Medical Muse

A literary journal devoted to the inquiries, experiences, and meditations of the University of New Mexico Health Sciences Center community

SPECIAL EDITION

Writing from the Practical Immersion Experience Narrative Strand, Second Year Medical Students

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Medical Muse

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Submissions may be literary or visual, and may include letters to the editor. Participation from all members of the UNM Health Sciences Center community.

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We are pleased to bring you this **special edition** of the *Medical Muse*, which is devoted to the writings of second-year medical students who participated in a narrative writing project as part of their Practical Immersion Experience (PIE).

During the summer between their first and second years of medical school, all UNM SOM students disperse for eight weeks to rural and underserved parts of New Mexico to Live in those communities and to work with community-based primary care providers. This is their first exposure to sustained clinical practice. Beginning in 2005, students have had the option to sign up for a special Narrative Strand of PIE, in which they write once per week in a narrative way about their experiences in the field, and e-mail their reflections to a mentor on campus who responds to their work.

In the summer of 2007, fifty-seven students participated in Narrative Strand. This special edition of the *Muse* is devoted to their writings. Some of the works are poignant, some are funny. Collectively, they bring us into the minds and hearts of the beginning practitioner: moments of awe, crisis, humor, disillusion, and initiation.

– The Editorial Board

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Cover photograph by Margaret Menache

Low Man

by Adam Adler

Over the past couple of weeks, there were two instances where I felt reminded that I was a medical student, a.k.a. the low man on the totem pole.

#1

My preceptor arranged for me to work with an orthopedist this week. Since sports medicine and surgery are my two main interests in my still young medical endeavor, I have been excited to get my feet wet in something I may wind up doing for the rest of my career. Yesterday, I saw a patient who had been seen about 10 days earlier by the orthopedist about a Colles' fracture of the distal right radius. She is in her mid 70s and very concerned because her arm wasn't getting any better. After hearing all of her options, she decided to undergo a closed reduction of the Colles' fracture under procedural anesthesia. So… the next morning, I was in the OR at 7:30 am. I knew I was in trouble when the scrub nurse refers to me as "the muscle." I spent 40 minutes holding up the patients left arm by encircling my fingers around the patient's index and middle fingers with my right hand and applying downward pressure on her mid-upper arm with my other hand… essentially, I was applying traction (and working against myself) to help reduce her fraction. Lets just say that after about 5 minutes my biceps and shoulders are shaking, burning and starting to let me know that they don't like what they are being asked to do. My hands are becoming moist and her fingers keep slipping out of my grip. Any attempts to adjust the situation were met with reminders of how important it was that I apply a significant amount of pressure!! After the procedure, I'm walking out of the OR when I see those "Chinese finger traps" hanging from a hangman-like metal stand. That's right, I rank below the metal pole on the OR hierarchy.

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I think my preceptor felt bad because he let me do an intra-articular steroid injection on a patient that afternoon.

#2

Every week or two my preceptor would spend an hour seeing patients at the McKinneley County Correctional Facility. We got to go to prison. Prison visits are never uneventful. One particular event stands out. My preceptor and I are greeted by wide, devious smiles of the medical staff in the infirmary. I should have known I was in trouble. It turns out, one of the inmates had written a medical request for a "full anal review." He has itching, burning and general pain. The nurse asks my preceptor if she wants him to fit the inmate into the schedule. An emphatic NO, is interrupted between the N and the O, and turns into a "Oh, I have a medical student with me; he'll take care of it." I try to appear unaffected as the medic and the nurse say something about "Bobbing for apples" which apparently has something to do with unblocking a severely impacted bowel with a finger or "grapes" (which are hemorrhoids). I reach into my white-coat and clutch the packets of lubricant that my preceptor stuffed into pocket on my first day at clinic. I could already feel my palms getting sweaty. In the end, I didn't have to do the rectal exam because it apparently was someone's idea of being funny, but it still reminded me of my position on the medical team. ❑

The Shingles Limerick

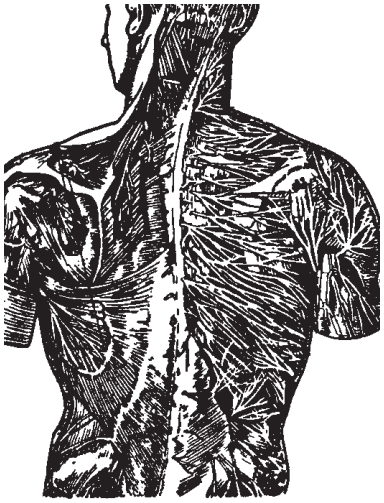
There once was a lady with shingles
Her skin she said it did tingle
Acyclovir she was given
For the herpes virus that was now livin'
A unilateral dermatomal rash is where it does mingle

– Cuoghi Edens

Bad News

by Nicholas Anast

This week my preceptor confirmed a diagnosis of Atrophic Lateral Sclerosis (ALS) for one of his patients. This clinical encounter was difficult to be part of. As students we have very little training in delivering bad news and during the entire clinical encounter I was unsure of how I should approach the situation. I know the question of how to present bad news is touched upon by various learning issues in tutorial cases but after my experience I don't think this can adequately prepares a student to present bad news to a patient. Typically, this learning issue returns a step of guidelines for a clinician to follow when delivering bad news. However, delivering bad news is a skill that can only be learned from practice and not from a set of guidelines as they fail to address the range of emotions that the physician is likely to encounter.



It is interesting to note that my preceptor followed some of the guide lines for delivering bad news but more than anything it felt like he was in the room as a friend to the patient. My preceptor gave the patient her diagnosis and then waited patiently for the patient to ask questions. The patient was partially expecting her diagnosis as her neurologist had mentioned that ALS was a possibility. The patient had several questions mainly relating to the immediate future and the results of a series of tests she had undergone. My preceptor addressed each question and provided copies to the patient of all the tests she had preformed. The encounter proceeded in a question and answer format for almost an hour. My preceptor then recommended that the patient look into any clinical trials that may be occurring and recommended several locations to look for this sort of information. Following the clinical encounter, my preceptor noted that he feels it is very important to provide the patient with hope for the future and that is the most important thing to remember when delivering bad news. After watching my preceptor council his patient on her diagnosis, I feel more confident that I could deliver bad news to a patient in the future. ❑

Dilemma

by Anonymous

How does one advise a patient about a health issue when it is very obvious that the advisor suffers from the same problem? I have been "chubby" (obese in medical terms) my entire life. I played all sports, am still somewhat active but unfortunately genetics and my love for chocolate have never allowed me to be a size anything single digit. I had a young girl this week, 10 years old above the 85 percentile for weight with a BMI of 27, who came in accompanied by her father for a sports physical. She was completely healthy otherwise and was a very pleasant but self-conscious pre teen. I remember the dreaded weight lectures I would get during those visits and felt very bad for her as my preceptor began giving this young girl the same talk. I was worried, honestly that it may just hurt her self-esteem (causing her to indulge more) or give her an eating disorder. When my preceptor left the room the traumatized girl looked over at me with a questioning look and I thought to myself: how can I, someone with an obvious weight issue speak to a young girl about the fact that she is at risk for obesity. I finally ended in self deprecation (I am oh so good at that) and spoke to her about the fact that if she worked hard on it she wouldn't end up like me! So embarrassing, especially because her father was in attendance but I truly felt I had no other thing to say. So as our (providers) lifestyles make us more and more unhealthy how do we advise on these issues without coming across as hypocritical quacks? ❑

Dissection

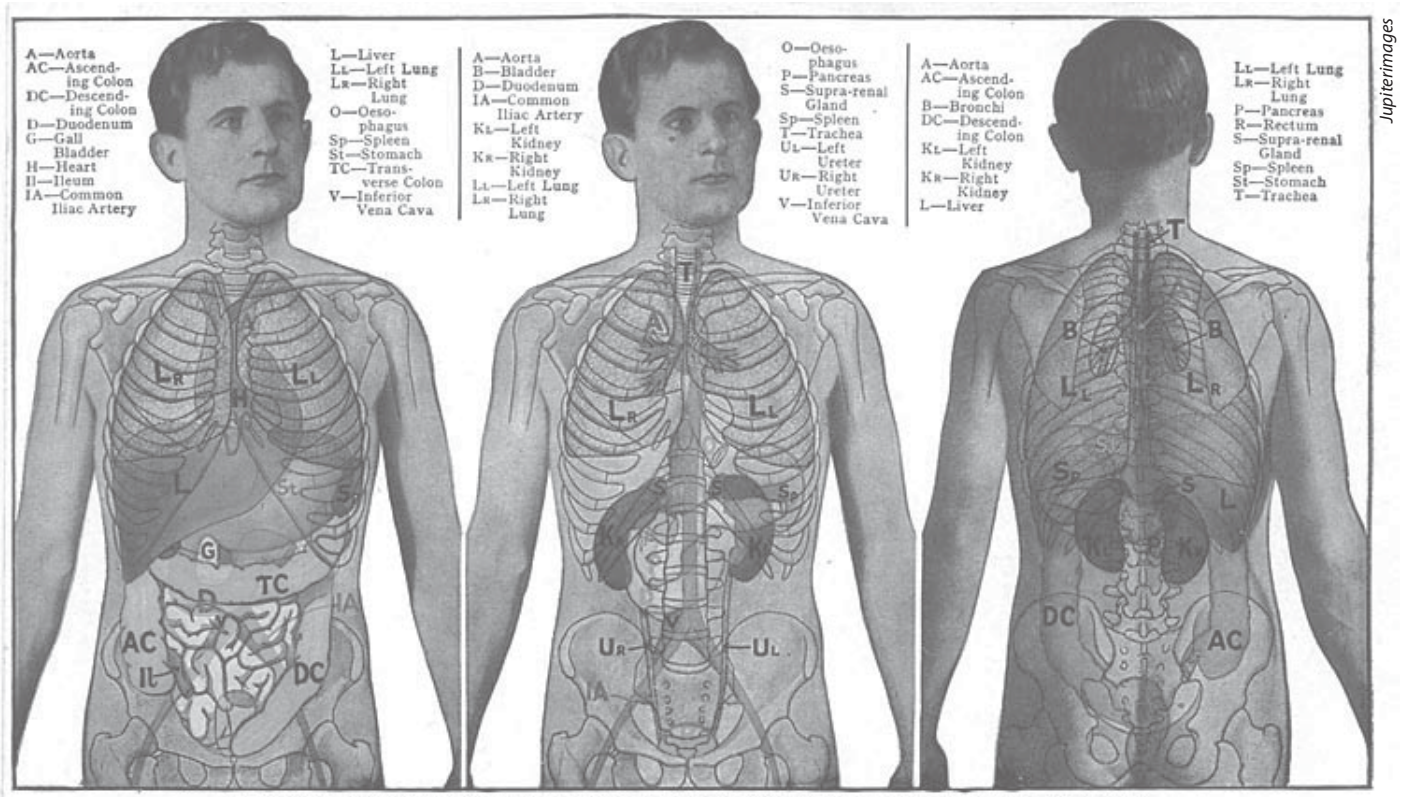
by Leo Arko

In the past week I viewed a human being dissected on two occasions. One dissection was to preserve and improve quality of life a laparoscopic cholecystectomy. The other was to find out the cause of death, an autopsy. Upon these viewings, I was able to compare and contrast the two medically trained techniques.

In surgery and autopsies the patient is cut and their major organs are exposed, but there are major differences in the style of cutting. In surgery the utmost care is taken to cut with little impact, with a very straight cut being made in an exact location by the attending surgeon. Laparoscopy is the epitome of minimally invasive procedures with cuts no longer than a few inches. The object in modern surgery is to be as lease invasive as possible. On the other hand, in an autopsy the cutting is done mostly by inexperienced techs making high impact cuts sometimes cutting the full length of the body. The object of an autopsy is to expose enough of the organs to diagnose the cause of death without need of care and precision.

Surgery and Autopsy took place in very discrete locations, but the setup of the rooms was quite remarkable. In the surgical operating room great care is taken to ensure sterile instruments and sterile fields are well kept. Instruments used for one patient must carefully be sanitized or thrown away. Special surgical instruments are made that may only be involved in one surgery. In the autopsy room there is no concern for sterile fields are sterile instruments. Instead of special surgical instruments, the autopsy instruments consist of everyday kitchen utensils. A regular soup ladle is used for fluid removal in an autopsy instead of a surgical vacuum to suction out the fluid.

I like the precision and care that is taken in surgery. There is challenge in the technique and perfecting a surgery. The laparoscopic technique was also very intriguing. The technique reminded me of the video games I spent so much of my childhood trying to perfect. As a surgeon there would be many techniques to perfect, but this time I would be able to save a real life instead of a virtual being. ❑



ANATOMY: POSITIONS AND RELATIONS OF THE MOST IMPORTANT ORGANS IN THE HUMAN BODY

On left the internal organs are shown much as they might be revealed by removal of the covering integuments. In central figure the intestines are removed with the exception of the duodenum, in the loop of which the head of the pancreas is now seen lying. From behind (right) the kidneys, spleen and liver are seen in their positions nearer the dorsal surface, while the much greater mass of the lungs toward the back, as compared with the front, of the chest will also be noted.

