejoice in our sufferings, because we know that suffering produces perseverance; perseverance, character; and character, hope.” Emotional and spiritual pain can also be a sign of deeper illness that needs to heal, just as physical pain can be a blessing and protection, as seen in diabetics (our modern day version of leprosy) who cannot feel the infected ulcers in their feet and lose their extremities, piece-meal. How much more so with spiritual ulcers in the necrotic or calloused spirits of many, who can no longer sense their need of true healing. Rather, I long to achieve a human-based

medicine approach, allowing the medicine of healing to be redemptive, body, soul and spirit.

However, I'm still curled up with my blanket and cup of tea, discussing esoteric ideals and I'm just as far removed from reality as when I started. Every day I continue to discover more of my inadequacies and limitations. Deep down, I know that this will save me from mistakes of pride, thinking I can do more for people that I actually can, but it is a long lesson to learn. I hope throughout my practice to achieve some sort of grace and wisdom in the precarious balance; I do after all believe in miracles.