

Metamorphosis: It is Selfie Time

Chapter 2

The Forgotten Text

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When composing the official petition for the amendment for the writing component of the practicum, I knew the important role that narrative medicine played in ethics. The question was what role, if any, could my narration play...I was not an MD nor an MBE...then why...which contribution could it make? *No, I was not having a self-worth crisis* (¬ o¬) Very ambitious, I did not want to merely have my Practicum done, I wanted to try and do something else. And I also knew that my mentors expect much from their students (^o^). So, I just sat down and started to think about the Mini-Reflection, what compelled me to write them? After some time, everything came in a rush (>>.<<): *“Will I still remember the feelings, the impressions, my thoughts, the formulation, my worries and fears, my dreams and goals? Would I remember how my diet changed for two days to almost nothingness when I was presented with my assigned cadaver? And then how annoyed I was, after a few months, when I needed to eat my snack outside the anatomy lab, instead of eating my granola bar with one hand and studying the heart with the other. Will I remember, how my family had to scorn me to keep my thought to myself when I recognized a vein or a bony feature in my chicken (and to refrain myself from rebuilding the bone anatomy)?”*

Setting aside my near table banishment due to my newfound manners during and after my Anatomy lab (ಥ...ಥ); I was afraid to forget what it felt like... I was afraid of desensitization. At the beginning I was skeptical of people and at some point, annoyed when telling them I was going to become a physician. It did not matter

whether I asked for a letter of recommendation or if someone innocently asked what the future awaited me, the moment they knew it was Med School, it was the moment where comments went downhill: *"You will hear about moral distress and it will change you"* (Whaa? What distress in morality? What in the world is that?); *"Don't turn into a robot"* (o___o); *"Money and fame destroy doctors..."* (Uh, if anyone knows a profession immune to this, please?) *"Don't transform and never forget who you are"* (Risk to amnesia and mutations apparently, sweet! (-__-)). Really?! Did people tell other students (such as engineering, business, etc.) the same litany? ☹_☹. Apparently, my desensitization fear was hysterically shared by the population...the real question is why? Through the years my annoyingness, turned into genuine curiosity. There must be something that the overall population is noticing within the medical profession. It would be like society is trying to mitigate whatever change physicians endure by appealing previously to the metamorphosis. Highly speculative, but worth mentioning and analyzing ☹_(ツ)_/`.

Through the years, I learned that first desensitization and forgetfulness were not the same; and second desensitization is not wrong in itself. Desensitization is in fact needed; the challenge is how much is needed (@o@). The best example is Aristotle's Doctrine of the Mean, where an intermediate condition is better than an extreme⁵. According to Aristotle, courage is considered a virtue because it is the mean between the vice of defect (cowardliness) and the vice of excess (rashness)⁵. The same could be applied to "correct-sensitization", the defect-vice would yield over-sensitive doctors,

while the excess-vice would yield apathetic doctors. Both extremes render the physician utterly useless during a clinical interaction (>_<). The patient is searching for support during difficult situations, it would be problematic if the patient needs to console their physician when they reveal a positive biopsy for cancer (o_O). And it would be equally detrimental if the physician were to be completely desensitized to the point of indifference (O_O).

So, what about the forgetfulness issue? (¬ o¬) Well, they are not exclusive of medicine, that is why people have diaries (my first official diary was in fifth grade). Practically, this could apply to anything: puberty, high school, undergraduate, getting your driving license (^o-). Yet, there is something mystical with medicine. Re-reading my reflective writing regarding the anatomy lab, made me revive the moment more vividly, there were details concealed at the back of my mind...it was easier to wallow in the raw feelings and memories. What I mean by this is that for example, I do remember having very good, pleasant and peaceful times when I was 3-4 years old (I cannot vouch for my mother's agreement on this (;-;)). However, I cannot remember the details...the raw feelings day per day basis. It feels like if the brain consolidated memories and transformed them into experiences that had shaped me to what I am today (@_@). I think the same happens with the physician's training.

After the in-depth analysis, the concept became clear. Anthony Moore regarded the patient's story as the missing medical text². What about the medical student story?

