

Through the generosity of Charles R. Millikan, D. Min., vice president for spiritual care and values integration, an annual award competition was established at The Methodist Hospital among the resident staff. For the inaugural competition, residents submitted a poem or essay of 1,000 words or less for the topic, "On Being a Doctor." A committee of 5 was selected from The Methodist Hospital Education Institute to judge the entries. Criteria for judging were established by this committee. The winning essay is herein published. The 2nd and 3rd place winning entries will be published in subsequent issues of this journal.

THE SERVING GIRL AND THE QUEEN

By Jason Gillman, M.D.

I walk these familiar halls every day with a sense of purpose, but now it feels different. I am disoriented, a gnawing dread in the pit of my stomach. It's just an arthrogram, I tell myself. An hour passes. Strangely, the waiting room remains empty except for me. Finally, I hear my name from a confused-appearing medical assistant. She doesn't seem to know why I was waiting so long either.

I'm instructed to change into a hospital gown, open to the back, after which I'm shuffled into yet another waiting area, equally devoid of patients. Of course it could be worse. At least the wall art is different. Another thirty minutes pass before a nurse tells me they're ready in fluoroscopy. I also learn that I'll need to take the elevator down two stories. I start to inquire about the utility of a separate floor and two waiting rooms just to change into a gown, but the nurse is already storming off. She must be having a worse day than me, and I'm the one with the torn joint capsule. I follow her quietly out into the main lobby in my hospital gown, hoping against all odds that I didn't wear my boxers with the hole in the back. And more importantly, hoping that no one I know is waiting in the lobby. Then again, if medicine doesn't work out it does leave me a backup career as a male stripper. Nevertheless, the nurse and I survive the embarrassment and the elevator ride to arrive at my final destination.

I lie down on a cold table, hoping for a blanket, but not expecting much at this point. Let's just get it over with. The radiologist arrives, and with a muttered introduction begins injecting me with lidocaine. I think to myself the horror will be over shortly, until the fluoroscopy equipment, to everyone's surprise, shuts off unexpectedly. "I don't understand. It's brand new," I hear from an assistant. "Well restart it!" demands the physician as I lay there with a large bore needle sticking out of my shoulder. Needless to say, when I was handed a comment card on my way out, I suggested that it might be better for everyone if I kept my thoughts to myself.

At the hospital where I train as an internal medicine resident, patient satisfaction is part of the standard of care, almost as important as the medicine itself. When I started working here, I found this phenomenon perplexing at first. During medical school and my intern year, I had been exposed primarily to county hospitals. A patient leaving the front doors in one piece defined success. We all wanted to do what's best for our patients, but with limited resources, I thought that meant only ensuring they made the fullest and speediest recovery possible. Sometimes even a bit speedier than the patients would have liked. It wasn't until I had the experience of being a patient myself that I recognized the existence of other valuable endpoints in medicine secondary to survival.

About a month after my orthopedic misadventure, I was assigned a pulmonary consultation. The patient, an elderly woman, clearly annoyed and unwilling to cooperate with me, demanded to know

why I was waking her up so early. I jokingly suggested that I was deliberately trying to irritate her.

"Well that's fine but I just can't seem to get a decent nurse," she replied.

"I'm sorry to hear that," I said, "But your nurse happens to be right here in the room."

"Well get over here where I can see you, you stupid girl!" she exclaimed.

I was surprised, and I have to admit, mildly amused. The nurse looked horrified.

"Doctor, she's been ordering us around like servants," she whispered to me. "And I'm the replacement. She called the patient liaison about the last one."

I turned to the patient and reminded her,

"It sounds like you fired your last nurse, so they've assigned you a new one."

And with the finality of a queen the patient replied, "Each one is more dreadful than the last."

Before my own experience as a patient, I might have observed this exchange and seen only a tearful, overworked nurse and a miserable old hag who would never be satisfied. But now I see the layer beneath: a woman drained by her chronic illnesses; a list of thirty medications which are never entered properly in the hospital orders, despite her incessant pleading and instruction; the tedious repetition of a story of life and infirmity to dozens of strangers every month; and finally the fear of never leaving the hospital to see her home again. And yet even deeper is the primal desperation for control in a life she knows to be slipping away, but clings to with every ounce of willpower she possesses.

How does a physician learn to see beneath the obvious, to peel back the superficial? Given, some doctors are born with an innate sense of empathy that requires no acting or pretense. But for others, like myself, this sense of compassion arises from a life experience that jars us towards understanding. Success as a physician is not only defined by moving limbs and a functioning heart. Nor is it defined by prescribing a treatment or performing a successful procedure. It lies instead in recognizing an individual's core humanity and the harms, whether real or imagined, physical or emotional, which threaten its existence. I learned this in empty waiting rooms, in a humiliating elevator ride in an unflattering hospital gown, shivering on a cold operating table with a needle sticking out of my shoulder. I was stripped of my white coat, both literally and figuratively, and it was replaced with humiliation, discomfort, and vulnerability. So if asked what patient, above all others, showed me what it means to be a doctor, I have only to look in the mirror. That patient is with me every day.