Babies

by Douglas Patton, MSI

I am writing with some very exciting news. Yesterday was a wonderful day! I was able to deliver a 9.6 lb baby boy and a 8.0lb baby girl!

The day began with a lot of waiting as everyone prepared for Mom #1 and Mom #2 to start pushing. For awhile it seemed they would be delivering at the same time! As I waited I began to get nervous and even looked up information on how to deliver a baby. A little silly I guess considering the delivery of a baby is not something you can learn from a book – especially in the few minutes before the actual event! As the time grew near for Mom #1 I prepared myself mentally by reminding myself that I had plenty of supervision and that if anything went wrong (i.e. "God please don't let me drop this baby!") I would have help. I also went ahead and said a little prayer since this always gives me a sense of peace.

Margaret Menache

I was guided into a sterile gown by a very knowledgeable nurse who I had spent some time befriending before the delivery. Looking back, that whole sterilization process seemed more outlined and strict than the actual delivery itself! I actually practiced putting on the sterile gown and gloves before the delivery. I did not want to seem inefficient or like I did not know what I was doing in front of this poor mom-to-be who had allowed me to deliver her baby.

The pushing began and I began to coach her in Spanish which was mom's only language. It felt nice to have this connection with her and her husband…I think they (as well as I) felt a little more reassured. As I guided the baby's head out all I could think about was how privileged and fortunate I was to be doing this. I thought that I would be extremely nervous but instead I felt a huge amount of responsibility. I kept my cool and had an inner peace that I would not have guessed for myself in a situation like that. My desire to get the baby out safe and sound superseded any fear. So even when the baby's shoulder got stuck I simply moved out of the way for a bit and let the attending pry him lose. Then I quickly moved back into place to guide the baby out and into mom's arms. The little fella came out screaming and it was amazing to see so much happiness on his mom's face where just seconds before pain and determination had been.

It made me feel many things. The student in me felt pride for keeping my cool and such an adrenaline rush that I don't think I was able to eat for hours afterward. The wife in me felt the desire to be a mom and to have this same wonderful experience someday. Overall, it was a humbling day that left me feeling honored to be pursuing such an amazing career path. ❑

Pain

by Muskaan Behl

One of the major themes throughout my strands has been pain. Initially, I looked at patients with such care as they came in for their pain management. Then, there was that one patient where all the evidence pointed to a drug abuse of some nature. Compounding my cynicism was the fact that she was rather elderly, in a wheel chair, and looked so helpless otherwise. With your words of encouragement, I only hope that the experience does not mold itself into a grave bias by me against those who come in for chronic pain management.

Now, on a personal note, pain was a major theme in my life, second semester of my senior year in college. For some reason, I developed excruciating back pain. It was so bad (relatively, for me) that I didn't feel like going to class in the mornings sometimes. Before, I ALWAYS went to class. Ibuprofen and Aleve (taken as recommended on the label) didn't help. The x-rays taken the June after I graduated were negative. My doctor then recommended physiotherapy. I had gone for a series of sessions after I injured my knee earlier that year, and I wasn't impressed with the results. So I skipped the prescribed sessions for my back. The pain persisted as medical school started. As if picking through a cadaver wasn't horrifying enough, I used to come home sometimes wishing there was something I could take to numb me over so that all that shooting, burning, sometimes stabbing pain could go away! (For the record, I don't drink alcohol, so there's nothing to worry about). And as the year persisted, sitting in that chair for four hours of lectures didn't help. And when that lecture/lecturer was especially of little interest to me, I was only left to think about those darn back spasms of mine.

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I'm only 23 years old. One day in high school, I ran 7 miles at a 6 minute, 30 second average (too bad I couldn't keep that up for the season!) And now, I could only shake my head as I rattled through my very limited medical knowledge trying to figure out what in the world was going on. And then, I came to Roswell. I don't know what it was, but every evening after my run, it didn't hurt so badly. More and more, I just felt naturally sore. I didn't wiggle and shift in my seat as much while driving to the clinic. And finally, I could just sit down for a few minutes without even thinking of my back. I was simply able to sit.

Hollywood would step in now and say the stress got to me. So finally, with a lengthy time of rest, I was able to relax. I don't buy it. I had a whole summer between when I graduated college and when medical school started, and the pain, to some degree, got worse. Then, I have boards coming up in February, so my stress level is to some degree even worse. Hollywood would also like to make the point of saying that my pain, on some subconscious level, relates to patients I have seen with chronic pain management issues. Maybe, but with no way of proving that hypothesis one way or the other, I find it difficult to give merit to that notion.

Maybe some patients I have seen are looking for the same thing I am/was. They just wanna feel the way they did before the MVA or whatever other incident instigated the pain. On a fundamental level, I just don't think I or any other health professional can truly achieve that. Any professor will have a hard time convincing me otherwise, but I'll readily listen.

In the end, I guess that's why they call it pain **management**. But what a shame. I don't think it's human nature to just manage. Deep down inside, so many of them would do anything to go beyond just managing it. In that quest, I'm sure it would be nice to have some comfort though, so I guess I'll stick around to help with that. But doesn't mean I'm anywhere close to looking forward to my OB-GYN rotation ... gross! ❑

Interview

by Nathaniel Bonfanti

I interviewed a man last week who was once a trial lawyer. He saw me coming a mile away. Maybe I should wear a clown costume from now on.

"Hello, sir, my name is Nat. I'm a medical student working with Dr. S. who —"

"Son, do you have any idea what either of us is doing here?"

"Well, I was going to ask about that in just a minute, sir! Do you —"

"I'm on vacation, son. Do you have any idea what kind of a hassle this is for me? When I was your age I was a boxer. That was one of the reasons the Marines asked me to join."

"When were you —"

"I was a boxer in high school. I joined the Marines later. We were talking about hassles. Remember? What kind of a hassle this is for me?"

"I —"

"Of course you don't. This is probably a pretty fun game for you, isn't it? Playing doctor, and all."

"Well —"

"Because I've seen your type before, oh yes. Did that cute little lady who came in here before not tell you the answers to all the questions she asked, all the same questions you think you're about to ask me?"

"No —"

"'Course not. 'Course not. Because you've got to repeat and embellish. I'm right, ain't I? A full history and physical. Ask about my grandaddy's diabetes and my Aunt Cecilia's unmentionable goiter, find out when I pee, how I pee, and who I pee for. Turn me into a scientific demonstration?"

"You —"

"It's my arm. You don't want to go through all of that, just to find out about my arm, do you?"

"The, uh —"

"You know what an arm is, don't you, son? You did say you were a medical student, right?"

The man looks like Nick Nolte's older, meaner brother. Eventually his wife stops tittering in the corner and tell him to quit it. Is it the Marx Brothers or the Three Stooges or the Little Rascals who filmed the boxing matches I'm thinking of? One guys whales away into thin air, while the other holds his opponent's face, keeping the punches from landing anywhere near his body. I'm the guy whaling away now. To my credit, I manage most of my interview before he gets bored again.

"Do you smoke cigarettes, sir?"

"Oh, no. None to speak of."

"Did you ever?"

"Of course. Don't we all?"

"Did you quit?"

"I didn't say I smoke now, did I?"

"No. How long has it been since you quit?"

"I'd say, well, it was all during law school, that I smoked cigarettes. Which was after the Marine Corps."

"Were you in Korea or Vietnam?"

"I was in the Marine Corps."

"Oh. That clears that up."

"Don't get snippy with me, son. I smoked for fifteen years."

"How many cigarettes would you estimate that you smoked during those fifteen years, on a daily basis?"

"I only smoked cigarettes for three years. I think I said that already."

"You just said you smoked for fifteen years."

"I smoked cigarettes in Law School. After that I smoked cigars."

"Did you ever smoke before law school?"

"I was in the Marine Corps then."

"Ok. Do you drink alcohol?"

"When?"

"Now?"

"Not today."

"This week?"

"Doctor said not to, with the medicines."

"So you didn't?"

"Didn't say that."

"On a regular basis, perhaps?"

"Two to three cocktails. Or glasses of wine."

"A week?"

"Sometimes with one meal. But I'd say that's a good rough estimate."

"Ok. Three it is. Now, I realize that this may seem inappropriate, but we have to ask everybody this question: Do you ever use, uh, recreational drugs?"

"Why don't you just say illegal drugs?"

"We try to cater to everyone's taste."

"Just say illegal, I say. They are, after all. Against the law."

"Well, you get the idea, anyway."

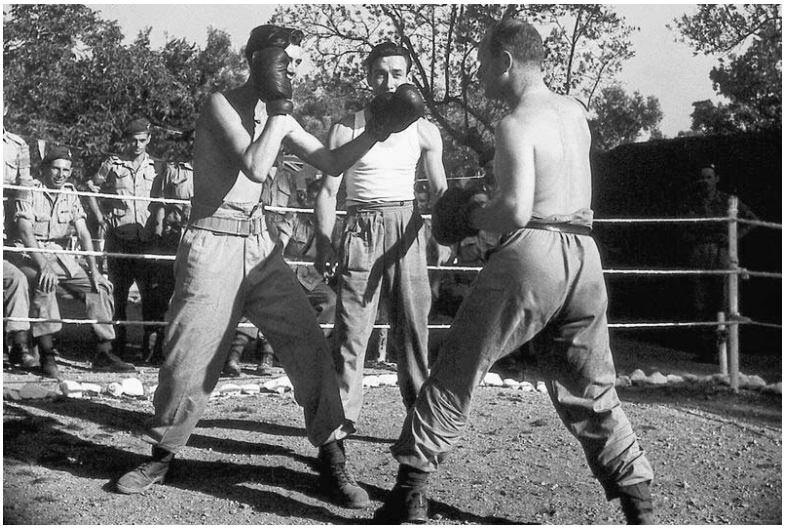
"I raised three boys. Each of them, I would say, has been more successful in his choice of careers than I have been at mine. I never asked them about drugs or any other behavior which I would consider undue. When they were growing up, I am sure they were, at times, beyond the reach of my supervision. It was a form of a contract: don't ask that sort of question, and we won't need to answer."

"You must be very proud of your children."

"Heh, drugs. You don't need to tell me." He fixed me with a squinty little glare of victory. I realized that it was my behavior he was questioning, my approach to the question itself. He had turned the interview around and in fact had decided that my dance around the issue of the drugs was enough evidence for him to have me convicted. Damn him, I thought. And I swear, right then, he read my mind. And he laughed.

When I saw him in the morning he shook my hand and said I'd put up a good fight. Someday, you'll make a fine doctor, he said. But when I was leaving, he held my hand an extra moment. He gave me that victory glare so I knew, that even though I'd seen him in a gown, in a bed, with a bad arm, and no idea how to deal with it, he'd gotten me on the count.

Knockout. Ow. ❑



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Acanthosis Nigricans

The cow is slaughtered!
The empire spreads screaming flesh,
Down the silent tubes.

Slowly breaks apart,
It feeds the sleeping army,
Their numbers grow large.

The soldiers act fast!
Disrupting nature's balance,
The light loses warmth.

The sun must prevail!
Pushing to the point of death,
It brightens its rays.

The light is too much,
It extends to the surface,
Blinding the dark ones

Their control is lost!
Their disturbance marks the land,
A small price to pay.

For now all is fine,
Although soon the sun will tire,
Danger as it fades!

– Richard A. Vestal II

Medical Student Syndrome Moment

by Ali Bourguet-Vincent

I had another medical student syndrome moment this week! At the end of a long day, I was interviewing a 16 year-old girl who presented with acute fever, tachycardia, myalgias, and an episode of blurry vision. As our interview progressed, I couldn't reason together her symptoms with a certain infection. She denied diarrhea, vomiting, sore throat, stomach ache and ear pain. All of my usual pediatric diagnoses of pharyngitis, otitis media, and gastroenteritis went out the window. Then she told me that she her neck was stiff. I had a moment of panic. I wanted to run out the door and tell my preceptor that our patient might have meningitis!! Instead, I tried to hide my terror from the mother and daughter and proceed with the physical exam. I wanted so badly to see a dull, red tympanic membrane or purulent exudate in the retropharynx. However, after I finished my physical exam, I still had not found a focus of infection to explain this girl's symptoms. The fear of meningitis was coming back even stronger now. And, oddly enough I was also really excited. I was thinking how awesome it would be to have correctly diagnosed a meningitis patient. Yes, I know that sounds sick that I was excited even though this girl may have a serious illness. But, as I was about to run to my preceptor, the mom told me she was worried her daughter might have a urinary tract infection. I was floored! So, instead of running to my preceptor I went to the nurse and got a urine sample. In the end, the patient had a UTI and not meningitis. I also learned how to test for nuchal rigidity so that next time a patient tells me their neck is stiff, I won't freak out until I have really investigated the claim. It was a true example of the importance of a thorough history. If I had asked more questions about the girls overall health or done a better ROS, her history of increased urination and cloudy urine would have come to my attention much earlier and would have caused me much less stress! Let's just say, lesson learned! ❑

Margaret Menache

Not a Surgeon

by Andrea King

While my doctor was out of town I was working with another doctor in the practice. During our wrap up on our last day together he said, "I don't see you going into surgery." I laughed and asked if that was good or bad. He replied, "You have too much humanity. You have too many gifts with patients to go into surgery." I think that was the best and worst compliment I've ever received wrapped into one.

