

Run for Your Life

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A medical student runs for someone else's life. His white coat billows behind him. His stethoscope swings around his neck. His team lingers behind, a shadow stretched too far, too thin. They watch as his reflection shatters and reforms in the hospital's glass windows, thinking he is as green as their coats are white.

It is his first loss. It is not theirs.

He finds his patient. The rapid response team is already in orbit. A medical student watches from outside the room, feeling like an unwelcome voyeur, a neighbor too afraid to knock on someone's door for something he does not have.

Someone tears off Mr. Doe's gown. It stirs a memory of their first meeting. *"Can I please untie your gown to listen to your heart and lungs?" the medical student said. His voice was so small, the patient asked him to say it again, and he felt even smaller.*

A nurse leaps onto the bed and pushes all of their weight into their hands, drumming against Mr. Doe's chest in a choreographed dance of chest compressions. A medical student hears the crack of ribs, the thunder of bone breaking as the nurse frees the heart from its cage. But for all the drumming, there is no rhythm of life. Not when someone yells clear and the shock of a defibrillator courses through Mr. Doe. Not when the dial is turned up to maximum voltage and the chorus repeats. Charge. Clear. Shock.

Blink and he'd miss it. The space between breaths when determination erodes into defeat, when the sea of blue scrubs calms, when the tipping of the scales ends the tug-of-war between life and death. Someone pronounces a time of death, just as he musters the courage to enter the patient's room.

A medical student moves as if underwater, pulled into Mr. Doe's orbit by the gravity of the loss. He holds his breath in shock, in respect, in prayer, he does not know. The ghosts of things said and unsaid haunt him.

"I could fall asleep and not wake up tomorrow," Mr. Doe had said the last morning they spoke. "But a hospital death is a horrible way to die."

The medical student simply nodded in agreement.

"How would you like to die?"

"At home with my dog."

"What's your dog's name?"

Mr. Doe's face broke into a toothless grin. "Goose." And the medical student met that grin with his Cheshire Cat smile. "That's a great name for a dog."

The patient pulled out his phone to show a picture of Goose, gold as the sun, sitting on his lap, and beamed with pride as he said, "He was a stray, just like me."

"We'll do our best to get you back home to him." The medical student said these words as if they were a promise he could keep.

Tears bubble in the medical student's eyes. An apology scratches his throat, but the words "I'm sorry" remain entombed. Not for the first time, he is thankful for the mask and face shield he wears, for the armor that keeps things in as much as it keeps things out.

Because gone is some of the medical student's green.

Gone is a dog's best friend.

And gone is the medical student's patient.

A medical student feels too much. He is more sponge than sieve. Mr. Doe's death darkens moments of joy. When he walks past a puppy on the street, he wonders what became of Goose. When he cooks to fill himself with the warmth from home, he thinks about Mr. Doe's last meal. When he and his friends eat and drink on the grass six feet apart, the thought of Mr. Doe six feet underground catches him by surprise.

He develops a ritual, a morning and evening routine of navigating Epic Haiku, the mobile app for his hospital's electronic health record.

Dying or deceased?

A medical student checks

All his patients charts.

A medical student worries the volume of Mr. Doe's death will never dial down. He fears he is too flammable for the fires of medicine. He is petrified that his incompetence will be a patient's death sentence. And his dread is almost heavy enough to crush him.

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So he turns a deaf ear to the loudness.

He dampens his emotions to keep sparks from catching.

A medical student does not feel enough. He leans into the science of medicine, scouring UptoDate for fragments of knowledge for every patient he meets, each diagnosis he makes. He sacrifices some of the humanity in medicine, and patients start to feel less like people and more like diagnoses.

A medical student strives to please the powers that be. He is fluid, taking the shape of whatever container he fills, whatever doctor he works with that day. But every week, sometimes every day, brings a new preceptor. With a new judge to plead competent to, all the progress he has made, all the trust he has built, all the footprints he left in the sand, vanish. No matter how little he sleeps, how many hours he studies, or how agreeable he is, he never feels good enough. His presentations are always too long or too short, too detailed or not detailed enough. He overthinks his differential diagnosis or needs to think more. His notes are never the correct format, never the correct length, never the correct plan.

A medical student tires of the chase. For all the marks he receives, he will learn the marks that matter most are the ones

he and his patients leave on each other, however invisible they may be. So he chooses patients over performance. He becomes a living medical record, a chart given feelings and flesh, bias, and bone. He becomes a person who runs marathons for his patients. It is only when he becomes both patient and provider that he remembers to run for his own life, too.

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