

PEDS REFLECTION PROJECT 9/16/16

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Dear Students, let me say how much I enjoyed your collaborative project. It was creative, moving, at times funny, and always genuine. I loved the idea of your all working together, building on each other's thoughts, and creating something that truly was more than the sum of its parts. I have made a few student-specific comments below, primarily because Dr. Murata sometimes excerpts these into your clerkship eval.

Tony, you got the ball rolling, always a hard thing to do. Your lines are exceptionally poetic, really vividly written. Your choice of focus (the patient's eyes) was an excellent choice. As you no doubt noticed, it was a theme that your classmates embraced and elaborated on. The specificity of your language conveyed a lot of empathy for the patients you saw.

Justin, you were one of those students who started to probe the patient's gaze. You found it "intrepid and solemn," a respectful and humble characterization of so many patients on Peds. I liked your acknowledgment that many of the chronically ill patients you encountered knew a lot more about their diseases and hospital life than you did. Humility is always a virtue to be cherished in medicine. Your words also showed great empathy for your patients.

Kyle, I was struck by the "sneaking a glance" phenomenon that you describe, because I've seen it (and done it) many times. All the doors that we don't open, all the stories that we never hear are nevertheless present (and hopefully heard by someone else). You also resonated to patients' eyes, showing a sensitivity to how much is conveyed in a single glance without words ever being spoken.

Adam, you skillfully picked up on the story theme, noting that patients' often have a different, more optimistic perspective than their burdened and fearful parents. You recognize an important verity that kids are still kids, even when sick, even when dying. Acknowledging the ordinariness of their lives helps prevent them from being swallowed up by the totality of illness.

Ruzan, You had many lovely touches that subtly nodded toward the tension between medical team/student and patient – for example, noting that you often enter the patient's room at an "unseemly" hour (the hospital agenda, not the patient's)! You capture very well how hard it is to detach from your own agenda ("wrapped up in my thoughts and questions"), how easy it is to ignore the Pandora's box of the patient's worries ("stifle your whispers... neglect the growing worry in your eyes" – again the eyes!). Your stanza acknowledges the courage of the patient who directly confronts her fear ("will I die?"), and how much of a struggle it can be to respond genuinely, without panic or false assurance (no matter how much we might want to provide this). I had great respect for the honesty and compassion of your writing. It reflects what many medical students feel ("panicked

heart, blank mind, feigned calmness”), while knowing that the obligation of the student is to meet the patient with as much authenticity and courage as she brings to the interaction.

Nick, a very empathic stanza which shows deep caring for the wellbeing of the little patients in your charge. It also addresses the reality that there is much in the lives of your patients that medicine cannot “fix.” As you say, do they have enough food, a loving parent, a safe place to stay? No pill for these woes. I was moved by your use of the word “oath.” This is a profound and solemn commitment to another human being, and I would say should be at the foundation of every doctor-patient relationship. Your stanza also acknowledged privilege (“May your life be cherished as has mine”) and suggests that the only thing to do with privilege is to try to give it back to others.

Eric, This piece of writing I found quite powerful because it helped me to see the very language that I often advocate (the language of emotion) in a new and disappointing light. One of the points I think you make is that we can use emotional descriptors in a way that leeches all real feeling out of them. Great insight! Your contribution both reflects the need to have your heart “painted” (evocative and memorable image) with the suffering of others, while seeing that such paint can also be overwhelming and lead to burn-out. Another terrific metaphor is that of the “anchor [dragging] the soul.” What a beautiful and troubling phrase. It is so important not to become inured to suffering, yet not to be so burdened by it that your soul is stifled.

Morgan, your writing raises an issue I have long found confusing. Of course, Peds hospitals (indeed, in my view, ALL hospitals) should be as beautiful and healing as possible from a visual standpoint. We know that colors and light do promote recovery. However, a hospital is not Disneyland, so there is a fine balance between creating as cheerful an environment as possible while not masking the real suffering that still exists. I thought you captured this very well in your last sentence when you wrote about sibs and providers “get to leave and explore the sun-drenched world” while the patient remains unwillingly confined to the hospital, no matter how “fun” it is made out to be. This line expressed real empathy for the true experience of patients by refusing to glamorize their plight.

Andy, I appreciated the way you plunged fearlessly into the suffering world of the patient without highlighting a silver lining. This patient has a life situation that probably none of us can really imagine. I liked your use of the word “endure,” a hard word that does not sugar-coat. I also understood from your comments that not only had genetics dealt a rude blow, but sometimes providers do as well in the way they treat such patients. It is difficult but imperative to search for this patient’s humanity, and respect his endurance.

Kimberly, your stanza I thought made important and poignant points about the unanswerable in medicine. Doctors tend not to like uncertainty, and when family members plead for answers that are not forthcoming (you also reflect how much eyes can communicate), it is hard not to feel inadequate. I liked that you noted the “steadfast allegiance” of the physician and medical team to the patient. You are so right, this is the foundation, and it is usually there. But when that allegiance does not resolve uncertainty, physicians can withdraw from or even blame family for being “demanding.” Your

writing poses a provocative and essential question about how to help families accept uncertainty – and how doctors can accept it for themselves.

Kevin (Hyun Soo), I found your stanza to be very touching. I particularly resonated to the opening line, “When I look into your little eyes and ears...” It would have been so easy to conclude that phrase with, “I see mucus/wax.” But instead, you took it to a very beautiful, existential place (“a glimpse of the future”). In medicine, you tend to treat one patient at a time, and are not thinking about “the future.” Yet indeed, one little body and soul at a time, you are having an influence on the next generation. That’s a powerful thought. I also liked the way you introduced a note of reality by admitting that the future is not always lovable (“why must you torment me?”) And I’m sure Dr. Murata appreciated your call for higher salaries for pediatricians – right on!

Sarah, you did a wonderful job of pulling together all the threads. You circled back to Justin’s familiar routines, while incorporating all that had been written about “the gaze”. As I mentioned in class, I thought the line “and as we finish our rounds, we hear you” was compelling in its simplicity and caring. As per Kevin’s stanza, you could have gone in a different direction: “As we finish our rounds, we collapse in exhaustion/ we get a pizza/we start studying.” Empathy consists of patients being seen and heard, and this is exactly what you (and your classmates) offered. I also loved that you embraced the similarities between the patients’/families’ distress and that of the students. It is a memorable image to think of all the emotions, unseen but omnipresent, “bouncing off the walls.” How can we acknowledge these, in patients and families and providers? How can we witness their suffering and our own?

Taken as a whole, this poem expressed great empathy and caring for patients and families. It was filled with a sincere desire for the wellbeing and flourishing of the patients. It was obvious how much you wanted their dreams to come true, their futures to be bright. If I had to choose one word to characterize your writing, I would say “solidarity.” You all in different ways were so present with your patients – and yourselves. This was an unusual, original work extremely well executed. Thank you!
Dr. Shapiro