I value surgeons for the dedication, hard work and skill that go into surgery. I've always thought I had the intelligence and determination to go into surgery if I wanted to. However, my favorite part of medicine is talking and forming a relationship with patients. I think there is more continuity in the medicine fields so I love working in general clinics. I just find it interesting how the specialty seems to choose the doctor as opposed to the doctor choosing a specialty. I'm keeping an open mind about my final decision but as I find my strengths I also find myself gravitating toward certain fields. Perhaps making my final choice will be easier than I initially thought…but perhaps not. ❑

Harry Potter and Pediatrics

by Juliana Chavez

This, by far, has been the most memorable week. The first reason for this was that the final Harry Potter came out and I consumed the book within a couple of days and the second was the interesting patients I was able to see.

I'll start with Harry Potter. (Don't worry, I won't spoil anything). I liked the book. It really tied together everything that had happened so far. There were several surprises and some disappointments, but overall I am content with how it all ends and I think I am going to be OK if there are not going to be any more books. I will just have to revisit the whole series all over again. But it was kind of like watching your child grow up and then finally having to accept that they are all grown up and moving out on their own.

But let's get to the patients this week. It seemed, for some reason that this week was filled with pediatric patients. This is what I had been hoping for. The most memorable and challenging was a five year old girl. She had six sutures that had to be removed from her chin. At first she seemed really cooperative and friendly. However, when I had her sit up on the table to clean the area on her chin she started to cry. Crying then progressed to screaming when I touched her chin with a cotton swap to actually clean the area. Once I opened up the package containing the tweezers and scissors she became hysterical. Both her mother and I tired reasoning, bargaining and then just about having to threaten this little girl to get her to calm down. Finally and wonderful nurse came to my aid and held this poor girl down. The little girl began kicking, screaming and spitting at me, but I managed to remove all the sutures. Mission accomplished!!

Dr. Firestone was grateful that I took care of this girl because he was very sick all week and told me he felt he wouldn't have been able to handle this girl feeling the way he did.

I also had a chance to talk to a schizophrenic man who comes in often thinking he has every new disease, condition or disorder that he sees on TV. It was interesting to note his affect and how he talked about how the television was directly addressing him when they described symptoms. This interaction allowed me a little more insight into this particular condition.

This week was full of Harry Potter
I needed to read it like I need water
Some parts were a shock
Overall it rocked
Maybe one day I will read it to my daughter

My biggest challenge came this week
From a little girl that wasn't meek
She kicked and spit
She pitched a fit
But her chin, in the end, looked quite sleek

Barry Staver

Dying

by Leanne Kildare

There's a patient lying in the far bed in 204. At first glance, his hands seem oddly shaped, far too large for his body. When you look closer, you realize that his hands are not large but his body is small. He's wasted away to the point that you cannot hear his heart sounds because his ribs jut too prominently for you to get a good seal with your stethoscope. He's sleeping, mouth agape, his strangely giant hands are folded neatly across his chest, their yellowed skin puckered at the knuckles and wrists. His emaciated frame hardly makes a lump under the blankets, and he's motionless except for his breaths coming haltingly and shallow in the characteristic Cheyne-Stokes pattern. This is Mr. K, and he's dying.

Margaret Menache

At the end of a medical mission trip to Guatemala, I contracted a case of "Montezuma's Revenge," some form of a gastroenteritis that resulted in the repeated and violent evacuation of my intestinal contents from both ends. As I lay shaking and delirious on the hotel bed, a friend covered me with a blanket and I moaned, wishing for death. In my heart, I knew that I didn't really want to die and that even though I felt more miserable than I had ever felt in my entire life, this too would pass. I would get on the plane in the morning and survive the trip back to the United States; I would get back to my apartment in Oregon and return to my job, go to the concert I had been looking forward to attending before I left the States, see my friends and family again. Through the fog of my illness, I held on to the gleam that I would be back to normal someday.

As I stroked Mr. K's forehead and tried to get a response from him, his eyes barely fluttered open and rolled around the room wildly before the lids came down again and a barely perceptible moan escaped from his still-open mouth. He was in a fog, too, his body being slowly engulfed by the greedy tumors that had started in his pancreas and now had spread throughout his abdomen. I tried to understand what that must be like, to know that you're dying, to feel at least as bad (and so much worse, I knew) than I had felt in that Guatemalan hotel, but to not have that glimmer of hope that this too, will pass, that life will return to normal once again. How would that be, to know that the only relief that was left from your pain and misery was the unknowable black embrace of the thing we all fear from the moment we're born? I couldn't fathom it.

Mr. K was all alone in his room, the television tuned to some inane talk show. I couldn't stand the thought of his last moments on earth being invaded by the trash on Jerry Springer, so I hit the power button. Now the only sounds in the room were the gurgle and woosh of the oxygen passing through the humidifying solution and into his cannula and his breathing, gasping like a man barely treading water. He was a lot like a man with his head sinking below the surface, sliding from the dry, bright world of the living to the fathoms of whatever lies beyond. I knew he wasn't in pain because we had him on plenty of morphine, but I wondered what was going on in his mind behind those closed lids. What do the dying dream of? Was he aware on some level of me taking his pulse, checking his abdominal abscess, gently pushing the wispy hair off his forehead? Were my face and voice intertwined in the memories and visions of his past, his once brilliant hopes faded to sepia-toned longing? Did any of what happened out here mean anything to him anymore? Would he even notice if his estranged children showed up before he breathed his last? There was no way to know. I couldn't sit there and watch him die, so I whispered, "Goodbye, Mr. K," and stepped out of the room. What was there left to say? ❑

Take Me Back, Take Me Home

by Leslie A. Dabovich

My last week of our Practical Emersion Experience (PIE) this summer might very well have been the most nerve racking of my entire eight week experience. I had the all to well known privilege/curse of returning to my high school. On two separate half days, my college and I gave a presentation on rural healthcare aimed at expanding the knowledge base of health care fields and recruiting area youth into college and NM healthcare.

I was old enough to feel just that, standing up in front of those high school kids and yet I wasn't old enough to feel like I could address my former teachers as anything but Mr. and Mrs. So and So. Most of the kids were enough years younger than myself that I didn't really know or recognize any of them. Now that may seem normal to some, but in a school of two hundred you end up knowing everyone in your class, everyone three classes above you, everyone three classes below you, and. . . every single one of their siblings and other family members. Worse yet, one of the freshman girls ran up to me later during volleyball practice to give me a hug. My mind was blank; I couldn't even remotely place her. The next day she asked about my horse, Chance. It occurred to me that this was the six year old that I gave horseback riding lessons to one year on my then young horse who just happened to be the same as she was. Chance, and Mary apparently, are now 14 years old. Time does actually pass in your absence; who knew?

Following the first day of our presentation, my friends Leanne wanted to stop at this old bar between Cimarron and Raton called the "Colfax Tavern" but known better as "Cold Beer" since those are the huge, white, stenciled words covering each highway facing wall so as to be seen clear as day while driving by. Her preceptor had told her to stop and so we did. Now, you expect to see a certain crowd in the bar. Maybe some middle age, working sorta class guys and girls out to have a good time. In fact, there was indeed a time when "cold beer" drew a pretty rough crowd and you didn't venture out there alone. But it was a Monday and only about 5:00 so we figured all would be well. What we found inside though was shocking.

As we walked through the doors, all eyes shot up to see the new entrants and greetings and questions started flying. It just so happens that we walked right into the unofficial senior citizen's club that contained my grandma's best friend, my best friend's grandparents, and my former bus drivers. The same bus drivers that took my dad, aunt, uncle, aunt, cousins, and brother to school and sporting events! That's about 40 years of bus driving as my dad entered high school in 1969! They all knew me the moment I walked in and poor Leanne didn't even have anyone to play pool with for at least half an hour. At one point in time, Leanne was trying to order us some beers and a pizza while I was filing everyone in on my life history (and the life history of my family) when she hollered across the room, "They only take cash here, you got any?". Now, I didn't even have time to answer before my old bus driver told us to order whatever we wanted, no problem. Now, this is a lady I haven't seen in about 10 years and could very well not see for another ten and she was more than happy to give/lend or give me whatever amount of money I needed.

Once we got our food and drink and started playing pool, Leanne said something to the effect of, "Damn you Dabovich", which elicited a reply from the bartender, "You know, I'm pretty sure that's not the first time those particular words were spoken in here". Everyone laughed. A few of my cousins, according to the bartender, walked in later. Realize of course that this doesn't mean that were Dabovichs, it just means that they are some kind of ___ichs and therefore Slavic. The afternoon was filled with stories of my family and poor Leanne may not ever go out in public with me again in northern New Mexico. ❑

Jupiterimages

My First Night

by Karishma Datye

My first night officially living in a small town was this past Sunday. I've never thought of myself as a "city" person, but I realized that might be because I've never lived in a small town. Prior to this experience, my only time in Cuba, NM was getting gas, and eating at the Subway on the way to Durango. Needless to say, after unpacking my clothes, reorganizing my room 5 times, and rereading my favorite parts of the latest Harry Potter, I was bored.

The next morning, my first day of clinic, was a sort of like culture shock. The first thing I noticed about Los Pinos, the clinic that I spent my summer in, was that everybody knew everybody. It seemed like the first 15 minutes of each patient encounter were gossip time. I heard everything from "how is your aunt's cousin's husband's 4th cousin?" to "is your cousin's uncle's dog better?" Each patient encounter began with inquiries about the patient's family, and extended family. As my first day progressed I realized that the patients of the clinic all had close personal relationships with their doctors, and these relationships facilitated a kind of patient doctor trust I had never seen before.

It dawned on me that I have never had a close personal relationship with any of my doctors, none of my doctors have ever asked me about my family (let alone my extended family!). I would never hold this against my doctors, I understand the quantity of patients my doctors have to see, and know that this close relationship may not be possible for many doctors. However, for the first time, I could really see the unity that exists in a small town. I remember hearing a professor tell me that 100 years ago medical treatment was significantly worse than now, but peoples trust in their doctors and therefore their confidence in the medical system was much higher. Sure the doctors hundreds of years ago may not have known exactly what they were treating, and they might have been prescribing vodka for said unknown condition, but the point is that it might have worked because their patients trusted them. While I know that living in a town of 1,000 people may not be for me, I think I have a lot to learn from small town relationships. ❑

Needles

by Jennifer Pincus

When Dr. S. told me I would be drawing blood the next day, I was nervous. It was something I wanted to learn to do but actually putting a needle into a person's arm was very intimidating. My mind raced with my worst fears of causing the patient pain or seriously injuring him. I was scared of having blood gushing out of the man's arm and making him bruise severely, like I did when I was a volunteer at the hospital and a medical student let me practice putting an IV in his arm. Dr. S. showed me how to do the procedure first. She explained each step to me as she did it. I was so nervous but I was trying to commit everything to memory as my head was racing. What was going to happen when I tried it? Would I remember to remove the tourniquet before removing the needle?

When it was my turn to draw the blood, I felt my hands shaking as I wiped the alcohol on the patient's arm. I was scared as Dr. S. pointed to a good vein as it ran through the medial cubital fossa. I tried to concentrate on placing the needle in a vein rather than how I was actually sticking a needle into a person. I concentrated on everything I was doing as Dr. S. directed me. The patient was very calm and nice. He did not make me more nervous at all. When I was done, I was so excited. I felt a little more confident knowing that I can draw blood and I now have some experience. I was able to draw blood from a couple other patients that morning. It was exhilarating to face something that frightened and fascinated me and I felt really happy when the procedure was over. Since then, I have given a couple vaccinations to children who have come in for their well child visits. I was not as nervous for the injections but they were just as much fun. I did have trouble pushing the syringe all the way down until the needle retracted back in one of the first patients because I was afraid of pushing the needle further into the arm of the child. It was also a good learning experience and I'm so excited I was able to do it. I feel like I am learning a lot about the practice of medicine, my boundaries and what I can do. ❑

