

Dr. Edwards

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Through the generosity of Charles R. Millikan, D. Min., vice president for Spiritual Care and Values Integration, an annual award competition was established at Houston Methodist Hospital among the resident staff. To enter the writing competition, residents must submit a poem or essay of 1,000 words or less on the topic, "On Being a Doctor." A committee of seven was selected from Houston Methodist Hospital Education Institute to establish the judging criteria and select the winning entries. The following is the first-place winning entry for 2018; the second- and third-place entries will be published in the next two issues of this journal.

In a small woven-wood box on my bookshelf, I keep my dearest paper mementos. Thumbing through it, I rediscover encouraging words from friends over the years, a speech my dad helped me brainstorm in a Denny's, affirmations from my mom on each birthday—all precious gifts that remind me on my lowest days that I am supported, and that who I am is enough.

Among the assortment of cards and folded paper is one of the newest additions to my collection, words penned in black ballpoint on a wrinkled napkin from the St. Joseph Hospital physician's lounge. As I smooth out the edges and read each bulleted point again, I relive this moving encounter with Dr. Russell Edwards, a faculty member and dear mentor whose example has inspired me to seek medicine as a vehicle to be intentional with my patients, coworkers, and faculty.

My journey through residency has been unconventional, to say the least. On Monday of the third week of my intern year, I suffered a hemorrhagic stroke from a ruptured venous aneurysm, was in the OR for an evacuative craniotomy on Tuesday, and was benched from my program the rest of the year. After my recovery, I was given the opportunity to begin again the following July. Miraculously, I returned with my physical faculties completely intact. What I was not prepared for, however, were the emotional and mental struggles I would face.

The first 2 months of "intern year, take two" went by smoothly. Night shift was arduous but manageable, and internal medicine clinic was a welcome change of pace. My third month, however, was like night from day. I was on the labor and delivery day shift, the one in which I had the stroke a year prior.

I began suffering from insomnia, panic attacks, and depression at the hospital. It felt as if my body and mind were reacting to associations I had subconsciously made between the hospital environment and memories of the stroke. The mere sight of the electronic board where our laboring patients were listed would

give me palpitations and cause my mind to race to the point that I couldn't process my thoughts or make decisions.

I felt so sick. And helpless.

My struggle began to affect my work and grew noticeable. One afternoon while attending a patient in clinic, I became so anxious that I placed a speculum upside down while my faculty observed. Needless to say, she pulled me aside afterward to address it.

"I've never seen such severe anxiety in all my years of teaching," she began. "If you can't handle this now, you have to ask yourself if you will be able to handle a busy (GYN) oncology service as a chief, and then eventually handle everything on your own as an attending."

And then the words no resident wants to hear: "You need to decide if OB/GYN is really the specialty for you, or if you should consider switching."

Wow. My mind was reeling.

"Switching? Maybe it's true...maybe I can't handle this anymore," I thought. "Maybe the stroke has made me irreversibly deficient. Was this all a mistake?"

Friday arrived at the end of that long and heavily introspective week, and I was on call. My festering thoughts still needed processing. As I walked into the physician's lounge, there reclining on the pleather-upholstered chair was Dr. Edwards, our faculty covering the shift. He was lost in a gynecology textbook, as was his custom.

"Dr. Edwards, do you have a minute to talk?" I asked.

"Sure, what's going on?" he replied, and straightened in his chair.

As I began to reveal the doubt, fear, and uncertainty in my heart about my place in OB-GYN and medicine altogether, Dr. Edwards reached for a napkin from the coffee table in the center of the room and uncapped his pen.

I told him about my recent performance in clinic.

“Was there anything recently that may have made you feel anxious?” he asked.

“Well, I did just return from Christmas break and was feeling a bit depressed transitioning back to work...”

Dr. Edward's pen returned to the napkin.

“Dr. Edwards,” I asked, “What if medicine isn't for me?”

“Well,” he replied, “tell me some things that just get you really excited—things you can call your best friend about and talk for hours.”

“My faith, issues of justice that I'm passionate about like human trafficking, issues in international women's health like obstetric fistula,” I responded.

“What would you do if you didn't do medicine?” he continued.

“I'd probably go to seminary or get a Ph.D. in sociology. But I've always been so attracted to medicine because I love that

it allows me to use my hands to fight for justice and minister to women,” I replied.

Dr. Edwards again added to his napkin.

“You know, Justine,” he started, his gaze now focused on my own, “I think you're in the right place. But I also think you've been through some tough stuff and you're hurting a lot right now. I'm really sorry for your suffering. If you need help, someone to talk to, don't hesitate to call.”

He became teary-eyed as he spoke those words, and so did I. He then proceeded to share with me his own struggles with depression in residency. “People get depressed,” he said. “Christians get depressed. It doesn't mean your faith is weak. We are human.”

For the first time in a while, I felt safe. Safe, and allowed to be weak, allowed to suffer and struggle. What Dr. Edwards gave me in that room, through his tears and words, was not an encouraging Band-Aid; it was the freedom to be fully human and flawed, and the assurance that I was not alone in it.

This is the kind of doctor I wish to become. One who is unafraid to draw near to her patients and coworkers when they are in life's trenches, whose familiarity with suffering becomes a conduit of grace to those experiencing it themselves.

That wrinkled napkin will always be my reminder.