

## COMMENTS ON STUDENTS PDS ESSAYS 9/03 (YEAR I)

Hi [REDACTED]. Thank you for your personal essay about your experience with a burst appendix at age 10. It captures well the importance of the kindness and reassurance shown to you by the medical staff. It also is an insightful perspective on how a patient's view of the hospital environment can evolve from sterility and strangeness to a kind of second home. I really appreciated your awareness that it is compassion and caring that make suffering bearable.

I appreciate the courage you demonstrated by writing about XX's panic attacks. This can be a devastating and debilitating experience, and you describe it vividly (with many classic symptoms, of which I'm sure you're aware). You also make important points about the stigma that can attach to illness. I'm happy to hear XX is seeking help in managing this problem, because help is out there. I'm also glad that you have learned important lessons from XX's experience, in addition to its obvious down-sides. Indeed, it is precisely our fallibilities and frailties that can make us more empathetic to the humanity of our patients. Thank you for this essay.

[REDACTED], I found this to be a wonderfully moving and beautiful poem. It was a lovely portrait of your grandmother, who was obviously a vibrant mainstay of her family. The love and respect you had for her become quite tangible in your writing, as does the pain and loss you felt at her death. The concluding lines of this poem are terrific – the metaphor of paralysis (obviously paralleling your grandmother's) induced by your own helplessness, and the potential freedom to be found in the education and knowledge you are currently pursuing are powerful images. I am sorry for your loss of such a wonderful woman, and glad that her memory remains so vivid for you.

Thank you [REDACTED] for taking the risk to share about XX's experience with lupus, and I'm glad to hear XX is doing well. You make many wise observations about the emotional suffering that accompanies chronic illness, and about the enormity and pervasiveness of its illness on every aspect of life. You are absolutely correct as well about the importance of physician concern and dedication in making such illness more tolerable for the patient, as well as participation in support groups, which can help place personal illness in perspective.

Hi [REDACTED]. I appreciated your referencing Camus' *The Plague* in your personal essay on the death of a family friend from colon cancer. That is one of my favorite books and extremely relevant to the issue you frame so beautifully: i.e., while disease has a certain logic and harmony on the cellular/molecular level, on a human level it is absurd and meaningless. What I like about the character of Dr. Rieux is that Camus uses him to explore "proper" responses to existential meaninglessness. How do we act in the face of cosmic absurdity? Rieux's answer is in part that we can choose to act with courage and compassion, to infuse meaning into situations where none exists. He may not be a bad role-model!

Hi [REDACTED]. Thank you for sharing the story of your MVA and challenging rehabilitation. It is an inspiring story of achievement in the face of disability. You have the awareness to realize such an experience changes you forever, but also the wisdom to acknowledge the ways in which you were able to grow as a person as a result of this ordeal. I'm sure that the challenges posed by medical school will pale in comparison with what you've already accomplished in your life.

Hi [REDACTED]. Thank you for sharing the story of your grandmother's death. She sounds like a wonderful person. How fortunate for both her and your family that, through hospice, she was able to approximate a "good death." I know that this memory will stay with you throughout your training, and will help inform how you understand and interpret the deaths of your future patients.

[REDACTED], thank you for the honesty with which you touched on the sensitive issues of abortion and truth-telling. Regardless of your personal views of abortion, your family's experience probably brings you closer to understanding the terrible difficulties and stressors that can accompany an unwanted pregnancy. Similarly, you've experienced first-hand how culture can affect our assumptions of what to impart to patients. Many cultures are loath to inform patients of a cancer diagnosis, for reasons similar to the one you provide. In the case of your grandmother, it sounds like it was the right decision to be open with her. These situations must always be handled with care and delicacy, influenced by both factors of culture and the individual patient and family involved. I'm happy to hear your grandmother is doing well, and hope all continues to go well for her.

[REDACTED], thanks for having the courage to talk about this difficult experience. No matter what the particular circumstances, it is hard not to be plagued by survivor guilt. I am very sorry for the loss of your friend, and sorry to that hospital staff added to your suffering. I agree with you that you will be able to use what you endured as a kind of "anti-model" for treating patients with care and concern. I think you will discover that judging your patients is rarely a helpful or useful part of treatment.