(°.°). If a physician is a butterfly, the medical student/resident a chrysalid and the pre-medical student a caterpillar(°o°)...Does it mean that a butterfly is no longer a caterpillar, are the stages mutually exclusive? I *remember* my first patient note (@.@) and I wonder what I would think after 20 years of practice of my current notes. Thus, is the medical student story the *forgotten text* or will my caterpillar and chrysalid state prevail or a merge of all the stages altogether? (= _ =) How will it affect the medical text; does it affect beyond the esthetic of the correct structure of the patient's note? The purpose of this narrative is to try and trace the pathway between the caterpillar to the butterfly transformation (♥o♥). Although, experience and interpretation cannot be extrapolated nor generalized to other medical students, it may add insight in the medical education and physician formation. So, let's get started: It is Selfie Time! \(*o*)/

"First year is adaptation, second year is madness, but the third is glorious..." – that is what my upper classmate said in 2017. I was a second-year medical student back then (^o^). The school required specific visit for MS2s^e to the hospital for assigned cases. I agreed with the first two claims and I wishfully yearned that the third claim was true (☹_☹). I swore that if anyone talked to me about a disease or a pharmacological adverse effect outside study time (virtually zero) (¬o¬) I would explode. Unfortunately, I was at the point where I could not unsee things: rashes, gaits, for the love of (~_~),

^e MS2 = Medical Student; Year 2.

even the types of coughs...it was becoming a second nature just to see everything medically. Moreover, the Step 1 was next door \((OoO)/...I was just plainly tired and wanted to believe, that the next year could not be any worse. Right? (o__o) Sincerely, I did not pay much attention (u,u), it wasn't until the third year that I was dismayed with the third claim.

Third year was enjoyable (as weird as it may sound) (- -;). I was finally practicing what I wanted to do since high school. The sensation is similar when you are five years old and your parents allows you to run bicycle alone, far away from their range \((OoO)/. And you feel so independent, your chest swells with pride, you are ready for the world outside...and in reality, you are just one house away (#~.~)/, plus your parents are sitting in the sidewalk pretending not to look at you, giving you false freedom, a pretty illusion (u_u). Practically this is third year...you have your own patients; you must think of a diagnosis and treatment, you are *THE DOCTOR*...In short, you're in pull-ups (._.) .

But I still fail to grasp the *Glorious moment*...It is challenging to link the avalanching casualties...a ventilator dependent child (otherwise healthy) that did not reach the hospital on time after a failure of the generator at his home. I failed to see the *glory* in the quiet death of man in the hospital hall prior to even being admitted; noticed by a nurse 24 hours later after his death because he was too still. I failed to see the *glory*

in the mad scramble for medication...I was failing miserably, *and still do*, to grasp the “*glorious moment*” through the patient’s suffering.

Could it be that all of my third-year clerkship were affected by Hurricane María’s devastation? I could never forget (... *and I hope I don’t*). Pediatrics was my first clerkship, it started late August-early September...Maria wrecked the island on September 20, 2017. The aftereffect followed throughout the academic year, power supply was partially restored around January at my house (and we were one of the lucky communities). The Internet was unstable for months...Trust me, it sounds very vain (:-/), but I assure you that both the power supply and the Internet were not for the A/C and watching the recent *Anime* episode on *Crunchy Roll*. The learning materials (videos, books, and articles) were required to be purchased as online versions. I never got along with the platform (☹ _ ☹); thus, I bought the paper copy of the core books. Yeap, this is what I call making Med-School more expensive than it already is (~_~). Some of the classmates asked to be waived from the book’s fees, since the platform was hated by a few...but it was a bundle made by the School and there was no way out of it (•.•).

Although, I wished that I would be saying this in other circumstances, the economical effort of duplicating the books in hard copy paid off during the power surge⁽ⁿ⁻ⁿ⁾. For me the adaptation challenge (regarding acquiring academic material) was during the second clerkship: Surgery. There was a yearning of returning to normality, it all seemed like a bad joke. I learned to study at the rooftop, at the garden (^_^)...I learned

to cross my finger for the sake of my mother and grandmother when I had to turn on the generator at immoral hours in the mornings (>>.<<). The third, fourth and fifth rotation were schedule for January 2018 until May 2018: Ob-Gyn, Internal Medicine and Psychiatric, respectively.

