

# Morning Rounds

Category: Stories

written by Veronica Faller | February 26, 2016

## **Veronica Faller**

For my internal-medicine rotation as a third-year medical student, I was placed at Boston Medical Center, a large urban hospital that serves patients from all walks of life. My team included an attending, a pharmacist, a resident, two interns, two of my classmates and me.

Here is a snapshot of morning rounds with some of the patients I met, and of the emotions I experienced during my first weeks on the general-medicine ward. I refer to the patients by their illnesses not only for confidentiality but also to show how we sometimes identified them, despite our best intentions.

**My First Patient:** She comes in with altered mental status—confusion, sleepiness and memory loss—and she does not speak English. My resident tells me that she meets the criteria for [systemic inflammatory response syndrome](#), but at this moment, I can't remember what that means. My intern speculates about bacterial meningitis. My attending is concerned about viral encephalitis. They turn to me and ask me what I think. I can only contribute that she's constipated.

**The Heart-Failure Exacerbation:** My patient tells me that she loves her home, that she has all the help she needs and gets fed three meals a day. Later, outside the room, my resident tells me that she's homeless. He says that the shelter is not a good place: It's dirty, smelly and full of people with questionable hygiene. I realize that this is why she carries her prescription drugs inside a plastic shopping bag.

**The Sickle-Cell Patient With a Painful Crisis:** "I can't leave just yet," she says. What she really means is "I don't want to go home." I know this because when my attending reminds her that she has two small children waiting for her, she replies, "All I ever do is take care of them all day." She is exhausted and crying. I place a box of tissues in her lap. My attending suggests that we raise her dosage of pain medicine.

**The Lady Who Punched Her Bathroom Mirror:** Before we even meet her, the team is laughing at her story—at how many pills she swallowed and how she still wouldn't die. They call her a "walking pharmacy." They have no idea that I am one of her kind, that I understand exactly how it feels to despise my own reflection. I can't let them see the physical scars from my own war with sadness. I laugh with them for camouflage.

**The Potential Bone Infection:** I have followed him to the first floor for his bone-marrow biopsy, to see if he has an infection in his leg. While we wait, the nurses in the CT room inspect the pressure ulcers overlying his femur.

The wounds are deep and gaping, and I feel sick. When the procedure starts, he does not receive enough anesthetic. He spits at the dark-skinned attending physician and calls him a terrorist, causing an entirely different type of pain.

***The Crazy Lady:*** All she does is cry and say “I’m a bad person” again and again. My attending asks me to stay outside the room, because too many faces might overwhelm the patient. Through the door, I can hear her sobbing. We want psychiatry to take her onto their service. Psychiatry wants us to keep her until she is continent. Or was it competent? Her nursing home doesn’t want to take her back at all.

***The Amyloid Kidney:*** The biopsies tell us that every part of his body should be stiff or swollen with protein deposits, including his heart. This is not the case: His smile is warm, and he tells me jokes while I assess his fluid status. He tells me how much he loves his wife and how proud he is of his children. In fact, he reminds me of my dad. I almost forget that we’re in a hospital.

***The Newly Diagnosed Metastatic Skin Cancer:*** My patient, my intern and I are in a room with a Spanish interpreter on the speakerphone. Through the interpreter, my intern tells my patient that the treatment is not curative. The cancer is everywhere. “I’m sorry,” my intern says. As I press a plastic rosary into the patient’s hands, I realize that I am more distressed than he is. He smiles at me, squeezes my hand and says, “No tengo miedo a morir”—I am not afraid to die.

***The Kidney Infection:*** On day one, her small frame is shivering under five blankets. We place an IV, and antibiotics drip into her veins. On day two, her back isn’t so tender. We monitor her electrolytes, white blood-cell count and kidney function. On day three, she sits up, fresh from a shower, and asks me when lunch is coming. I wish every patient had a kidney infection.

***The Diabetic Guy With No Toes:*** We are about to cut out another piece of his body, but in the grand scheme of things we are saving his life. My attending enters first. “Hello, Doctor,” our patient says. Next, my resident walks in. “Hello, Doctor,” the patient says again. I come in last. “Hello, Doctor,” he says to me too.

For a split second, I glimpse my future—and I am both humbled by his faith and terrified by my responsibility.

#### **About the author:**

Veronica Faller is a third-year medical student at the Boston University School of Medicine. “This piece was originally written as a reflection assignment for my internal-medicine clerkship. I wanted to preserve the memory of exactly how I felt transitioning from the classroom to the clinical setting.”

#### **Story editor:**

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