Birth

by Jessica Devitt

We're in a patient room in the labor and delivery wing of the hospital. A small Indian women is pushing for the first time during one of her contractions and yet the room is quiet, there is no screaming, no yelling, no crying, just quiet huffs from the woman as she struggles to keep pushing. The only thing that breaks the silence is the occasional words of encouragement from the nurse or the doctor. Meanwhile, I'm standing a few feet behind the doctor in absolute awe as I see the head crowning just behind the outer vaginal folds. My mind is still trying to comprehend how exactly that head is actually going to squeeze through such a small whole, when the contraction is over, the mom relaxes, and the tiny little head slides back out of sight. Now I'm just watching the mom, amazed that this tiny little Indian woman is going through this intense labor with absolutely nothing for pain and yet with such a stoic demeanor. And it's already time for another round of pushing with next the contraction. Now the baby's head begins push the deceptively restrictive vaginal walls aside. The sight is incredible. Suddenly I feel like I'm watching an episode of nova and am just glued to the TV. Finally the contraction is over as the mother sinks back into her bed exhausted the baby disappears again. Then the mother uses what little energy she seems to have left to pick her head up and say to the doctor "It would be nice if this next one was the last one". My doctor smiles and replies "Yes, that would be nice," and then, as if the woman is tapping into some secret store of energy, she pushes herself up on the bed and says quite simply "Ok, the baby is coming now". Her contraction starts and she begins to push with almost inhuman intensity which is apparently enough to allow the baby's head to pass through what seems like an impossible barrier. Then my doctor pulls and suddenly this tiny person comes out of the woman. Although when talking about deliveries, it seems quite natural and normal that the baby comes out of the mother, of course, but actually seeing it happen just made the concept so much more impressive and even ludicrous at the same time. The next three seconds lasts forever. The mother's face looks so exhausted, so pained, she almost looks defeated. Then finally the silence is broken with the baby's cry. Then this sweet sea of relief and joy washes over the mother's face. I've never seen anything so beautiful and I am suddenly aware that I am tearing up. I make sure to rope in my emotions before my doctor turns around and sees me all mushy. It's over, it's done, and it was incredible. Now we're just standing around waiting to deliver the placenta. It's at this point that an odd sensation creeps into my head. Maybe I'm nervous? I try to take big slow breaths but the sensation seems to get stronger. I'm light headed. I'm trying to figure out why. Nothing I'm looking at it consciously bothering me. I turn my head away, just in case, and wait. No change. I look back not quite sure what to do. I should probably sit down… but I don't want to sit down in the patient's room… I'll ask my preceptor if I can step out for a minute… oh wait, he's still talking to the mom, I don't want to interrupt. I wait. Ok, this is getting worse, maybe I shouldn't wait any longer. I decide to walk out without talking to my preceptor. I walk out into the hallway and then I hear someone asking the mom if she's ok. She's not responding. They ask again, still nothing. What's wrong? I'm immediately concerned, then my eyes open and I feel like I've just woken up from a dream and I realize I'm on the floor. A nurse is kneeling next to me asking *me* if *I'm* ok. Oh God, I must of passed out, crap! I try to get up but the nurse pushes me back down. "You're still white. Stay down". I tell her that I'm ok and sit up. My doctor's yelling from the room asking about me. He must have heard the thump. The nurse then *wheels* me, not walks me, to the nurse's station where I'm sitting and thinking about what I've done. Several thoughts are running through my head, like "Oh no, what if I'm a fainter? What if I don't have "what it takes" to be a doctor? What is my preceptor going to think about me? What if I'm never allowed to be in a delivery room again?!?!?" Meanwhile a nurse is asking me if I've eaten in the last 6 hours. Nope. Have you had anything to drink today… no. Did you get enough sleep last night… negative (I decide not to mention the concert I went to in ABQ with my classmates or my blood alcohol level at the time). So I'm realizing that I kind of set myself up for this but still. I've been hungry, thirsty, and sleep deprived before. How come I've never fainted before? My doctor is back to see me. He's actually being really nice and telling me stories about his classmates who had fluke faintings. So it happens to everyone… it's just never happened to him.... Since that's our last patient for the day I'm going home a failure. I'm driving home and I call my dad. He also tells me it happens to everyone but what I actually find consoling is the physiology he explains to me. "Were your knees locked?" I think about it and realize I was so amazed by everything that was going on in front of me that I just stood, knees locked, jaw dropped, motionless for 40 minutes… maybe I'm not going to fail as a doctor. ❑

Grandma

by Beth Elston

"I think it stopped. I'm fine. We can turn around and go home now."

I don't even turn my head to address my grandmother's comment as I repeated for the fifth time, "Grandma, your heart has been beating rather fast for several hours and you couldn't stop it with all of the recommended methods. I'm taking you to the ER."

Granted, the ER was in Las Cruces and we were driving from Alamogordo which gave my grandmother plenty of time to worry that her SVT would terminate itself before we ever reached the ER. It gave me plenty of time to re-consider why I didn't insist on taking her go to the ER in Alamogordo. "I'm being the good granddaughter and not making her go to a place where she distrusts every last medical professional," I kept thinking to myself.

Upon arrival at the ER my grandmother had a heart rate of 180 bpm and a blood pressure of 83/53.

"See, I'm fine. I didn't need to come here," she spouts.

"Grandma, I haven't been in school very long, but I've been in school long enough to know that's not normal."

The ER staff administered 6 mg of adenosine and released her after observing her for 45 minutes. I asked the attending his opinion about my grandmother potentially being put on Beta blockers. He shrugged and said, "have her talk to a cardiologist about that, " as he walked out of the room.

The next day, I was discussing my exciting weekend event with my preceptor. He also brought up the question of Beta blocker use. I told him the response from the ER physician.

"It'd be a good idea for her to see a cardiologist," he agreed, "If you'd like, we could do a Holter monitor on her. Probably won't show much, but it couldn't hurt."

When I returned to my grandmother's house from clinic that day, I pleaded with her to come to the office with me to get the Holter monitor set up. After much fussing about the fact that she was not properly dressed to go to the clinic, she changed her clothes and climbed into the car. My grandmother grumbled under her breath as we walked into the clinic, while the electrodes were placed on her chest, and as we left the clinic.

"I have to wear this thing for *how long*?"

"24 hours Grandma."

"That just won't do. I have lunch with my friends tomorrow and volunteer work to do. I can't do that wearing *this thing.* "

"It's very small Grandma, your friends will most likely not notice it."

"Well what about sleeping tonight? I just can't sleep with this thing on. What if one of the electrode things come off?"

"Then we can tape it back on in the morning. It'll be fine."

"Well what about…." I just stopped listening as I thought to myself, "*This* is why I don't have kids. How does anyone ever put up with this much complaining and questioning? My God!"

The next day when the holter monitor was removed, my grandmother was more than happy. As predicted by my preceptor, there were no significant findings. My grandmother only used this as an excuse to decline all other advice I could give her.

"Grandma, the good news is that the test didn't show anything. However, it would be a good idea to skip your usual morning coffee to prevent your SVT from happening again. It might also be a good idea to talk to a cardiologist."

"You know Beth, I didn't really like having that test done because you didn't let me have the time to think through if I wanted to do it or not. Never tell a patient what they should and should not do. I never liked it when my doctors did that. It's my body and my life and I'll do with it what I please."

Her comment caught my attention. I realize that it is not my decision to fill a prescription, or see a specialist, or diet and exercise, but rather the patient's. For the most part, I've been able to keep the idea of patient autonomy present in my mind when I'm in the clinic. Most likely this is because the patients are basically strangers to me and at this juncture in life I'm not intimately involved in their care. Thus, when a patient returned to the clinic for follow-up and had not followed any of my preceptor's advice, I was not terribly troubled by that fact.

However, when it comes to family members, it's much harder for me to watch them refuse advice. I do believe my grandmother has a valid point. I know I don't particularly like people telling me how to run my life, so why should it be any different for her? I definitely think that self restraint, endless optimism, and persistence are important qualities

for a physician to have. Otherwise it could get mighty frustrating seeing patients who time after time have disregarded doctor's orders. At the same time, an awareness of patient autonomy is also a good thing for a physician to have in order to promote doctors and patients working as teams to reach a treatment plan that agrees with the patient's beliefs and feelings. As long as the patient feels that they have a say in their health care, I think the patient will be more likely to stick with the treatment. I'm sure there are studies somewhere that are a testament to this.

My grandmother ended up having another SVT episode a week later. I happened to be in the clinic at the time where she came in to have me check on her. My preceptor suggested she go to the ER. I drove her to the ER in Alamogordo this time, only after making sure she was OK with that decision.

In my grandmother's case, my dad made an observation that she's moving in the right direction. She did come and find me when she thought she needed help to stop her SVT, which is a huge improvement for her. She also didn't fight too hard against going to the ER in Alamogordo. Perhaps one day she'll actually see a cardiologist. ❑

Margaret Menache

Summing Up

by Melia Lucero

This will be my last writing to you as part of my PIE experience, and I have to say that I felt it was worthwhile and beneficial. While the PIE experience itself sounded extremely overwhelming and complicated at first, I found that if I took it one step at a time, it was much more manageable. I have learned so much from my preceptor and the staff at my facility. I know that it must be difficult for practicing physicians, like yourself, to take time from their busy schedules to help out with us medical students and I wonder if you all truly know how much of an impact you have on our learning experience.

I can imagine that I might get a little frustrated about the time commitment it takes to have someone "shadow" you and work with you. Having to explain your thought processes and how you reason against/for differentials and just having someone around all the time can definitely slow down your routine. However, with all that being said, this experience will forever be an imprint in my learning career. I will always remember how friendly and how genuine my preceptor was with his teaching. He always made sure that I understood what he was saying and never made me feel stupid or incompetent if I didn't know the answer at first glance - well at least, not on the first day! He educated me about issues that he has to deal with when it comes to a corporation, how he has reports on his projected "sales" and stuff, which was intriguing to me because I never really thought of medicine in that aspect. He gave me insight into his ideas and theories of medicine and it was nice to hear this from someone who speaks from the knowledge and experience of practicing medicine daily.

This experience helped to refresh my vigor and gave me a reminder as to why I want to become a physician. In my first year of medical school, I got so caught up in learning the basic sciences and sitting in lecture, that I think I forgot the clinical aspect of medicine - which is my favorite part. Don't get me wrong, I think that is integral in school, I just needed a little reminder that there IS a light at the end of the tunnel and that one day, I will get to practice medicine. ❑

Social Issues

by Jacob Hartz

During this last week, I was overwhelmed with the social issues revolving around the practice of medicine. First, I encountered the difficulties that can arise when working with my physician colleagues. Secondly, I was exposed to the social issues involved in accessing and financing care. It is the latter topic (accessing and financing quality healthcare) that I would like to dedicate to this piece. I need to think more about the first issue before I feel comfortable discussing it.

The catalyst of my interest in the social issues that dictate access to care was a patient that I saw on Tuesday. I will need be polite when I describe this patient's situation. He is poor. He is alone. He is very ill. He is also not very old.

The patient's history can be summarized as this. The patient experienced a syncope event at the library. He was admitted to the hospital later that afternoon. The syncope event was preceded by the patient not eating anything for nearly 24 hours, getting very little sleep, and generally not taking care of himself. Whether this was do lack of resources or just because he was not making time for himself, is not known. In either case, the syncope event was actually a good thing because he was admitted to the hospital and found to be bradycardic and have 2 separate, but large masses in his neck. The patient had a cancer that had more or less taken over everything in his neck, including his internal jugular vein. He was sick. These masses had been present since last October, but the patient did not seek any medical care. His prognosis is not good.

But what makes this patient interesting is his concern with paying for his care. He is obviously concerned with this and almost would rather forego care, then be cured and left with an insurmountable debt. So, this brings up the obvious issues of our broken health care system. One conclusion that came to my mind was that this is the reason we need a national health system because that would solve all the issues associated with this patient. For one, we will probably find a way to pay for this gentleman's care through county indigent care funds or perhaps he is eligible for Medicaid, but under a national system, we wouldn't have to waste so much time and human resources finding these funds. Then I thought, he would also do better because a stressed patient won't recover as well and a national service would relieve this stress and the outcome would be better as well. A second great reason. Then I thought, and to think, under a national service, he would have received care earlier because he wouldn't have been so concerned about paying for the care and his cancer would have been more amenable to treatment. Wow! a national health service would actually save money and improve outcomes!

But then I started to think about all of the problems of a national health service and all of the problems that occur in other countries. Perhaps under a national system, the regulations would prohibit treatment for cancers that have not caused symptoms or perhaps that they would restrict care to those who are known smokers or who over a certain age. Perhaps these are imagined concerns, but I wasn't sure and I also wasn't out to fix the health care system today.

But, my interest in fixing the health care system (in whatever way possible, not necessarily a national health service) was put on pause when I realized that this patient's concern about paying for his care was secondary to all of his other concerns. He was worried about his car that was still parked at the library and that he didn't have anyone to move. He was worried about paying rent (he had already been late once this year) and he didn't want to lose his home. He wasn't worried about for his care, he was worried about life. This is something all of my patient's will confront. And it is something that I believe is lost in the current debate on health care reform.

I don't have an answer for health care reform. There are positives aspects of a lot of proposals, but I just wish that we would realize that it has more to do than what happens in the hospital. I would hate for some proposal that provides "universal coverage" to be so expensive that the health care system began to intrude into other aspects of a person's life. If I have to pay a third of paycheck to a fund health care services, I doubt that I would be able to afford my high speed internet access that I use for everything everyday. Yet, this part of the debate seems to be dismissed.

I have rambled to long and this is an issue without a simple solution, but at this point, I would like to conclude with my thesis: patient's are humans that have more to them than the disease and as physicians it is more, not the same, not less, but more important to focus and understand these issues than the science behind their illness. ❑

Cuoghi Edens, MSII

Suture

by Randall Lahr

Wow, I just finished my first two days of PIE, two interesting and exciting shifts in Espanola ER working with Dr. M. After working in EMS, the ER is a comfortable and familiar place in many ways. I like the air of energy and chaos that often pervades there and enjoy the sense of uncertainty, the sense that anything could happen and who knows what might next come through the door. Still, I found myself intimidated by the challenges faced by my preceptor, being the only doc in a juggling act that may extend to over ten beds of patients with complaints ranging from trivial to critical. I feel so far away from being able to take of one patient adequately enough, let alone ten.