Nonetheless, even if Hurricane María had not happened, should I have felt *glorious* in our success? Where are we; ancient Rome? \(-^-\)/ Isn't the dedication, the responsibility owed to patients expected from our profession? How can our duty – regardless of the “outcome’s success”- be classified *glorious*, like some sort of divinity(•_•)...It is not like if I had been bestowed with supreme healing powers. Again, do other professions have this confounding factor? Do lawyers feel that they have supreme powers of justice? (o_O) Is an accountant afflicted sometimes with the deity-disease? (°_°)

In fact, sometimes I have felt ashamed of myself, overpowered. We were doing our best...but sometimes it felt that it wasn't enough, seeing the patients and their family in pain and feeling that [in some cases] they blamed the team for the tragedy, for not “doing enough”, for “letting them die” ... It is a dance between life and death. It is a science and art, but at least this caterpillar-chrysalid had not felt the demi-god upgrade(¬_¬), and it is something I am not looking forward to(¬_¬). Nevertheless, I have encountered one moment that chilled me. I found myself one time, alienated of “me” ...was I losing myself in the process?

It happened during the Internal Medicine rotation. After conquering the barrage of medical question list given for first years, a log was assigned. A series of diagnoses were given at the beginning of each rotation⁽ⁿ⁻ⁿ⁾, we were required by the end of the rotation, to have the signature of our senior resident or attending, confirming that we were exposed to the required diagnosis. No pressure at all it was a type of measurement for diagnosis diversity^(^o^).... sanctions could range from poor grading, a note in your record or just failing the clerkship (-_-;). Therefore, everyone had to scout and stalk diagnoses(O_O)/...there was one time that I was so content “YEEEESSSSSS!!!!!! I found a renal failure, hypertension and anemic patient!!! Three in one!!!!”. I was so overjoyed!!!...

I decelerated, almost coming to a stop. “What have I just thought? Was I just smiling, was I just happy?” I still remember the heavy feeling in my chest. Who in their right mind find this exciting or a subject for celebration? \(\^o\^o)/ You don’t need to be a physician to know that this patient was enduring a very poor prognosis, he along with his family. I entered the resident-student lounge and gave my diagnosis log.

“Oh, is this Mr. A?” – asked my resident while signing the three dreadful diagnosis.

“Yes.” – I answered politely, my mind was galloping. I needed to write my patients note, his patient-note. And I urgently needed to know what happened with me a few minutes ago.

“Since cases can be repeated in this clerkship, I suggest that you all visit Mr. A.” – our resident told the rest of MS3. “He has hypertension, anemia, renal failure, you [referring to me] already had signed the diabetic diagnosis, but he also has diabetes”.

“Great! Four in one!” – cheered my fellows MS3 and scrambled toward Mr. A. room. I sat down in a corner to write my notes and check my assigned patients’ labs...but I urgently, needed time to think. What other changes were subconsciously happening? **(**)** I was not liking where my chrysalid was going...Is this the person I wanted to become? Would I be proud every time I looked at myself in the mirror? When did my *pure golden goals* of medicine exchange for filling a retrograde log **(-.-)**?

This was my fourth clerkship and I was stepping in dangerous water; I was close to the excess vice of desensitization **(>_<)**. Since then, I inwardly cursed to the pressure and importance given to the diagnostic log. Our clinical time was cut off by a week and depending on the location of your rotation you may never be exposed to certain populations **(-_-)**. Of course, the experience is essential, but other substitute methods should be available. The “worship and devotion log” **\(x^o^x)/** approach is detrimental for one rotation [at least under the state of emergency circumstances], but it is devastating to encourage it through all five clerkships. As a student you have clinical duties (which mostly takes most of the day) but you also have academic duties. Many times, I had to

stay close by the hospital while studying for the rotation killer test or writing assigned long cases in order to complete the dreadful log (¬_¬). What was this *Pokémon*^f? \(-^-\)/. *Exasperation*. That is a good one-word description. I remember one colleague saying, “I always want to finish with the log and then concentrate in medicine”. Funny, we were perceiving our duty as students as mutually exclusive with medicine (@_@).

Unfortunately, that wasn't my first time, I found myself slipping a few more times when I found a very rare diagnosis...but I never reached the same height of happiness. I checked myself, until I weaned from the toxic learned behavior...I did not sign up in medicine to fill, mindlessly, diagnostic logs \(-o-\)/...I had a reason, and that reason was not interchangeable. Mind you (u^u), that there is also certain Oath and Code, that would be less than content with *Pokémon Master* overachiever approach (¬ o ¬) .

^f Pokémon is an animated TV series (and also a franchise such as games). One of the characteristic features is the importance of capturing strong and rare creatures called Pokémon, in order to win battles and/or contests.

References

5. Timmons M. *Moral theory: An introduction*. Rowman & Littlefield; 2013.