Hi [REDACTED]. Your essay on the death of your friend asks the great question, "Why do bad things happen to good people?" (see Harold Kushner's book of the same title, if you're interested). I think this is the issue with which all religions have wrestled, and for which, in my opinion, there are no wholly satisfying answers. I also agree with your insight about the ripple effect of illness – it is never just the person with the disease that is affected, but family, friends, and sometimes even beyond. It also seems true to me, as you imply, that illness can have profoundly different influences on people. Finally, it is an enduring paradox of the human condition that we often learn most and grow most through suffering. Surely God could have devised easier ways for us to learn these lessons!

You certainly tell an interesting tale about your experience of severe allergic reaction. One of your most interesting insights was your statement, "Now I know how ugly people feel"! Medical education often makes it easy to think about "patients" as in some completely different category from you, their student-physician. Personal experiences of

illness can remind us, sometimes uncomfortably (!), that *they* are *us*! The superior treatment you received from a little Greek pharmacy also reminds us to have some humility about the presumed primacy of American medicine. Avoid those mangos!

Hi [REDACTED]. Thank you for writing an essay about your XX's death. You take a real emotional risk but imagining so feelingly some of the emotions XX most have undergone. Yet moving closer to XX's experiences of diagnosis, treatment, and dying may also help you understand your patients facing similar situations. Also, I think it is a mistake to say that we ever "get over" these experiences. In fact, I think it would be a mistake if we did! As you rightly observe, such a loss continues to reverberate in one's life, but this is by no means a bad thing. Your memories, your persistent, if occasional, expectation of her reappearance are tributes to the important role XX played, and continued to play, in your life.

[REDACTED], this was an interesting essay about your friend with bipolar disorder. It vividly depicts just how disruptive and frightening this disease can be, not only for the person directly affected, but for family and friends as well. I admire the commitment you showed in raising an alarm, and trying to intervene on your friend's behalf. As you discovered then, we are not always able to save the people we care about, either personally or professionally. But it always matters that we tried.

[REDACTED], thank you for writing – and then reading – the essay you wrote about your grandmother's stroke and increasing dementia and disability. You tackle an increasingly important issue in our society – that of caregiver burden. When you study geriatrics, you'll discover that this problem has generated a huge literature, but there are still no easy answers. Support groups, community resources, and even medication help, but the day-to-day reality of caring for an aging parent can be an enormous challenge. It involves a tenuous balancing of competing values of commitment to family and personal well-being. Your mother sounds like an extraordinary woman, but she also is lucky to have a son like you who sees her plight so clearly and empathetically.

Hi [REDACTED] thanks for writing – and then volunteering to share! – this essay about the death of your dog. Most of the literature on the psychological impact of the loss of a beloved pet has emerged in geriatric research, but its conclusions are relevant to all of us who have animals we love. These losses, far from being trivial and unimportant, can equal or even surpass the loss of human companions. Yet they are consistently diminished and degraded by family, friends, and even professionals. I'm very glad you brought this issue to our attention. As you saw, it provoked an interesting discussion, and a wide range of responses.

[REDACTED], this was a thoughtful account of the effects of autism on your friend's family. Unfortunately, a common coping reaction of parents to the diagnosis of a serious, irreversible, and/or progressive disease in a child is the mutual blaming (and/or guilt) that you observed. The diagnosis of autism severely tests the strength of any marriage. You also make fascinating observations about being outside versus inside "the box." I think ideally as a physician, it's not so much either/or but both/and. In other words, you are

close enough to the family to appreciate their perspective and care about what happens to them, but you have enough distance to be able to see hard truths they may be missing. Beyond the box analogy, you make the very important point that fear can negatively affect our behavior, resulting in denial and lies. Regardless of where you end up in relation to the box, I think this is always something to remember: easy as it is, acting from fear rarely takes us to the place we want to be.

■■■■■, thank you for sharing XX's experience with arrhythmia. I'm glad that in the end the diagnosis was benign, but your essay, despite the favorable outcome, is really about the emotions of fear and anxiety resulting from medical uncertainty. There is an interesting literature about the stress and strain patients experience while waiting for test results, or even just to have the diagnostic procedures performed! It's the difference between the "routine" of the system, and the suffering of the individual. XX's experience was not atypical in that many patients report encountering physicians who do their utmost to care, but functioning within a poorly structured, insensitive health care system. I'm glad you were able to observe and learn from the doctors who were evaluating you.