I liked how the first day started, when Dr. M, showed me how to do simple suturing within the first half hour and then proceeded to produce a small stuffed animal from some of her kids' old toys she had brought to give to a nurse who just had a baby. It actually was a stuffed celery character with a dopey look from the Veggie Tales cartoon. She gleefully took a scalpel and sliced the poor stuffed celery in about 10 places and then handed it to me, said it looked like this guy had been a real nasty bar fight, and told me to get to work sewing him back up. A paramedic later joked that it actually must have been a salad bar fight that resulted in these injuries and really cracked himself up with that one. I struggled diligently with the "wounds" during the few slow times during the day and by shift's end had Mr. Celery about half way repaired.

It was good that I practiced, because on my second day I got my first chance to sew on a person. The patient was a large older guy, about sixty, with a blue collar look about him and big belly. He was, in his words, a "biohazard man." It seems he was in the business, based somewhere on the west coast, of cleaning up crime scenes and dead bodies. "Truckers," he said at one point, "they tend to just die in their trucks, pulled off somewhere to sleep, and nobody knows they're in there. After awhile they just kind of melt into the upholstery and that smell gets way down in the vents, it's hard to get out. Bleach. I use a lot of bleach. Why use some expensive fancy chemical when you can just use bleach?" Good question, indeed. Anyway, it seems he had taken some contract here in New Mexico to clean up a ranger station filled with mouse droppings, which posed an obvious hantavirus risk. He was curious about hantavirus. He'd read about it on Wikipedia. How long, he wondered, would it take to get you?

He had been cleaning up mouse droppings in the ceiling and while he was removing the rectangular frame of a fluorescent light, the frame slipped and the corner sliced the back of his thumb, leaving a clean, straight, deep cut a one to two inches long. He had driven himself down from the mountains to the ER. Now, over an hour later, a small artery still kept stubbornly and rhythmically pumping blood into his gash, filling it up until red rivulets ran out over the edge and down his wrist. My preceptor and I looked at the wound. She used bupivacaine with epinephrine for local anesthesia, hoping it would sufficiently vasoconstrict the artery. That didn't do the trick, so she decided to ligate it, which succeeded in finally stopping the pulsing flow. She placed three stitches to start the closure and then left the rest to me. With consummate deliberation, I slowly etched my first stitches into the patient's thumb. I put in seven in all, bringing the total to a nice even ten. The cut looked like a line now, rather than a little canyon. Mission accomplished. With a sigh of relief, I told the patient I was done and that he had been my first victim in the suturing department. "Good," he said with a smile, "then you won't forget about me." And he's right. I won't. ❑

Cough

by Kanchan Kohli

"Hi, Mrs. S.," I said as I entered the room to see my very first patient. I saw an elderly lady who sat with her mouth shaped into a perfect semi-circle. She sat with her legs crossed behind the leg of the chair, her hands properly folded into her lap, and a colorfully decorated brimmed hat topped her head. "My name is Kanchan and I am a first year medical student," I said as I shook her hand. I proceeded to ask what problems she was experiencing and she answered, "well, where should I begin? I had a bout of cellulitis, pneumonia, bell's palsy, some decreased hearing in my right ear, decreased smell, some swelling in my knee and am going to have knee surgery in the next week." She then said, "so, what do you make of it?" I took a deep breath and thought to myself, "well, all of these problems seem important" so I began to ask questions about each problem, and she answered all my questions with a simple yes or no. I then thought "ok, I have to systematically address each of the problems she just told me about." So, I began to focus on each problem in order of severity. She was silent and nodded her head once or twice as I explained my thoughts to her. She then said "ok, well that stuff is fine, but what about my cough?" I looked up at her puzzled and said "oh, I am sorry, what cough are you concerned about?" She replied that the cough is why she was here to see me.

I took a minute to regroup my thoughts, since this was the first time she mentioned anything about a cough. I then momentarily re-directed the interview towards her cough, putting all the other items of her problem list she mentioned on hold. I proceeded to ask her about the onset and quality of the cough, while I flipped through her heavy chart.

As we began to talk more about her cough, she went on to say that she had developed a non-productive cough that lasts throughout the day with no associated symptoms. After addressing the 7 dimensions, it seemed as though her cough was somewhat chronic and did not seem to be caused by a cold, remnant of pneumonia, acid reflux or any other diagnosis on my differential. I then scrolled down her medicine list and saw that she was on Lisinopril. I told her that sometimes people could have a dry cough as a side effect of Lisinopril and began to explain the mechanism of its action and what exactly an ACE-inhibitor was and how it worked. As I looked up at her face, I saw a smile start to form, and as she began to lean back into her chair, she said, "oh, so that's what the other doctor meant—he said my medicines or something was causing me to cough, but didn't tell me anything else." I then took out a piece of paper and sketched a quick drawing explaining why she could be experiencing such a side effect. She was pleased that I was taking the time to clarify how her medications worked and was content to gain an explanation for her nagging cough. I could tell she began to trust me a little bit now since she leaned toward me, with a bigger smile this time, and began to verify other facts with me such as, "do I have to stop taking baby aspirin before my surgery next week?" and "why can't I drink alcohol when I take my headache medicine?" I answered her questions and explained the reasoning behind how such mechanisms worked.

We finally concluded our meeting and substituted her Lisinopril. As we walked her out of the office, I realized the importance of clearly communicating with your patients, as all it costs physicians is a couple of minutes of their time, but makes a world of difference to the patient. That day Mrs. S taught me a very important lesson—sometimes it is not enough to tell your patient that "it is just a side effect." Sometimes, you have to take it a step further and explain to them the details behind their problem because as physicians, we have so much knowledge stored in our heads that we know why patients experience certain symptoms and so at times, it is easy to overlook the impact a side effect may have on a person. However, the patient perceives any side effect as a concern since it manifests somewhat of a uncertainty/mystery in terms of its origin. Thus, I hope I can always offer my patients the ability to properly explain any ambiguities they may feel regarding their medical treatment since the mere understanding of the cause of one's problem can sometimes be therapeutic in its own right! I look forward to the remainder of my rotation since I believe I am not just learning how to practice medicine, but rather the art of medicine, which not only requires the acquisition of knowledge, but also the ability to relate such knowledge to the patient in an attempt to ease minds and improve care. ❑

Down's

by Vanessa Martin

My most memorable moment from this last week was working with a baby girl (9 3/4 month old) with Down's syndrome. She is one of the babies who have the more severe form of Trisomy 21. She was born with an AV Canal and had an aortic arch repair and pulmonary artery banding within her first week of life. She has oral aversion, a G tube, a gagging problem from macroglossia, and many other problems. I had started to read her chart a few days before she came in to the office. I was reading a chart that is larger than my own medical chart and this baby isn't even a year old! I was thinking about how hard it must be on the parents and what it must be like to be going through all of this. The parents didn't know until just before their daughter was born that she had trisomy 21. What a shock it must have been, and then she had to be rushed to UNMH because of how bad her CHD was. But when she came into the office, wow. She was so happy and smiling and it was hard to imagine that she had been through so much. I listened to her heart and could hear her systolic murmur. She would smile at me and seemed so happy. Dr. C. told me that that was the first time she had ever seen her smile, which is sad because she has seen her so much. I guess this case has just made me think about the human heart and how amazing it can be, emotionally, mechanically, and physiologically. The mom was awesome and I could just see the love she had for this beautiful baby girl. I can't even imagine what the parents have been through with their daughter, but I think it must be just short of a fiery pit (at least that is what I imagine). The love they have given this child is unbelievable and I only wonder if I could do the same. And the little girl. After all she has been through she is smiling and learning and growing with nothing but hope in her heart (or so I like to think). It was an amazing case to read about, and even more amazing to have met this tiny little girl who has been through more than I can comprehend.

We only heard about these cases in class, and we didn't get to really spend much time on it. But to be a part of one in person is something totally different. This baby girl has a long way to go, but she has already come so far. A book doesn't prepare us for these types of cases and it really just takes a few days to comprehend and absorb everything that has happened in the span of 30 minutes or less. The innocence, happiness, hope, and love that I saw in that room will probably be with me for a long time, and not because it is going to be the only unique case I see like this, but because it was my first and it really opens your eyes to see what the human heart is capable of. People really can be amazing, and it is often surprising when they are, especially these days. I think that is one of the reasons why this case stuck out so much to me. ❑

Cuoghi Edens, MSII

Birds

by Garrett Miller

Today B. (another medical student) and I went to the Senior Center here in Alamogordo to take blood pressures and hand out information on diabetes to the residents there. We enjoyed very interesting stories from the lives of those that we interviewed. One gentleman in particular told us when Alfred Hitchcock's movie the "Birds" came out he and about twenty friends went and bought the cheapest birds they could find and brought them to the theatre in small boxes. When one of the notorious bird swarming scenes was shown they released the birds from small boxes and terrified everyone in the theatre. I thought that it was an entertaining story. ❑

High School

by Ian Medoro

This week I spoke to the students at the Zuni high school and I must say, initially it didn't feel like I was making any headway. The first day of discussion felt like a complete disaster. The students looked at me like I had a second head growing out of my....well....you know. The kids came across as very shy and they really did not want to participate in the activities. Personally, I agreed with them. Some of the activates were a true/ false game about how many doctors were in Zuni, how many people lived under the poverty level etc.... I know when I was in high school this would have been incredibly boring....and guess what? IT WAS!!!! I've got to let the STAR designers know that kids don't really care about how primary care physicians there are per 1000 people. They also didn't jump up and down for joy when we did a personality inventory activity. I know, I know.... Believe me....I'm just as shocked as you are. Seriously though, by the second day the students were starting to respond and they really seemed to enjoy the topics and found the information about how to get into college very helpful.

Mandie also did the same presentation to the Gallup central high school. This is the alternative school in Gallup for pregnant teens, and students who have bee kicked out if their normal schools for fighting, drugs, etc. The school counselor was very excited about Mandie presenting to the students and set it up so that any one interested could listen to her presentation. After the first day Mandie had about 50 students listening to her, and like most students they talked through her presentation, making it hard for her to be heard. She asked me to help as a second body to walk around and keep the kids from acting out too much and occasionally add to the presentation. It was her game and I was what they call in hockey, the enforcer (I promise I didn't cross- check any of the students).

I assisted Mandie on the last two days of her presentation and helped answer any questions the students had after the lecture. It was at this point I really saw the enormity of the problems some of these kids faced in life. One student wanted to be a nurse midwife. As we were talking I found out that she was 16, living with her boyfriend and had one child. She wanted to know what it was going to take to pass the ACT. She then informed me that "I don't read or write so good." I asked her what her favorite genre was and she said that she had a lot of Disney books at home for her child. I was stunned..... I had no idea how to respond to her reading level. Here I am trying to help this girl plan for the ACT and she can read Disney child books. How do I deal with this? Where do I start? This kid has dreams and goals yet she is so far behind in reading, math, and science that I have no idea how to possibly advise this girl on how to prepare to take the ACT in the spring. The highest a student can score on the ACT is 36, the counselor told us that there were students that scored an 8.

I must admit that I felt really conflicted after this experience. On one hand I felt like a complete hypocrite telling these kids, "You can do it; you can go to medical school and be anything you want to be!!!" Yet so many of the kids in this school are so far behind, they could go back to middle school, start over and it would probably help them. It felt like I was giving them false hope. I know these students have intelligence but they are so far behind it's hard to see how these kids are going to catch up. Maybe in 10- 15 years they might realize that they have the desire to succeed but how many of them are really never going to achieve the goals they have as teens? Then there's the other side of me that wants to believe these kids have got the guts and strength to overcome these early hardships and succeed. If they've already faced so much what's to stop them from achieving what they want? In the end, I hope that if I've helped at least one student realize that the can succeed then I feel it was all worth it. Does this sound corny? Cliché?..... probably, but everyone deserves a chance at fulfilling their dreams. Hey, somebody helped us in our lives or we wouldn't be where we are today. ❑

White Coats

Medical students,
Short white coats, young and naïve.
Knowledge fills our heads

– Bradley Rogers

Dr. Phil

by Douglas Patton

Yesterday I walked into the exam room with my preceptor, Dr. Phil as he likes to be called, to find a man with his daughter, a new patient, seated against the exam room wall. He looks happy for a man that's brought in a sick daughter, even at ease, but she's not terribly sick – she's five and her ears hurt and he wants to get her checked out. The man was younger than me, but not younger than most dads who come in – it seems that most men have children in their twenties, and not long after that the kids are teenagers and we stop seeing them. They are welcome, of course, we just stop seeing them – they drop off the planet only to resurface for sports physicals and the occasional strep throat. Or once in a while they turn up pregnant, proving that they're not doing nothing out there, they're just not coming to the doctor. Or their parents. But for now we get to see her. She's shy and obedient, but watches me like a hawk as I repeat Dr. Phil's maneuvers. Her ears are fine, she's fine. Probably go away in a day or so. Has she had her shots? No? Well, next time we'll set it up, he says.

On his way out the man, who is very friendly - a Christian who has come to a Pastor's practice - the man turns to Dr. Phil.

