Training Day

To be honest, I spent a large part of the past several years complaining about residency. Chronic sleep deprivation and stress had led to a distancing from my patients and generated a selfish focus on my own physical, emotional, and spiritual needs. I was a far cry from the physician I once dreamed of becoming, and I wasn't even sure how to find those dreams again. Until the day I became a patient.

I had suffered a miserable night racked by rigors alternating with high fevers and profuse sweating. A headache pounded in my skull. My racing pulse jumped to meet my searching fingers. Yet, I couldn't identify any obvious source of infection. No sore throat, no runny nose, no cough, no abdominal pain, no urinary symptoms, no vaginal discharge. A long and scary differential diagnosis scrolled through my mind over and over in the darkness of the night: leukemia, lymphoma, meningitis, malaria. . . . My medical knowledge never felt so intimidating as at that moment.

"The complex interaction between myself, my illness, and my environment was transforming me into a patient, more helpless than when I arrived."

The next day found me sitting in the waiting room in the emergency department, where I often worked as a psychiatry resident, now with an ID band around my wrist. The nurses and security guards were visibly distressed to see me ill. I was soon ushered into an examination room and instructed to change into a gown and lie down. I shrugged off my white coat and hung it on the back of the chair. The hospital gown felt thin and flimsy around me and seemed to bunch up and gape open in strange ways as I tried to gracefully get onto the examination gurney. I drew the covers up to my chin. Now what? I felt anxious, small, and naked. I retrieved some psychiatry articles from my bag and flipped through them as I waited for the doctor. I couldn't concentrate on the text, but the sturdy feel of scholarly reading material in my hands was reassuring.

The emergency physician soon arrived, singing out "Dr. Vasa!" as he entered the examination room. We had worked together many times when he had consulted me on patients with acute psychiatric problems. Just a subtle change in the relationship, I told myself, as he asked about my medical history and proceeded to palpate for lymphadenopathy and percuss my lungs. Since medical school, I had perceived the physical examination, the laying of hands on a patient, as a sacred, intimate dance. I conveyed my concern and respect for the patient by how softly I laid the stethoscope on the skin, how gently I palpated a painful abdomen, how thoroughly I draped the sheets. When I joined psychiatry, I sacrificed this physical holding for a psychological holding, conveyed through my words, my body language, my attentiveness. Now with my physical health and a certain anxiety in the hands of another physician, I viscerally understood the power of simple human words and touch—tools that I had utilized for patients but had never before needed from a doctor.

My next challenge was the task of providing a urine sample, something I frequently requested of my patients. I was attached via tubing to an IV bag that hung on a hook high above my head. I could not climb out of the gurney, as the guard rails were raised high, and there was no mechanism to lower them from inside the bed. The nurse was nowhere in sight, and there was no discernible way to get her attention. I estimated the length of the tubing and figured that I could slide off the lower end of the bed without disconnecting the IV from my arm. As I shimmied down, the sheets came along for the ride and my gown hiked up, letting in a chilly draft. With a few strategic jumps, I managed to unhook the IV bag from its hanger. Now I only had to traverse 3 yards of hallway

to get to the bathroom. I used one hand to secure my gown around me, my ring and pinky fingers gingerly hanging on to the cup. The other hand held the IV bag up above my head. I made it about four steps before the cup dropped with a loud, clattering noise. As I bent down to pick it up, my gown flew open behind me. Blood backed up through the IV tube. In my attempts to be discrete and self-sufficient, I had somehow managed to create a scene and draw more attention to myself. A nurse quickly helped me to the bathroom.

In the mirror, my skin looked paler, my nose looked redder, and my ponytail stuck out from my head at an awkward angle. Discouraged, I returned to my bed to wait for my test results. The longer I lay in that gown, dependent on others for simple things like a trip to the bathroom, a blanket, or a drink of a water, the sicker and weaker I felt. The complex interaction between myself, my illness, and my environment was transforming me into a patient, more helpless than when I arrived.

My doctor returned with a full explanation of my symptoms. It was a small infection, easily treated with antibiotics, lots of fluids, and a few days of rest. Once discharged, I quickly jumped out of bed and back into my professional clothes. A sense of relief washed over me as I shrugged my white coat back on. It was my shield, my illusion of control—a raiment that would protect me from illness and infirmity. After all, in the white coat, we are best suited to treat illness, not suffer from it. All at once, I was overwhelmingly grateful to be a physician, standing once again on the other side of the bed rails. I felt a perplexingly strong need to hug my doctor as I left the emergency department. In my moment of vulnerability and ill health, he had been there, and I was grateful for that.

There are many stories of physicians afflicted with cancer or other terrible medical ailments that irrevocably change their beliefs about disease, illness, the physician-patient relationship, and the practice of medicine. I am thankful that I only needed a temporarily disabling infection to teach me how my patients feel. Many arrive at a time of crisis, whether they are medically compromised, suicidal, psychotic, or severely anxious, and they are afraid. At that moment, they are vulnerable and dependent on me, their physician, to protect them, diagnose them, treat them, and advocate for them. I cannot promise that my tests will identify the foreign invader or pathological process that has occupied their body or mind or that my medications will cure what ails them. But I can reassure them, in the way that I talk to them, hear them, touch them. I can reassure them that I will travel by their side on their journey through sickness and hopefully back to health.

As I left the emergency department, I felt, for the first time in a long time, that I am exactly where I am supposed to be, doing exactly what I was meant to be doing. In the end, one of the most meaningful lessons I learned as a resident was in my day spent as a patient.

MONISHA VASA, M.D.

Address correspondence and reprint requests to Dr. Vasa, Cedars-Sinai Department of Psychiatry, 8730 Alden Dr., #W101, Los Angeles, CA 90048; monisha.vasa@cshs.org (e-mail).

Dr. Vasa reports no competing interests.