■■■■■, I appreciated your sharing the story of your grandmother's struggle with cancer. You describe clearly and accurately the many emotions you experienced upon learning of her diagnosis. These feelings – sadness, anger, helplessness – are the kinds of feelings that all family members (and patients themselves) often feel, and as you know from your own experience, are hard emotions to handle. You also raise the issue of medical uncertainty and limitations. It is a hard reality to accept, especially as a first year medical student, that good doctors miss things and make mistakes, that medicine is fallible. I think as a medical student again and again you will rediscover the great importance of that gift of "companionship." The willingness to "be present" with patients can make them feel truly seen, heard, and understood, and can be an important component of healing.

Your essay does an excellent job of getting in touch with the typical feelings of being a patient – feeling scared, lonely as well as vulnerable, angry, and even violated. You also recognize very well that what are routine procedures for hospital staff are novel and often distressing for the patient. I'm glad you passed this "test" about the seriousness of your intention to become a physician, and also that you learned some important lessons from the experience.

■■■■■, thank you for writing about the experience of your XX's cousin with breast cancer. As you rightly observe, the diagnosis of a serious illness is not confined to the patient, but reverberates throughout an entire family. I appreciate your alluding to the "buried tragedy" in your own past that seemed activated by XX's suffering, as well as your own feelings of powerlessness and regret. It is very common that challenging issues in our past can resurface in response to similar events occurring in the present. You've obviously paid close attention to the emotional rollercoaster this woman has been on, and skillfully document the range of her emotions. You seem able to identify many of the emotions swirling about in this difficult situation. Labeling what we and others are feeling is the first step in dealing with the feelings. By the way, "gossip" about someone

else's misfortune is a moral no-no, I believe, although easy to fall into because of our own need to reassure ourselves that (for whatever illogical reason), bad things can happen to other people, but not us. Learning to follow the patient's lead in terms of how she or he wishes to deal with a potentially life-threatening situation is always a good idea. You may find that, as trust increases, people may change in terms of their desire to openly discuss their situation.

It's a great coping skill to be able to turn even the most difficult situation to advantage. In this case, you used a bad case of mononucleosis to observe your interactions with physicians and learn about their lives. You also learned about what it was like to be a patient, and what helped and what harmed in terms of physician behavior. As you concluded, physician attitude can significantly influence the patient's ability to cope with their illness. I admire your resolve to carry this insight into your own interactions with patients.

█, thank you for sharing XX's difficult experience with TOS. You highlight dimensions of illness that affect almost all patients – i.e., feelings of helplessness and embarrassment or self-consciousness at loss of dignity. Medical sociologists agree that the most common effect of illness is a loss of control, a loss of one's previous self. Even if this loss is only temporary, it can be devastating. You also comment that this condition made you “more empathetic to people who suffer from chronic pain.” Empathy for chronic pain patients is a rare commodity – these are one of the most dreaded patient groups! Your ability to understand this difficult problem “from the inside-out” will serve you well with many of your future patients, and ensure that you do not summarily dismiss their complaints.

█, thank you for sharing your XX's frightening episode of viral meningitis. You describe very well the fear and anger that arise when the foundations of our lives are threatened unexpectedly. Your conclusions that life is fragile and that love must be shared really encompass two important and interconnected aspects of the human condition. I agree with your perspective that it is emotionally taxing to revisit such difficult events. However, such experiences have a lot to teach us about fear, loss, and grief, so they are worth re-examining every once in awhile.

Thank you for attempting a poem – nice work! The title of your poem asks a great question, which medical sociologists and philosophers struggle with as well: What constitutes an illness? Historically, to be sick, you had to feel sick, and to have observable symptoms of sickness. Today, we have concepts such as risk-status and “hidden illness.” In your father's case, it is the widespread triumvirate of diabetes, HBP, and elevated cholesterol. This is a new kind of sickness where the patient feels fine (often), but is told he must be treated as sick.