"It's a very different experience coming here," he says. Now I see he's got red hair. Not super red – not County Cork – but kind of a straw color red over a light spray of freckles. Thirty, I decide. Must have had her when he was twenty five. She has the same hair, the same freckles, the same smooth curves of the face. Cut from the same cloth and both grateful for it. Dr. Phil lifts his nose a bit.

"How's that?" he says.

"Everyone's so stressed everywhere. Every other office we've been to. The people behind the desk, the nurses. Everyone is just stressed out. Here everyone is so relaxed and friendly."

Dr. Phil nods and says something truly appreciative, and the man leaves with the girl on his hip.

I have volunteered at the 5th floor outpatient clinic in the hospital and at the Internal Medicine clinic at 1209 on University. I've shadowed in the ER and ended up in other clinics as well, and what the man says is true. Everyone is stressed. Oh, there's a polished presentation directed at the patients:

"How are you today?"

"What can we do for you today?"

"And how will you be taking care of your copay today?"

Apparently it's important not to confuse the patient. Keep them focused on today, not on what happened yesterday, or what they will be doing tomorrow. The script is followed, everyone goes home, and the cycle continues the next day. No one wants to follow the script, but everyone does, day in and out. Patients drift through these practices – changing doctors, changing medications, occasionally getting better, often getting worse. Maybe pediatrics is better – this is my first peds clinic. But no matter where else you go there's a baseline tension – from the time you walk into the building, wherever it is, all the sphincters go up an appreciable notch and stay there until you leave.

Dr. Phil knows almost all of his patients. Many go to the church he pastors. But even the ones he doesn't he treats as if he does, maybe out of habit. It's just him, his wife, and a mother and daughter from the church running the whole practice. That's it – the four of them in a tiny strip mall office. Two exam rooms and scripture on the walls, seeing a dozen or so of their parishioners a day. They don't do blood draws, they don't do labs. Maybe a rapid strep or RSV here and there. Just him and his wife calmly taking care of the kids that come in. They are relaxed. They joke with the patients, they joke with me. There is no difference between the Dr. Phil who sees his patients and the Dr. Phil who talks to me about his medical training at his desk. They are equally soft spoken and relaxed and glad to have you there. It comes out that he is 59. He will retire in 6 years, I think. And then I think there is no way. His patients won't let him.

So much talk is made about the costs of health care, the numbers of uninsured, the unavailability of primary care and the procedures denied by bureaucrats. How do we respond? To conserve costs and boost access we've made these enormous hospitals and superclinics. Huge facilities with vast resources that take Mastercard as well as Molina. One stop sickness shopping – the health care system of the future that's everything you could want, except that no one wants to work there.

And you know what? The patients know it. ❑

The Front Lines

by Brandon Peterson

So, this is the fight on the "front lines."

Not exactly as chaotic as I had expected it to be. Silence instead.

Cough Cough

I can't believe it, but I think I just heard someone who was actually sick come into the office.

It seemed a sort of irony to me that the first "sick" person I would interview at the clinic was the last week that I would be here. She was just what "sick" people look and sound like, of course. They cough and kind of look pale and miserable. That's where the doctor comes in, they are there to make the "sick" people better–the ones that cough and sniffle. That's what I had thought, anyways. That is what many of us had thought.

The enemy is far more insidious than to be so overt on this battlefield. His attack comes almost intangibly through years and decades.

We talked with a man yesterday who seemed quite content with his recent pulmonary function results, which miraculously showed normal findings even with a pack-year history longer than I have been on this Earth. Sure he had a heart attack three years ago, but that could be attributed to a million other things. Stress or depression for example, he suggests.

But the man has saved himself from death already. He was never in to binge drinking. That would be irresponsible, unhealthy even, he knew. Just a few drinks a day, what would that hurt? Those might even help with the grief that caused that horrible heart attack he might of thought. How could they turn on him in the end, causing him to bleed from the inside and decimate his liver? Yet today we had before us a conqueror. He stopped drinking, he recovered from the brink of disaster. His liver has actually been recovering from the onslaught. Yet a new enemy has come to the forefront, but there are no symptoms to complain of he says! Certainly not bleeding from the inside, why is the doctor making a big deal of this anyways?

Don't you understand? The lung cancer, the heart attack, the failing kidneys are already there. They are nothing but a small seed right now. Imperceptible, invisible… thriving.

But I feel great why doesn't the doctor leave me alone?

So slowly growing, yet vulnerable. Like a real seed, it won't grow without proper nourishment, a steady regimen of unconcern. Like the pot of water, it won't boil unless you turn away from it… so many turning away… as it simmers, simmers…

Another patient released. The front lines are indeed here, but they are not chaotic. We fight the unseen enemy every day. And if we succeed, the battle will be won in complete silence. We will win, and we will leave the patient wondering at the end of the day what all the fuss was about. ❑

Wisp

tracing the arc of life;
from long pale beginning,
to short gray end

and in measuring the distance,
a moments relief
twenty steps, wall to wall

each deep breath in,
and shallow breath out,
a meditation on mortality.

but in touching upon the soul,
it becomes each time a bit thinner
smoke´s bitter benediction

a glowing ember;
poised at the precipice
between substance and ash,

just before the light goes out,
and the last wisp disperse,
suffocation.

– Aaron Prichard

Ankle

by Dustin Richter

It was fun playing with my wife's preschool children at their "End of the Summer" party at the park. However, I must admit...children can sometimes be intimidating! I haven't had too much exposure to 3-5 year-olds, but was having a fun time. It was near the end of the party and I was tossing the rope over a branch to hang the piñata. The rope got stuck in the tree a couple feet above my outstretched hand. I may not be blessed with a great jumping ability, but I figured I could get it out of that damn tree. As I jumped up and landed, I rolled my ankle to the side and heard that all too familiar sound of "pop, pop, pop".

A couple years ago, I was playing in a softball game in Houston and heard that same sound. At that time, I was taken to the ER since I couldn't walk, had a tremendous amount of swelling, and immediate bruising up to my knee. Amazingly, I had not broken anything, but had definitely stretched, if not torn, the ligaments in my ankle...an injury that would take a couple months to fully recover from.

As I heard the popping sounds this time, I knew it had happened again. I laid there on the ground for a minute, as my wife is telling me, "Dustin, get up. You're embarrassing me!". In her defense, she had no idea what I had just done to my ankle. I slowly got up and noticed the immediate swelling and bruising that was already beginning. I was pretty certain that I hadn't broken anything, but that I would be laid up for a little while again with a sprained ankle. I knew that I should go home and ice, elevate, and stay off of it. However, the party wasn't over yet and my help was still needed. I tried to tough it out for another hour as I carried tables and helped clean-up the area. By the time I got home, it was throbbing!

Good thing I kept those crutches and ankle brace from a couple years ago, you never know when they might come in handy again. I took some medicine, iced, elevated, and felt like a bum for the rest of the weekend...that is really frustrating when you plan on having a fun weekend. I had convinced myself that I didn't need to see a doctor. I'm supposed to be the one helping out sick and injured patients, not the other way around. It's hard to explain, but I feel that since I am now studying medicine, I should be able to care for myself.

However, my wife had other ideas. She said the swelling and bruising was too bad and forced me to go to the urgent care on Sunday to see a doctor. This was a whole other experience in itself...I now remember why one of my opening lines when I see a patient is, "Thank you for waiting. I hope it wasn't too long." I hate waiting! Honestly, it wasn't too bad of a wait...I was in and out in a couple hours, but it is still two hours of my time that I didn't really want to be there. Once again, I was the patient — which I think is a good dose of reality for all of us every now and then.

The doctor took x-rays, and confirmed my suspicion that I had only stretched or torn some ligaments, but no breaks. However, it was interesting that the doctor noted I had broke my foot sometime in the past...news to my ears. Although I didn't want to be there, it was probably best that I went for two reasons. The first was to remember what it's like to be a patient. The second, to get some codeine to sleep at night...I only had to take it for a few nights, but that drug can work wonders for getting some good rest.

I had to take a couple days off clinic, but then returned and once again identified more with the patients. The majority of the patients we see are older in age, and I now found myself walking as slow, if not slower, than most of them! Wow, what a wake-up call! It is sometimes easy to forget how an injury, pain, etc can affect a person's lifestyle, but this was a not too subtle reminder for me. I'd like to think that this won't happen again, but odds are that I'll hurt this same ankle at least another time or two. I'm just hoping that when I do get older, there may be one or two parts of my body that don't hurt! ❑

Being Green

by Jessica M. Valdez

There have been many different situations in my life that I have found myself in where I was what one would call "green," having brand new surroundings, with new people, new experiences and new situations and absolutely NO comfort zone. Now I must say, these times are scary and exciting all mixed up into one big bundle of nerves in the pit of my stomach. As I entered the doors of the Española ER I hoped I would at least know what to expect... I did have most of my tools right? Clinical skills – check, 11 months of lecture and testing – check, prior ER knowledge – check, pens – check, stethoscope – check, and white coat – check. Now if only my nerves would get themselves into check I would be just fine. I then realized that nerves are something that are not going to go away for quite a while- they come with the green. After meeting my doctor and smiling politely at the older much experienced nurses who where staring at me I prepared myself to enter my first room and talk to my first patient by myself in the ER, as a medical student. An ear ache.... Was I ready, will I ever be completely ready? I soon learned that ready is a term that in the medical profession will never completely be achieved. One of the reasons I chose to go into this profession is because of the life-long learning, and I am now officially at the beginning of that summit. I also realized that I am in the best learning situation ever! There were kind people who would talk to me and respect me, sharing their most intimate medical histories and problems with, and there was a doctor, with years and years of knowledge who was ready and standing by to answer questions, fix mistakes and check my works and most importantly support and encourage. I then realized that I must take advantage of this great opportunity and use my "Greenness" to gather as much knowledge and education as I can. As the night progressed and I was leaving the doors of the ER at 4:13 in the morning I found myself not exhausted, as I should have been, but energized and excited. I am looking forward to having faces to the many, many diseases and disorders that I have crammed into my head over the past year and excited of all that I have yet to learn. I am now rejuvenated and ready to work hard and learn and work with patients. I also have begun to realize that with every shift, with every experience and with every chapter studied I am becoming less and less green and eventually, in what feels right now like the far off future – I will begin to change shades. ❑

Jupiterimages

Impossible Love?

by Lauren Rasmussen

A call came over the walky-talky that we were needed in the trauma room. We ran down the hall toward the sounds of agony. An obese woman was being transferred from a wheelchair to a bed with great difficulty by two nurses. Sweat and tears pouring down her face, she clutched at her abdomen and groaned loudly. With great effort, she got onto the bed and the pain seemed to hit her at full force as she reclined... she almost screamed out in pain. The nurses began explaining, "Diabetic woman with asthma. Her pain began yesterday afternoon and has continued to worsen, it woke her up at 2 am this morning completely unbearable." As they took her blood pressure and glucose and temperature, she continued to moan in agony. I wanted so badly to make it stop, to make the pain just stop, to offer her relief. Some of the EMT staff began joking around about how she "surprised" them today. They see her almost every week for chest pain and have to take chest x-rays. During the whole time she was at the clinic, the only one who seemed to be taking the situation seriously was the doctor I was with. I don't doubt the intelligence or competence of the staff, and perhaps I just don't understand the way they handle things, but I did not sense very much compassion from many of the people dealing with her. Sometimes, I feel like medical personnel treat people like they are just bodies that need to be fixed, rather than like human beings with a body that is suffering. This woman had been suffering intense pain for hours and they were walking around her, light-heartedly joking about how this is something completely new for her. I don't ever want to treat patients like bodies. I want to really see people, see their pain, see their suffering, see them for who they are and what they are going through. I want to treat people, not bodies. I love the scripture where it says, "Jesus looked at him and loved him" (Mark 10:21). I want to be like that as I practice medicine, to really look at people, and to love them. Perhaps I am being naïve, perhaps it is not possible to really love all your patients or care that much about each person's suffering, perhaps I would simply be crushed beneath the weight of all the human suffering I will come into contact with if I care that much. But I don't think so. With God, anything is possible.

Why *can't* I love the people he allows me the privilege of caring for? Why *can't* I see them the way he does? I believe he will enable me to do just that. ❑

Cuoghi Edens, MSII

Making a Difference

by Tuhama Rihani

With all the stress, lack of sleep, studying long hours, and working even longer hours, it is no surprise that there are days when we wonder why we decided to become physicians in the first place. Although I am only in my second year of medical school, there have been days, unfortunately, where I have asked that same question. Throughout medical school and then during residency, we are pushed beyond the max. We are expected to find a way to balance a career in medicine and family. Sometimes, the struggle gets the best of us and we are left wondering if we made the right decision regarding our careers.

