Dear --, thank you for your revealing sketch of the patient with retinoblastoma. The drawing and your story raised two important and really tough issues: 1) Medical error and mistakes 2) Breaking bad news.

It is scary when doctors make mistakes, and you want to say, this was a bad doctor, I would never miss this diagnosis. Of course, this particular doctor could have been negligent and irresponsible. However, as we discussed in class, reality is often more complicated. The important lesson, I think, is that mistakes happen. We must have the courage to acknowledge them honestly to ourselves and to the patient/family, learn as much as we can from them (both as individuals and in terms of our fail-safe systems intended to interrupt error), and use them to recommit to outstanding patient care.

In terms of breaking bad news, *because it is bad news,* it is important to pause and think carefully how it should be conveyed, not just *that* it should be conveyed. In your case, as became clear, language and cultural limitations may have led the resident to a more abrupt and clumsy delivery than was likely intended. As well, the resident's anxiety over the missed diagnosis (even though she was not to blame) may have made her eager to "get it over with," regardless of how the mom would be affected. Because the resident was insufficiently patient-centered, despite her good intentions, she may have added to mom's suffering.

Thank you for bringing these issues to our attention and helping us explore them thoughtfully. Best, Dr. Shapiro

----

Great project, --, about the dangers of assumptions and snap judgments. In his book, *How Doctors Think,* Jerome Groopman discusses common cognitive errors physicians make; and one is making diagnostic judgments based on broad categories of age, ethnicity, socioeconomic status etc. As you said so well in class, knowing that statistically, certain things are more likely in certain types of patients is obviously useful information, but it should not turn off your brain to consider other possibilities and to make sure the clinical profile is actually conforming to the diagnosis you are evolving.

Another issue that we did not have a chance to discuss as thoroughly is the assumptions we make when the explanation becomes "psychosocial" (as you correctly pointed out, this explains the large majority of FTT cases). Doctors feel better when they can pinpoint a specific – and preferably treatable – cause. Confronted with the complex and sometimes intractable educational, socioeconomic, family history, and sometimes psychiatric issues that contribute to many cases of FTT, it is easy to feel helpless and resort to parental blame. Yet even in these difficult situations, while it is important to discern clearly the parent's shortcomings or even pathologies, the focus should always be the patient's welfare. Since we have not walked in those parents' shoes, we should leave judgment to others.

Your concluding remarks about keeping an open mind and an open heart I found very moving. This is not always easy to do. But a physician who is always thinking and questioning, yet is not passing judgment is one who will best serve her patients. Dr. Shapiro

----

Wow, you are very talented, --! Great guitarist plus a budding poet! Seriously, I was so impressed with your presentation. Medical school often seems to strip students of their individuality, molding you into little "doctor widgets." Yet after you are stuffed full of medical knowledge it is who you are as a person that will make you a great physician. You are not afraid to listen to your instincts, to "read" a patient to see what he or she needs. In one case, it was connecting with a kid through music. What must that kid have thought about a "doctor" deciding to play a special composition just for him? How special and cared about must he have felt? Fabulous. Similarly, I thought you did something caring and "bold" (in --'s term) in hugging the crying mom outside NICU. Normally, social constraints prevent us from hugging strangers; but the hospital is the opposite of a normal social environment. As I said in class, I had a lot of respect for your not "walking by" suffering, not thinking, this is someone else's job, someone else will comfort this woman. Sometimes you are the one who is there. You don't need to "fix" her grief, but you did acknowledge it, and that is a good and open-hearted act. Finally, your poetic tribute to the "Perfect Imperfections" was quite poignant. Its humanism and empathy showed the kind of doctor you're going to be. All best, Dr. Shapiro

----

--, what I particularly loved about your story was its "smallness." You encountered a little girl untying her shoes and finding it hilarious when you retied them (smart about the whole double knot thing). Yet you used this opportunity that another medical student (or doctor) would not even have noticed to make that critical shift from self-centered (where most of us live most of our day) to patient-centered, in the best sense of the word. You *allowed* that interaction to lead to hilarious connection among everyone in the room. This is what a good doctor does – compartmentalize his personal worries and preoccupations (no matter how legitimate) to form relationships with his patients. Nice work! Dr. Shapiro

----

-- your love of Peds came through clearly in your sketches. I loved your story about OB-Gyn – peering over mom's knees to catch a glimpse of baby! I hope you will continue your project of "da Vinci" drawings that will further your own learning and perhaps that of others as well.