You also touch on a difficult issue for many medical students (and physicians), i.e., the role conflict inherent in being a (student-) physician and being a daughter (or son). In these situations, it is usually a good idea (although sometimes emotionally harder) to hang onto the child role, and let somebody else do the doctor stuff. When a family

member becomes sick, it usually means we have to come to terms emotionally with this development, which can be harder to do from behind the shield of the white coat. “Is this real?” Your emotions are real. Your loving concern for your father is real. Your empathetic awareness of your mother’s frustration and helplessness is real. And you’re right, life is fragile. And we just have to live it the best we can despite, or because of, this reality.

■■■■■, this essay is a moving and authentic evocation of the disorientation and fear a child experiences at the death of a sibling. It is also a vivid picture of what happens to the “parental child” (usually an older daughter) who must step into and fill the parent’s shoes with younger sibs and even, as you show, toward the parent herself. You write beautifully and use details like the cream cable-knit sweater and the orange macaroni to make the scene you describe come alive for the reader. This ability to closely observe is essential in clinical medicine.

Your essay raises many difficult questions about life-threatening illness in a young adult. You are very aware of the shock and disbelief that a diagnosis of a brain tumor can produce. I liked your line that “comfort seemed inappropriate.” I think what is always inappropriate are facile platitudes or false reassurance, usually said to comfort us rather than the ill person (who quickly perceives their emptiness). On the other hand, comfort, in the sense of non-abandonment and willingness to listen deeply and without judgment, is always of benefit. I heard you in this writing really struggling to figure out how to deal with the unimaginable? That’s probably something that will take the next four years – if not a lifetime! – to answer fully, but it’s a pretty important question to start asking now. Your concluding sentence makes me wonder the extent to which life on the other side of a diagnosis of malignant brain tumor can ever be “the same.” I think we are inevitably changed (although by no means necessarily for the worse) by such events, and must learn who we are on the other side of them.

■■■■■, thank you for sharing the story of your brother’s problems with a deviated septum. You feelingly depict how a medical condition can significantly effect one’s daily life, work, and family. You also show how the attitudes of physicians can complicate, rather than alleviate, an already difficult situation. Unfortunately, the frustrations with care that your family experienced are similar to those of all too many patients. I hope you can remember to keep this in mind as you have the opportunity to make the experience of other patients a little less difficult.

■■■■■, you paint an evocative portrait of your aged, non-English-speaking grandparents attempting to navigate the mysteries of the U.S. healthcare system. The dialogue between your grandmother and the ER physician would be hilarious if it weren’t heartbreaking. Unfortunately, this kind of interaction occurs all too frequently between doctors and their patients, and is not due entirely to language barriers but, as your essay implies, culturally-based differences in expectations regarding doctoring, medication, disease, and appropriate patient behavior (i.e., it’s polite to say yes, even if you mean no). I’m glad to hear that, at least in your grandparents’ case, appropriate intervention enabled your grandmother to accept the importance of regular continuity care and treatment.

Hi [REDACTED]. I appreciate you sharing your thoughts about your grandfather's death. Your initial reaction anger and incredulity at bumping into the limits of modern medicine are so understandable. Science/medicine remains modern society's true religion, and too many of us still worship at the altar of the omnipotent physician. Yet all on your own, you discovered an alternative model of medicine – one that is fallible, has limits, but also focuses on care, comfort, and compassion. I wish more people had the wisdom to see that this is the kind of medicine that is both attainable and meaningful.

[REDACTED], I liked the way your essay made the point that even a minor surgical procedures can be stressful and anxiety-producing. Also, the unskillful approach of the resident in asking you about sexual activity in front of your father (!) points out the importance of learning how to conduct an appropriate sexual history. Fortunately, at UCI we have knowledgeable faculty with expertise in this area who will ensure you know how to be specific, thorough, nonjudgmental, and able to put both your patient and yourself at ease in discussing this sensitive yet essential aspect of medical interviewing.

[REDACTED], your experience with appendicitis sounds like a great adventure! It's interesting that you were excited but not scared. Your overall evaluation of the hospitalization and subsequent procedures sounds quite positive, despite the intimidating urologist who disliked interacting with you. It would be a real accomplishment if all your patients felt so positively after being in your care!