However, all it takes is one patient to remind us of why we chose a career in medicine. During this week in the clinic, I encountered a patient who has a problem with binge drinking. Here was a 30 year old male who spent the past 8 days drinking at least 750 ml of vodka each day without eating a thing. He came to the clinic because he wanted help with his alcohol withdrawal symptoms and he wanted to quit this habit of his. I came to understand this wasn't the first time he had binge drank and this wasn't the first time he wanted to quit. About 6 months ago he decided to stop his habit and was very successful, but all it took was one incident from an ex-girlfriend for him to go back to his habit. The biggest difference with this particular binge drinking was that he has never had so many symptoms. By talking to him, I could tell by the sound of his voice that he wanted help and he truly wanted to change. He knew it wouldn't be easy, but he felt it was necessary. I decided to probe into his past to find out what had worked for him before and what would keep him off of the alcohol. He used to attend AA meetings in Espanola but felt embarrassed to be there because he knew too many people. I tried to explain to him that he should not feel embarrassed or ashamed for wanting to make a positive change in his life. So, I decided to provide him with some other options. The New Mexico AA website has a list of AA meetings, their location, time, the type of people who attend those meetings, etc. I printed the list out for him and explained to him how to find the right type of AA meeting for him. I know my action to find that list was not a lot of work or hard to do, but I felt that I was leading him in the right direction. I know that he won't quit unless he has the desire to do so, but I do know supporting his decision to quit can make a difference in his life. After he left, I could not help but feel hopeful that giving him a list would push him in the right direction and I could not help but feel satisfied that I had done my best to help with his situation.

One week later he came back to the clinic for a follow up appointment, and the difference in this person was unbelievable. In front of me was a person who had a smile on his face and a positive outlook on his future life. This was someone so very different from the person I saw last week. He looked hopeful and proud of his accomplishments. It had been exactly one week since his last drink and he attends an AA meeting every night in Santa Fe. After we discussed the past week and how else I could be of help, he thanked me for what I had done. But this wasn't just a normal thank you, I could feel the gratification he had for my very small action. He was another reminder of why I decided to become a physician. You see, it really only takes one smile, one thank you, one touch, or one difference in our patient's lives for us to realize that medicine is the only career for us. ❑

February 21, 2007

In this room
I was touched
By an enchanting chanting
The drums beckoned the voices

In this room
My body danced
While I watched
Arms flung high, legs not my own

In this room
My hands knew music
My feet gave rise to rhythm
My heart opened and
Spirit came.

– Cinde Tagg

Left Turn

by David Stromberg

"Do you see how she keeps looking to the left?" the nurse asked. Her face showed the first wrinkled signs of stress filled years on the wards. The medical student nodded, shrugged off the comment and watched as the patient groaned and passed another bowel movement.

A few minutes ago, this official looking young man had entered the room like a foreign diplomat, "As Dr. S's student, I am here to see the newly admitted patient." The nurse had welcomed the liaison with a macabre joke about a "code brown" and passed over the chart. With a similar degree of almost undeserved respect, the family parted as the student maneuvered his way to the bedside. The nurse followed.

It was a routine history and physical with a little zest. Writhing with abdominal pain, the patient was utterly unresponsive to the outside world as she lay in a bed soaked by her own stool. While it was impossible to understand the patient, the husband was sufficient. Her vomiting and diarrhea had persisted for over a week and, the final straw, this morning she quit talking. Like a zealous PI, the student listened intently and kept good notes. Then he proceeded to poke and prod. He practiced all of the maneuvers that a student learns in the first year. Included in this bag of tricks was the art of "being professional," which was often mistaken for, looking like you know more than you do.

That's when she asked, "See how she keeps looking to the left?"

The student didn't disregard what she had to say. In fact, he paused to consider her words. He thought back to the courses he had taken. Back to brain injury, hypoxia, ischemia, possible aphasia...*those patients usually look to the site of brain injury. "Quick treatment is one of the most important factors in regards to a stroke patient's prognosis,"* he silently reminded himself. *Sure, looking to one side can be indicative of certain diseases but secondary to diarrhea? Her illness seemed so straightforward. She caught some sort of virus and, after a week of diarrhea, presented in bouts of abdominal pain and stupor. Was the nurse's observation just incidental information?* Not likely. The nurse had the stripes of a veteran and her observations were typically right on. *It must just be chance*, thought the student, *she just happens to be looking in that direction. Maybe someone she cares about was standing at the head of her bed.*

Either way, the emergency room doctor had already looked over the patient. Dr. S. would be in at the end of the day. Unbeknownst to the patient and the family, these visits were almost recreational, learning tools. If the patient had suffered from a stroke, surely the doctor would have made the right orders. So the student nodded to the nurse, shrugged and quietly continued his investigation. Soon after, he moved on.

The CAT scan slipped through the cracks. The radiological findings didn't show up until the next day..."Diffuse hemorrhage of the left middle cerebral artery."

She had suffered from a stroke. ❑

Uganda, Paul Akmajian

Three Providers

by Melissa Valdez

This week was great! I got to visit three different providers this week and experience their patients, style and techniques about treating patients. On Monday I visited A. S., FNP in Abiqui. She is the only provider who sees prenatal patients. A. manages low-risk pregnancies for the first 8 months and then sends them to the OB/GYN their last month to be delivered by the OB/GYNs in Española. This system works great because it gives women who don't have insurance or who live a long distance from Espanola the opportunity to get prenatal care when many of them would not. Dr. J., the OB/GYN in Española doesn't mind the set up and it frees up some of her time as well. We only had one prenatal that day, but I got to listen to the baby's heartbeat and measure her uterus. That was exciting! I did get to see a couple of pap smears and actually got to see the cervix of one of them. I will be returning on the 9th of August in Abiqui and she told me she was going to try to schedule as many prenatals as possible that day. I am excited!!

Margaret Menache

On Tuesday, Dr. R. called in so I went to El Rito to follow Dr. M. She is a D.O. who is awesome!!! She is so great with her patients and you can tell they all love her. I was able to meet one of her patients (a 15 yo) who had Kawasaki's Disease when she was 5yo. Crazy!! Who would have known that in this small town, a little girl would be diagnosed with such a rare disease. She was doing great, but I questioned her follow-up with the cardiologist, who she hasn't seen in years, so Dr. M. was going to suggest she follow-up with her cardiologist for a check-up. One of my learning issues this week is Kawasaki's disease.

On Wednesday I went to the Las Clinicas del Norte school-based clinic in Pojoaque to practice physicals. The PA who was the provider is actually Dr. R's wife, T. At first she was only letting me follow her around and when she did let me ask questions, she would interrupt. I explained to her what experience I already had but I wasn't sure if she trusted me. I think I was giving her the hint I wanted to practice seeing these patients on my own, so she let me interview and examine a patient (15yo male) on my own. This was great experience because it gave me the chance to practice examining the younger population. I also had to perform a male genital exam on him so that was great practice, although a little nerve wrecking for both of us. I really liked talking to the kids. You just see their whole world ahead of them and you want to give them all the advice you could possibly think of.

This week was great experience and a good break from the usual patients I see with Dr. R. I think I would really like to work at Las Clinicas if Family Medicine is the specialty I choose. After talking to many of the providers currently at Las Clinicas, they had left other offices where they were forced to see 30 patients a day. As a family practice doctor, you should be given the time to chat with your patients about their life and how things are going. You want to know all about the patient and their family, hence "family medicine". At Las Clinicas, you're not forced to see a set number of patients a day. Yes, you may not make as much as the providers who work for Presbyterian make in Albuquerque make, but you get to be the doctor you want to be, the kind of doctor I want to be. I don't want to feel rushed through every visit and if my patient wants to tell me about her husband and how he died or what her grandkids are doing, I want to have the time for them to do that. ❑

Bite

by David Sheski

"People in this state can be so fucking dumb" the doctor said under her breath to me. Normally I would've been slightly offended by that, but in this case, in this town, I couldn't argue with her. This was a place where people drove around with their kids unrestrained in the back of their pick up truck while flying down the freeway at 75. Where a girl is being held on murder charges after ramming her car into an oncoming truck because her boyfriend "dared" her to. And, today, where a I was looking at the exposed skull of a 5 year old boy because his parents had left him unattended in the same yard as a rotweiller. His face was covered in blood and tears. He had three giant lacerations circling his head, each one wide open and bloody, his yellowish-white skull glistening. It was horrific. Truly, truly horrific. Not because of the gore, that actually looked kind of cool, but at the utterly baffling disregard for the safety of this child. It seems like this kind of stupidity should've evolved it's way out of the human gene pool millions of years ago.

About two hours, lots of lidocain, 17 stitches, countless staples, and a hell of a lot of screaming, he was all sewn up and good to go. Luckily for him, and luckier for his parents, he hadn't had any more severe injuries.

To make the situation even more darkly-comical, testing the dog for rabies didn't seem to be an option. Normally after an animal bite, the offending creature is confined for a period of ten days to watch for signs of rabies, but the family had shot the dog before bringing their child into the ER, so that wasn't an option. After calling about ten different numbers we found out that in order to have the dog's corpse examined for rabies-indicative golgi bodies the family would have to collect the corps themselves, drive it to an animal clinic and pay $50 to have it examined. Like THAT was going to happen. This kid just had a CT scan, antibiotics, morphine, and 17 sutures for FREE, but in order to find out of a deadly infectious disease was being carried by the animal, a disease that could be spread to other people in the area, the *family* has to spend time and money? Baffling.

Another patient now. "I hate being Navajo. I wish I were white." Extracting that information, my patient's hidden agenda, wasn't nearly as hard as clinical skills would have us believe. I walked in, asked about his foot injury (He'd kicked a window, it broke, simple), he looked like he was about to cry, so I asked "what's wrong." No games. Maybe I'm just that charming.

But, that's beside the point. The point is, the white man IS kind of the devil to a lot of people. The white man SHOULD'VE been the devil to this boy, but irony reigned instead. I wanted to convince him that the very things he hated about the Navajo people, the things he saw in himself, and the cause of all his pain, was the white man. He idealized his tormentors. He saw them as good and pure. They had their shit together, were strong, and in control of their lives. A 24 year old white medical student was taking care of him right now, while his people, his models and mentors, were alcoholic train wrecks, smashing into one another left and right. The white man sells the alcohol in Gallup, the white man preaches his Christianity and idealized Western values, "saving" the "savages," the very act of which implies they NEED saving, which is enough to make anyone question their own worth. But, he loved them, he wanted to BE them. Stockholm Syndrome maybe? It would explain a great deal.

His doctor today, the father of one of my best friends in high school, was a deeply, blindly, arrogantly religious man. I had dinner with their family once, I was told by this man that "they were all praying that I become a Christian!" with a condescending smile. I'm not sure if this was supposed to be a complement in some twisted way, saying "we like you, so we want you to be one of us." But, of course, fuck that. Christianity has done a lot of good for a lot of people, but it's caused a lot of pain. It was killing this boy, my patient, right now.

He said he would sometimes tell his mother that he was going to hang himself "in order to scare her." He said he'd never do it, though, he had a baby on the way. Good lord.

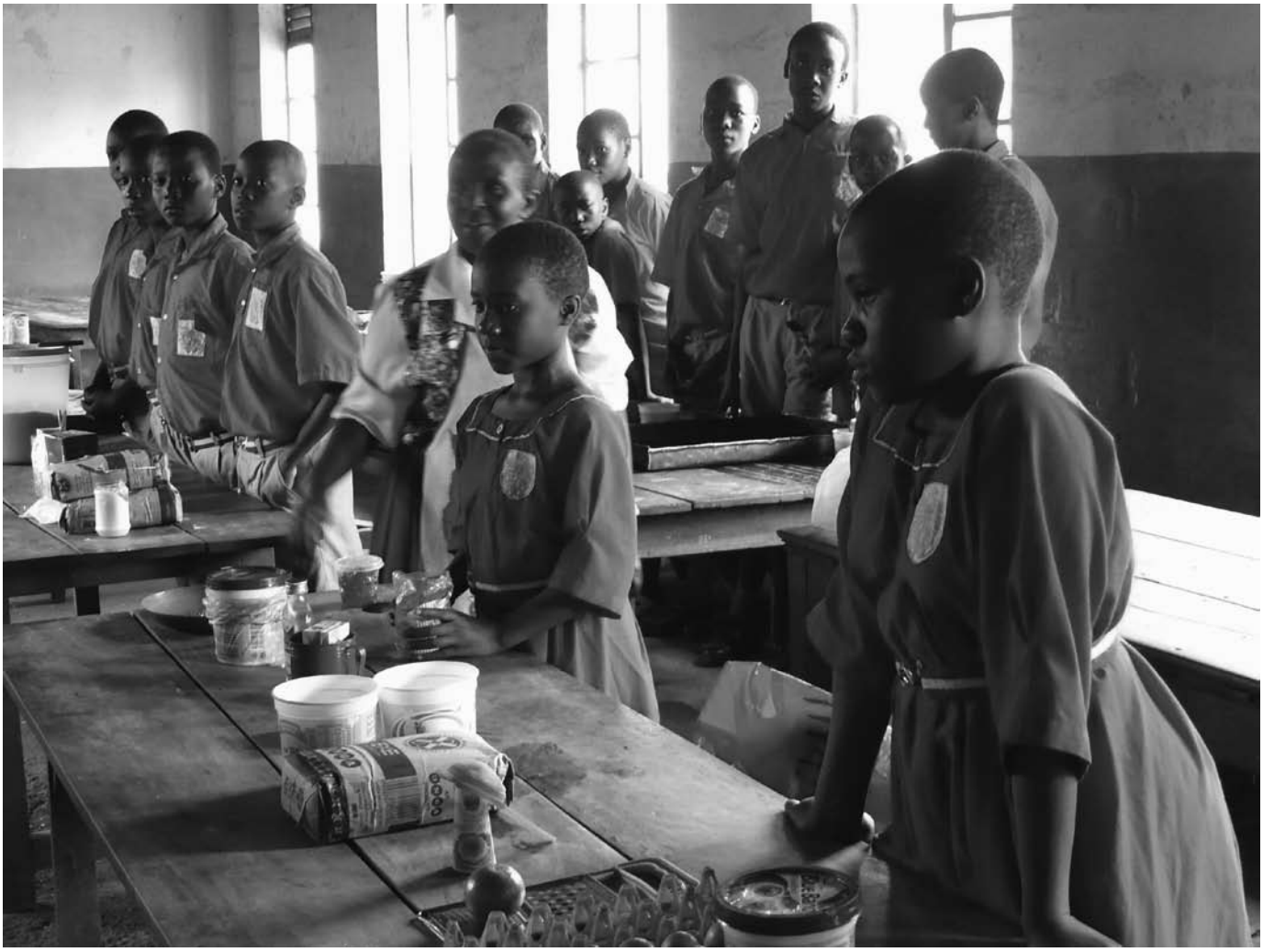
He was antsy and wanted to leave. I used his beliefs to trick him into staying, or maybe I helped carry out God's will, depending on your point of view. I asked him if he'd told anyone else what he told me, he said no. I suggested that perhaps God had this accident happen to him to set events in motion which would bring these feelings into the open. He agreed that this was reasonable.