I also admired that despite your obvious appreciation for Peds you were able to look at the challenges as well as the joys of the specialty. We think of Peds and we think of the infinite hope embodied in a healthy newborn, the adorableness of little babies in for well child checks (except when they have an ear exam!). But there is that other side of the coin – kids with deadly diseases or chronic congenital conditions that will limit their lives and cause them and their families great suffering. As you said so well, the very innocence of children makes the unfairness of their situations particularly hard to bear. In my view, it's important for every medical student, no matter what specialty they eventually select, to remember that this innocent suffering tragically is part of our world. Whether it is our path to do something about it directly (and that is not everyone's path for sure) or not, we don't want to forget that it is there. Thanks for the reminder. Dr. Shapiro

----

Dear --, I'm sorry that because we ran out of time and space (very existential!), your lovely story about "-----" was shortchanged. I wish we'd had more time to linger on its many appealing and skillful qualities. First, by way of context, it is wonderful that you recognized the power of stories – for kids, and for all of us. Children find escape, solace, courage, joy, adventure and so much more in stories. As you astutely observed, it is especially important to assist kids in preserving their creativity and imagination in the sterile, frightening environment of the hospital. I was impressed that in the story you crafted you also wove in a cross-cultural element. I could easily imagine so many of our pediatric patients responding positively to "-----." It had just the right mix of magic realism, adventure, and reassurance. It was exciting but not terrifying. The language and images were colorful and vivid, but not overwhelming. It is lyrically written (and even the font was cool!) I hope you get to try it out on some scared little kid. I'm sure that hearing it would make him or her feel a lot better, and definitely cared for by the kindly medical student who read it! Best, Dr. Shapiro

----

Dear --, I'm sorry we did not have more time to discuss your excellent and thoughtful project. I've seen the Cleveland Clinic youtube several times (in fact, I use it in my 4th yr elective Art of Doctoring) because it is so evocative of the need for empathy in healthcare. As you helped us remember, everyone – patients, family members, doctors, nurses, janitors – carries around so many stories, some wonderful and some full of suffering. If every time a patient shouted or a colleague was unhelpful or an assistant was abrupt, we could pause and remind ourselves we have no idea what they're dealing with in life, it might make all of us a little kinder!

The clinical case you presented was also deserving of fuller discussion. Undocumented vomiting – was this Munchausen's syndrome by proxy or a difficult to diagnose organic problem? I appreciated your worry about how to answer this question. Perhaps the most important thing is to remember that, whether the mother is sincere or dissembling, there is real suffering in either case. The intervention will be very different (CPS vs. biomedical), but we must resist the temptation to respond with horror to one and sympathy to the other. In both cases, the mother is suffering. If it is Munchausen's by proxy, you are dealing with severe psychological disturbance from which the child must be protected and for which the mother must be treated. If in fact the mother is correct, then she and her child will need the support and assistance of the medical team.

In my view, you are right to give patients the benefit of the doubt. When patients say something is wrong, there is always *something* wrong. When patients say they are in pain, they always are in *some kind* of pain. You and the patient may not agree on what is wrong, or the nature of the pain, but in some sense, the patient is always telling the truth. With this attitude, you can do what is in the best interests of the patient and avoid collusion and enabling, but you can do so with compassion.

Thanks for such a valuable project that raised important ethical and values questions about what it means to be a doctor. Best, Dr. Shapiro

----

Dear --, I apologize that we ran out of time before adequately reflecting on your project, which really was wonderful. First, I liked the format you chose – writing a letter to your patient. This form of writing is frequently used to help physicians formulate thoughts and insights about patients with

whom they are having difficult interactions. Because of the second person voice ("you"), it is very immediate and personal.

Secondly, I was impressed by how the tone of the letter evolved. The tone at the start was full of anger and frustration, understandable given that your adolescent patient was faking her seizures. But as you went on, you allowed yourself to see the patient's hurt and acknowledged her very difficult social circumstances. As your willingness to engage with the patient developed, so did your compassion. You recognized that, although the patient resisted help, it would require a long and complex process to help resolve her problems, involving social services, psychiatry, and lots of patience.

These are situations that challenge physicians. It is worth remembering that, no matter how frustrated and inadequate the doctor feels, the patient's suffering is greater. That is why it is so important to stay connected with the patient because, no matter how resistant she is, she is also counting on you to help her.

A very thoughtful, humble, and humane project. Best, Dr. Shapiro

----

Dear -- and --, what a great project! So funny and instructive (part one) and so thoughtful and humane (part two). One aspect of the reflex demonstration I particularly appreciated (aside from its creativity – you discovered an approach that completely engaged your peers, made learning enjoyable, and actually taught them something!) was that it confronted the fact that students don't always get what they are supposed to learn, yet have a lot of trouble admitting it. You brought this issue to the surface, diffused it of its sense of embarrassment, and just said, let's learn this stuff! Really well done.

