

Potential and devotion

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The student perspective: Potential

This is only my third patient encounter, and my patient is paralyzed following a traumatic brain injury.

As I walk into the room, I see his mother, dressed in jeans and a pressed white blouse, not a hair out of place in her highlighted bob. In her lap she holds a beige folder full of papers—physicians’ referrals, test results. My attention shifts to him, a young man in his early 20s wearing beige cargo shorts and a striped green pullover.

He sits stiffly in his wheelchair with his dark brown eyes fixed at nothing in particular on the wall. His arms and wrists are flexed and held rigidly to his chest, his head is tilted to one side, and his mouth hangs slightly ajar. I wonder if he will look at me, or if he can even understand me.

With a trembling voice, I introduce myself and ask what brings them into the clinic. The patient’s mother softly explains that she wants a physician to “get to know him a little better.” This really resonates with me; I wonder how his last provider must have treated him.

I continue the interview, maintaining eye contact as best I can. I am overwhelmed by the sadness of the situation and captivated by the strength of the woman before me. “If you are taking care of him, who is taking care of you?” I intrude, attempting to coat the words with genuine warmth and encouragement. Tears build at the rim of her meticulously lined eyes; mine start to tingle. The pregnant pause is occupied by her emotions, my regret. She composes herself and declares, “He’s my son.”

I realize that sharing this emotional moment, as difficult as the process may be, is crucial to building the doctor-patient relationship and developing the compassion required to be humane.

The physician perspective: Devotion

I knew this would be a challenging case for the student, yet I had worked with Kristen for several days and knew she could handle the interview, even though apprehensive.

Seeing this stylishly dressed, unresponsive, wheelchair-bound young man brought up sadness for me around lost life, his and his mother’s, his primary caregiver. I also felt a little intimidated, wondering what I could offer this family. In residency, this case would have completely thrown me. Instead, I allowed the sadness and doubt to pass through, reminding myself that I can always offer my caring and compassion. His mother beamed when she discussed her son’s love of life and adventure while he sat, his mouth twitching regularly due to his focal seizures, his gaze on the wall at nothing in particular.

Kristen thoughtfully spoke to the patient while she auscultated his heart, palpated his abdomen, and examined his atrophied and contracted extremities. Kristen quickly gained the mother’s trust and gently expressed concern for the caretaker. My heart sang in watching her earnest

Listen to Dr. Ashourian read this story.

compassion and respect shine through each statement and action during this visit. At the end of the visit, we both hugged the mother goodbye and thanked her for coming to our clinic.

Afterwards, in my office, Kristen seemed shaken.

“This is so sad. He’s so young,” she said when I asked her how the interaction had gone.

“It was sad, but what about all the love in the room? The way the mom looked at her son. He’s dressed in crisp, clean,

brightly colored clothes. His hair is combed back in a style. There’s so much love in that room.”

“But he’s so young and she has to do everything for him.”

“Yes, he’s young. Close to your age.” She nodded in agreement. I asked, “What did she say when you asked about how she was doing?”

“That she loves her son and is grateful to care for him.”

“That’s right.” I nodded. “There is sadness there in a young life now confined to a wheelchair. But there’s also so much love.”

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