God doesn't have such plans, in my mind. God is a concept, a representation of those things in the universe we don't have the mental capacity to understand. A safety net,

to keep us from freaking out and exploding at the terrifyingly random and incomprehensible nature of the universe. It's fine, but it's not much more than that. There are no rules, there is no divine plan, and god is not watching over anyone. I'd rather just look at the night sky and know that the universe is a fucking giant place, and whatever fears, terrors, desires, frustrations, or insecurities I have, there is a hell of a lot out there I don't understand, and I can either worry about that (and have panic attacks), or I can accept that I have no control, and deal with my life.

Unfortunately for this kid, and the 5 year old attacked by the rotweiller, and even the 5 year old's parents, this kind of rationale thought can't really exist. If I'd grown up surrounded by missionaries from Rehobith who constantly told me that my heritage was a joke, that my people had the *wrong* idea about the nature of the world, I'd probably be sending my 5 year old out to play with vicious dogs too. That kind of deep rooted, fundamental depression, not a transient state but rather a hard wired, reinforced way of thinking, probably has God-only knows what kind of effects on brain chemistry. This isn't the kind of thing that's going to be solved by a cute little public health intervention or a culturally sensitive interview. It's not going to be helped by sitting in an ethics lecture and being told "Don't be a racist." *This* is why I am so down on all the touchy-feely bullshit UNM is so keen on force-feeding us. Not because I don't think the issues are important, but rather because I think the methods they use to address them are pathetically childish. They're giving us grade-school level morality, and it's insulting to reduce this constellation of issues down to intervention algorithms and sensitivity training. But I don't think they get that. We have scientists trying to teach us the humanities, and they are clueless as to how to go about it.

And, because of that, I fear that Gallup will continue to plod along, stagnant as ever, with naïve white folks preaching simplified morality to a population of people that has been so brutalized that they've lost even the most basic, primal instinct. Namely, the instinct that keeps you from letting your 5 year old play keep away with a rotweiller. ❑



Ugandan classroom, Paul Akmajian

Heartache

by Linda Hodes Villamar

He had been missing for two days. They found his body up on the mesa. It appears he had been shot and then his body burned. I did not quite get all the details but I remember hearing about it on the news a while back. "I don't think the pills are working anymore," she said quietly. "I...want to see if the doctor could increase the dose or something...I just don't think it is working." Her son was the 19 year old male found up on the mesa in February. Very slowly and in a nearly inaudible voice she told me what an amazing person he was, how sweet, how talented. "They wanted to take his car, I guess," she whispered as she dabbed a tissue over the tears streaming down her cheeks from underneath her sunglasses. She was wearing a heart shaped pendant on a thin gold chain with the image of a handsome teenager. "They shot him...and they burned his body," her voice trembled. "That's what I can't get over."

How does anyone get over that? How does anyone handle that ruthless barbarity? I asked her about the rest of her family. "They are all dealing with it their own way," she explained. "My husband just tries to keep busy all the time so he won't have to think about it. My daughter misses him very much and we cry a lot together. My other son," she sighed, "my other son...he's taking it very hard. He is just so angry." Anger. Sadness. Pain. So much pain.

She told me that recently her son's girlfriend had finally informed them she was pregnant. She had told her son a few days before his death but did not know when to tell the family after he died. "That has given us some hope. He would have made a wonderful father," she said. "It will be nice to have a baby come, his baby." Hope.

I did not know what to say. I did not know what to do. I could not even imagine, I could not even fathom. There are no pills, no dose strong enough, no pain killers in existence to cure this kind of heartache, this excruciating pain. The doctor sure enough came in for a short visit, asked her all the empathetic questions, responded in all the appropriate ways. He increased her dose, gave her the number to call to return to counseling and told her to encourage her other son to come and see him. "I would hate to see his life ruined also," he said. "I would very much like to talk to him, perhaps I could get him to try some counseling." "Yes doctor, I hope so," she said, as he gave her a hug. She left, her sunglasses still on.

"Did you hear about that," he asked me later. "Very sad. Only time can really help in these cases, but I hope the counseling can help her. We just don't have time to really do any of that," he said. Frustration.

Only time. Time can help to heal some, if not completely. Other than that, what else is there to do to help ease that pain, that loss? Helplessness.

Pain. Anger. Frustration. Sadness. Helplessness. Time, lots of time. Hope. ❑

Apnea

A flame wavers.
My infant son
blushes blue then white.
Blood surfaces,
but under ice.

After this first frost
his heartbeat becomes
not felt but seen. A deep
amber beam pulses
like a light marking a
dangerous intersection.

See how silently he spins
beyond the reach of
smoldering windows. In winter
I would glide like this on the
frozen pond my parents had made for me.
Feet numb, lips gray, I'd loop intently
on bent ankles around the ash tree. But even
in loneliness I was accompanied by the
raw breath of blades.

I am taught to loudly call his name and
snap a finger against his sole.
Day in, day out, I lift us from the
frigid drifts where
breathing stops.

– Katherine Fancher

The Difficult Patient

by Antonia Way

She came into the office weeping from pain, we could all hear her crying and pleaing for help. She was someone else's patient, and was going to need to be admitted into the hospital. With hesitancy, my preceptor looked at me and asked if I would like to practice my H&P on her. She was the perfect candidate since they needed a full H&P to admit her, but, they told me, she was a difficult patient with many emotional problems. I said yes. I walked to hospital with her chart in hand and looked for her room. She was propped up in bed coughing and spitting into one of those pink kidney shaped containers (I have no idea what they are called). The room was quiet otherwise, and she was alone. I introduced myself and told her why I was there. She was happy to see me, and immediately started to cry because she was in pain. What kind of pain was she in? She seemed perfectly fine when I walked in. Was she milking it for the attention, or had she been suppressing her pain, and I reminded her of it?

Worried about how I would ever be able to direct her in taking a history, I pulled up a chair next to her bed and asked her what brought her in today. To my surprise, she gave a very good history, and she answered my questions just fine. She cried throughout the interview, and I reassured her that since I was a student, I had all the time in the world. This seemed to comfort her, and she began to matter of factly tell me her history. Her parents were both alcoholics, her mother abusive. When her father passed away, her two brothers began to abuse her. She had suffered many broken bones, including her back, at their hands. Because of these injuries she was on disability from a very young age. She was never able to work. As with most victims of abuse she followed the pattern laid out for her by her family and married and abusive man...as I sat and listened to her, I couldn't help but to think how miserable her life looked on my little notebook. She wanted to be strong, she said she could do it all on her own and that she would be ok. I hope she is right.

After hearing all this, I made it down to the SH. Who lived at home with her...she lives alone, except now that she has been sick, she has been staying with her boyfriend. "Has your boyfriend ever hurt you?" fell out of my mouth, hmm, it actually fell out pretty well, she didn't seem bothered by the question, and reassured me that he had never physically or mentally abused her, and that she felt safe at home. I believed her, she was honest and candid in the rest of the interview, why would she lie now. I guess I will never really know. Did I want to believe her because my heart went out to her and I wanted her to have some happiness, or was I actually being completely objective and truly believed that her days of abuse were over?

Throughout this emotional ride, I did manage to characterize her pain and do a physical exam, and while her chief complaint may have nothing to with her past, I can't help but to think how much better her life could have been if she had been born into a different family. It has been a painful reminder of how lucky I have been in my own life. I only hope that I can share my fortune by being a competent and caring physician. ❑

Barry Staver

Truth or Consequences

by Thomas Weiler

Over the last few weeks, Truth or Consequences has shown me many things. This is a place where all the different peoples of New Mexico live and play. In this aquatic playground of the desert, there are residents and there are visitors. In my dealings with the visitors, I've learned that it's an integral part of the American dream to be able to escape the worries of modern life, head to this tiny town, and dip one's head in the healing waters of the Rio Grande.

I've also learned that sometimes it's an integral part of the American dream to chain smoke in your motel room while gazing admiringly over your 250 horsepower outboard motor strapped bravely to the stern of your custom-detailed boat. "Yes, sir, I do see the way your trailer matches your handsome fiberglass steed and I salute you for such congruity of design. The camo really does blend in with the camo such that I cannot discern where boat begins and trailer ends." It's breathtaking really.

But these travelers alongside whom I live in the Marina Suites Motel are not the true ambassadors of T or C. They don't stand for this small town beside the butte. That honor belongs to the patients of the Ben Archer Health Center.

Seeing children in our pediatric clinic has helped me catch a glimpse of the future of T or C. The future is more interesting to me than the present because it seems that at any given present in this dusty town, there isn't much going on. But when I look closer at each of my patients and at their parents, I see many different stories.

I remember a young boy brought in by his father who was the image of rodeo sensibility. He wore straight-legged wranglers and a ten gallon hat on top of his two gallon head. He answered with "yes ma'am's" and "no sir's" enough to stifle any city-boy cracks I could make about his manner of dress. You could tell he was going to be the spitting image of his father who was a hard working ranch hand.

I met a 6 month-old boy who will grow up speaking three languages as his attentive father peppered him with English, Spanish, and Zuni as I listened to his heart. This watchful man was so committed to his son that despite a lack of opportunities for him to grow and learn in this one horse town, I knew that his dad would help him overcome the limitations he might encounter.

But for every one of these hopeful characters, I see many sadder stories. I see many teenage girls coming in with no parent in sight, worrying about being pregnant. They look and dress older than their age, and their world-weary look tells me that they've already seen their share of hard times. It's then that I realize that in a town without opportunities for these young people to grow and learn, they can easily make decisions that can drastically impact their future without fully understanding the consequences.

Sadly, I've also seen single young fathers with no idea how to care for a baby and seemingly without the inclination to learn how. A man came to us with his 8 year-old son who had a BMI of 42. The father had recently been released from prison and wore an electronic parole monitor on his ankle along with a lost look on his face. When I asked the boy what kind of food he liked to eat, he replied with "Sonic, Pizza Hut, and McDonalds." Dad was proud of his son's more than healthy appetite and boasted that he would regularly eat off the adult menu. My preceptor and I tried to convey the health risks his son would be at if he continued down this path, but you could tell that little got though to this pair.

Seeing this medley of human nature, from the saintly to the grossly irresponsible, makes you wonder why people act the way they do. Some folks turn out to be amazing parents who help guide their children into happy and healthy lives. You can usually tell the moment you walk into the exam room when you have one of these families.

But some folks don't seem to get it, not even the simple things. It's really a mystery how there can be such a disparity between people who live in the same place, make the same money, and come from the same backgrounds. I think that what I've seen that this small town represents how things are in many clinics around the state.

Why people turn out to be the parents they are is as hard to figure out as why some people end up in T or C, a hardscrabble place with a lake and not much else. One night I met Steve, a restaurant owner, who told me his life story over a beer and his rendition of sweet and sour chicken. I was the only one in the place on a recent Tuesday night and he was feeling loquacious. After spinning me a yarn that spanned the considerable breadth of his travels he was concluding his odyssey. Steve turned to me, the only person in the place and said, "so there I was in San Francisco, my Honda Civic gets stolen, and that's how I ended up in T or C." I paused, but I didn't ask him to connect the dots, because I figured sometimes there just isn't an answer for those sort of things. ❑

On Lack of Filter

As he walks he's looking just
At ground and sky
He doing some kinda
PhD in sidewalk textures?
The intervening space of movement
– humans, animals, beautiful models (not human), pit bull weapons even
Now being jolts to his heart
To acknowledge only
Through the pretense
Of ignorance
His hiking stick held
With handle corner as snub-nose
Staking out his walking perimeter
With arm and stick held sideways, he chuckles
At the notion his downward eyes
May persuade the passing throng he may
RUN THEM OVER, someday
He will try to make eye contact
Yeah, with perfect strangers too
Not just his father

– Arun Ahuja

Margaret Menache

Cuoghi Edens, MSII