Your reflections on developmentally delayed kids and kids with congenital anomalies both reminded us of the "darkness" that is part of Peds and the importance of seeing past the disease to the child with the disease and the family with the child with the disease. It is, as you pointed out, very hard to contemplate the very different futures of a healthy privileged child and one who will struggle with disability and constrained social circumstances. As you said so well, life is fragile and uncertain. The role of the physician is to do whatever she or he can to make it as whole as possible for patients and parents. Best, Dr. Shapiro

----

Dear --, your story profoundly moved everyone listening. You reflected on a "small" experience – a child alone in a hospital bed who reached out to you and cried when you tried to leave – and discovered large questions: what it means to be a doctor, what makes a person human? As you surmise, how you answer those questions will shape the kind of doctor you become. You described this encounter as "heart-wrenching" – which I googled in a medical dictionary to no avail ☺ because it is not a medical term but a human one. It showed me how well you have kept your heart open to the human plight of your patients.

I was also impressed that you took the risk of sharing this "small" experience with your resident. Although there are a lot of conversations that occur all the time in medicine, we are often constrained from talking about things that actually matter a great deal, but seem somehow "tangential" to the

"real" tasks of biomedicine. When you offered your story to the resident, you and she connected around a shared experience. So a child's act of reaching out connected not only you and your patient but you and your colleagues.

This was a powerful sharing, --, that made us all reflect on questions that lie at the heart of medicine. Thank you for raising them. Dr. Shapiro

----

Dear --, your comic strip was really clever and cute, and also documented an amazing transformation from "justamedicalstudent" to a medical student who proudly claims patients and "yours" and recognizes that you have something real and helpful to offer them. Your comic shows all the hardships you've endured – all the caffeine you've swilled, all the incorrect answers you've given – that have led to this joyful outcome – a confident medical student who knows how to make eye contact, arrive at a differential diagnosis, is full of stamina and pretty darn likable, and above all knows what he is doing in medicine. Luckily, he still has his tricycle somewhere ☺ A very creative and enjoyable project which obviously struck a chord with your peers. Best, Dr. Shapiro

----

-- and --, thank you for showing us how important it is to not accept the "problem" at first glance. Chart says headache, headache it is. The case you presented showed how much lies beneath a seemingly simple word. Thank goodness you took the time to read the prior progress note carefully. Thank goodness you took the time to thoroughly evaluate this girl. Thank goodness you recognized how challenging and complicated her social circumstances are. All these decisions show true commitment to the patient's wellbeing, not just going through the motions. Every patient deserves this level of attention, and this patient is lucky she received it from you, the resident, and the attending.

Thank you also for helping us to remember the "larger picture" of healthcare. As we discussed in class, we tend to think of medicine as something that happens between doctor and patient, or patient and medical team. It is easy to overlook the broader social context that nevertheless determines so much of what happens in these smaller interactions. Despite the fact that the ACA has actually resulted in decreasing numbers of uninsured (especially in states which have not fought the law tooth and nail), this still leaves large numbers of unfunded or underfunded patients with nowhere to turn. The need is especially great for patients with psychiatric conditions.

You made us feel uncomfortable and that is a good thing. You reminded us that it is not only about taking extra time to go beyond the superficial to find the real diagnosis, it is not only about reassuring a guilt-ridden father; but once you've figured everything out so humanely and competently, it's also about having the resources available to be able to intervene meaningfully for your patient. When those resources are almost nonexistent it is easy for physicians to become disillusioned and cynical. A far better response, as you said so eloquently, was to realize that the (often rather theoretical) political positions we support are in actuality also affecting the life of this and so many other patients. In the practice of medicine, you cannot avoid issues of social justice. Thank you for point this out. Dr. Shapiro

----

Dear --, thank you not only for your excellent poem but also for your many thoughtful, well-reasoned, and insightful comments in class. I really appreciated your engagement.

Your poem "Beyond milestones" is very well-written and makes good use of a rhyme scheme to suggest the algorithmic way in which developmental milestones are assessed. Of course, as you observed, developmental milestones are an essential component of a well child exam. However, when they are approached mechanically, parents can feel that their child (and by extension themselves) are objectified and judged. The poem describes very well both the parents' hypervigilance and anxiety and the child's sweet obliviousness. I so liked the concluding 4 lines, in which you show the physician capable of grasping the larger context of the patient's life – "seeing" and imagining her playing and laughing, loving life. When the physician can manage this double movement between the milestone and each "special, unique, precious" moment of the patient's life, parents will worry less that their child is "failing" and doctor will find many more rewards in practice.

Thank you for this lovely reflection on what matters in medicine (and of course the answer is both do). Best, Dr. Shapiro