[REDACTED], thank you for being so open about your sojourn with Hodgkin's. You sound as though you handled a very difficult experience with grace and grit. You are very in touch with all the emotions of fear, frustration, helplessness, depression etc. that are likely to arise when facing such a challenge. I also appreciated your comments about the psychological battle, which is at least as demanding as the physical one, and one which must be fought with equal tenacity. It is both honest and perceptive of you to acknowledge the extent that cancer has shaped who you are and its daily presence in your life. From my knowledge/experience of serious, life-threatening illness, this is an inevitable (although by no means necessarily a bad) consequence. As you say, sometimes this brush with death can make us more aware of both the fragility and sweetness of life. Thanks for sharing.

Hi [REDACTED], and thank you for your thoughtful essay about your grandmother's death. You tackled a difficult issue that most caregivers' of people who are sick and dying face, namely the challenge of balancing commitment to the dying person with responsibilities in one's own life. Your awareness of this dilemma may make you more sensitive to its presence in the lives of your future patients and their families, as well as less quick to judge any given family's efforts at solution. Your grandmother gave you all a great gift by reassuring family members and releasing them back into their lives. That is evidence of a life well-lived right up to the moment of its passing.

Hi [REDACTED], thanks for tackling a poetic format. Your poem captures very well the shock and disbelief at unexpected illness, and draws the important conclusion that we should all

live with “death as our advisor” (in the words of the social anthropologist Carlos Casteneda) because our futures may be much less predictable than we think. You also point out the uncomfortable but true reality that even strong, self-reliant people can be brought low by constant pain and suffering. The title of your poem says it all – eventually, we are all participants in the experience of illness.

■■■■, I like haiku a lot (short yet rich), and I enjoyed yours a lot. You do a good job of following the standard haiku 5-7-5 convention without allowing the structure to dominate the substance of your poem. I think patients (and perhaps anesthesiologists) would appreciate your religiously-tinged metaphor of darkness and dawning light. There is a certain sense of rebirth after undergoing anesthesia, and maybe of second chances as well. If you have nothing better to do, you might check out the poetry of Audrey Shafer, an anesthesiologist at Stanford who writes insightfully about the physician-patient relationship and being a doctor.

Hi ■■■■. Thanks for sharing in your PDS essay your XX’s difficulty experience with seizure disorder. You reach the important conclusion that health is foundational to the operation of our daily lives, yet this is something we rarely realize until it is in jeopardy. I’m glad that no one gave up on helping your brother, neither his physicians, his family, or himself, and that he is now doing so well. That his experience has become incorporated into your own pursuit of a career in medicine will, I think, make you a more sensitive and caring physician.

■■■■, you tell an interesting and moving story of your great-uncle’s contact with the American health care system, and his eventual return to India. Your essay intimates many of the cross-cultural issues that are implicated in such contact, in particular, the bewildering nature of high-tech medicine, the inability to communicate with staff, and feelings of being a burden on family (by the way, these reactions are not exclusive to patients from other countries!). It’s sad that his kidney failure was discovered so late, but I suspect he – and your family – made the right decision to enable him to go back home for whatever time he has remaining. While sometimes medical technology can prolong life, it cannot substitute for what makes life meaningful. Thanks for sharing.

■■■■, thank you for sharing such a personal story about your XX’s diagnosis and subsequent treatment for breast cancer. You are able to describe well and movingly your XX’s feelings of fear and devastation. Families tend to respond to stressful experiences like a cancer diagnosis with an intensification of their typical coping patterns: i.e., families that do not function well to begin with have even more difficulty, while families with solid bonds often find these intensify, as in your case. The most insightful - and moving – observation in your essay was your XX’s statement that it was the love and devotion of her family that gave her the strength to continue treatment. This is a powerful reminder of the importance of support from family and friends in the illness



process. I'm glad to hear you're interested in oncology – the fact that cancer has personally touched your life will give you additional sensitivity and commitment.

Hi [REDACTED], I appreciated the forthrightness you brought to a potential embarrassing area of medicine – STDs and medical problems of the genitalia. This is a topic that many patients – and even physicians – feel uncomfortable addressing. Your essay contains many excellent observations such as your friend's discomfort at having to describe his symptoms to a female nurse and being seen by a female physician. Perhaps of greatest importance is the way such medical problems reverberate in the relationship with one's sexual partner. Fortunately, in the case of your friend, he and his girlfriend were able to discuss this sensitive subject openly and honestly, and continue their relationship. However, a sensitive physician who diagnoses STD in a patient will be careful to discuss moral obligations to inform sexual partners, as well as the potential for resultant stress and recrimination.

Hi [REDACTED]. Your essay touches in a personal, human way on the profound psychological ramifications of infertility, and the immense stress it can place on a marriage. It's good to hear that you've used your personal experiences with friends to deepen and expand your understanding of the multidimensional nature of your father's work. Thanks for an interesting essay.

Thank you for sharing the story of your friend who died of liver cancer. It is indeed shocking how sickness can suddenly overtake even the most vibrant among us. Your friend sounded as though he handled his difficult situation with grace and fortitude. Perhaps you did not have an opportunity to complete your essay, but I would have been interested to hear how you were affected by his sickness and eventual death. One of the purposes in writing these essays was to remind everyone that we all have personal connections and personal reactions to illness that affect how we approach our patients.

Cute poem! You do a great job of placing yourself back in the shoes of your five year old self. Your poem captures very well the child's illicit enjoyment at being sick, as well as the fear that illness triggers in all of us, from kids to adults.

[REDACTED], your experience with dengue fever raises interesting questions about the appropriate level of aggressiveness in treating disease. You reach the thoughtful conclusion that, despite the availability of high-tech medical interventions, sometimes it is wisest to give time and rest a chance. I predict that, over the next four years, you will revisit this issue countless times. Perhaps your perspective will change to some degree, but I hope you continue to trust in the sometimes miraculous ability of the body to heal itself.

[REDACTED], I appreciated the way you used a relatively minor surgical procedure (although no surgery is ever really minor) to explore the fears, anxieties, and concerns that arise for most patients under these circumstances. From the physician's point of view, it's easy to forget just how anxiety-provoking these events can be. You reached two important conclusions. Indeed, life should never be taken for granted; and yes, no one should be

without health insurance. Unfortunately, over the course of your training, you will encounter many exceptions to both of these insights, often with predictably disheartening consequences.

Hi [REDACTED]. Your essay is a sensitive exploration of an all-too-common, and inevitably frustrating patient experience – persistently painful and disturbing symptoms without a diagnosis. Sometimes, as in XX’s case, conscientious physicians (or moms!) get to the bottom of the problem, in which case, as you noted, the patient experiences great relief, even when the diagnosis is much more serious than yours (say, multiple sclerosis or cancer). I admire your philosophical acceptance of the initial confusion surrounding XX’s case, as well as your appreciation for the expertise and good communication skills of your physicians. Not all patients react with such understanding, but I hope XX’s experience will enable you to feel compassion and empathy for these individuals as well.

This was a really cute and imaginative piece of writing. I liked it! And, buried in the cuteness is an important coping strategy for dealing with illness: either the illness has you or you have the illness. The former may lead to fatalism and resignation, whereas the latter may promote a “fighting spirit.” When you have nothing better to do, do a google search of Ogden Nash for his very funny poem about the worst cold in the world.

Hi [REDACTED], thanks for talking about XX’s spinal injury and resultant sciatica. Your essay is very good at describing the feelings of helplessness, fear, and uselessness that appear when a debilitating medical condition strikes. It is particularly difficult when one is young and used to be healthy and vigorous. You also point out the frustration of going from one treatment to another without relief, a very typical experience for back pain patients. I’m glad XX is doing better now, and hope that this experience will make you more empathetic to all those dreaded “low back pain” patients you will encounter in primary care clinics.

[REDACTED], I really liked the way your essay drew a distinction between the general bioethical issue of appropriate allocation of scarce (healthcare) resources and the particular situation of your girlfriend’s grandmother. You’re so right that this issue looks very different up close and personal. Most patients and family members do not want to debate philosophy, but simply get the best care possible. As a result of this experience, you’ve gleaned many crucial insights that should stand you in good stead in your clinical contacts, among them the importance of not inflicting additional emotional harm through the callous or thoughtless presentation of information to patients and families; and the simple but very wise precept of treating each patient like your mother or father, grandmother, brother, or child. I loved the language of your concluding sentence – if you can consistently bring qualities of “delicacy, humanity, and humility” to your patient interactions, you will be a fine – and beloved – physician.

Hi [REDACTED]. I really liked your adorable little poem about your broken arm. It seemed to me exactly how a kid would view this experience – it hurts, it’s diagnosed, it’s fixed, thanks. It’s a good example of the kind of find-it-and-fix-it medicine that we excel at in

the U.S., straightforward, uncomplicated, time-limited, and with a happy ending. I wish that all of your future clinical interactions would be this simple, but at least you have this positive memory to draw on!

■■■■■, I agree that a broken arm at 4 years old won't necessarily have any lasting impact on your views of the American healthcare system or the doctor-patient relationship. But even from this rather straightforward encounter, you took away a few basic, but essential, lessons: 1) doctors should always be "kind and gentle" 2) patients should always get a "popsicle" (metaphorically speaking, something good and sweet from their physician) when they leave the doctor's office. Good work!

■■■■■, thanks for sharing XX's experience of osteomyelitis. That can be a very tough experience. It sounds like XX made the most of it, using the time in the hospital to connect with the people around, and to learn more about self. XX's gratitude toward the many health care professionals who assisted in XX's recovery is palpable in this essay, and mirrors what so many patients feel toward their doctors and medical staff. I'm glad that out of such a painful event, XX was able to find the inspiration to pursue medicine as a career, and help others in the way XX was helped.

■■■■■, thank you for sharing the difficult experience of your sister's boyfriend's struggle with a malignant and aggressive brain tumor. You make two important points. One is that it is easy to feel frustrated by and cynical about the limitations of medicine when we bump up against them in a personal way under high-stress conditions. Many of us have been seduced by the myth of the invincibility of modern medicine, and find it a rude awakening when it turns out to be more fallible and imperfect than we'd expected. Your other point, about discovering how bad things can lead to unexpected good outcomes, contains the seeds of philosophical profundity. Over the course of my own life, I've come to realize how inadequate it is to say, "Oh that's terrible," or "This is terrific!" Life is usually a lot more complicated, and few things are either all one way or the other. Under the circumstances, we would all do well to look for those unanticipated "goods."

Hello ■■■■■. Thank you for choosing to share your XX's successful struggle with ovarian cancer. She sounds like a brave and determined woman. Your essay reminded me how much we can learn from the grace and courage of people facing very difficult life circumstances, and how often our patients become our best teachers. I'm very glad to hear XX continues to do well, and that she has inspired you to pursue a career in medicine.

Thank you for your excellent question during my PDS lecture. It gave me a chance to address a really important issue that I know you and your classmates will be wrestling with on a regular basis over the next four years. I have the feeling you weren't able to finish your humanities poem, but it still conveyed acutely the sense of betrayal that can arise when our own body appears to be turning against us. I hope/think (?) this story had a happy ending, but it did an excellent job of evoking the fear and uncertainty that

accompany so many medical diagnoses. I'm glad you're part of this class, and I look forward to getting to know you better over the next several years.

Hi [REDACTED]. I was sorry to learn of XX's difficult struggle with gastroparesis, and I appreciate the honesty with which you shared XX's story. What struck me forcibly was not only the challenge of the physical symptoms, but the dismissive attitudes of some of the physicians contrasted with those of other physicians who took XX seriously and made XX feel part of a team. Your examples illustrate so well the importance of the doctor's attitude toward the patient, regardless of whether or not a solution can be found. I also agree that with many hard-to-diagnose/treat symptoms and conditions, even upon improvement the patient is left with the psychological fear that the problems may re-emerge. Like many individuals with chronic health conditions, XX discovered the value of peer support to reduce that sense of isolation that is so characteristic of the chronic illness experience. I also agree with your conclusion that the experience of chronic illness changes the sufferer forever, although not by any means necessarily for the worse. I hope XX continues in good health, and that your awareness of the vulnerability and fear that illness produces can be used in the service of your future patients.