

# Jell-O, Phone Calls and Other Small Stuff

Category: Stories

written by Rosie Mahoney | December 31, 2021



As I reflect on my year of clinical rotations as a medical student, my mind instantly conjures up some of the biggest moments I've experienced.

There have been euphoric highs, like delivering a beautiful baby girl to first-time parents on Mother's Day. And heartbreaking lows, like having a panic attack in the bathroom after a patient with psychosis shared his delusions about race with me.

On days with big moments like this, I feel as if I'm playing a role that I'm wholly unprepared for: being present for patients' life-altering moments, assisting in surgeries that change a person's anatomy forever and listening to stories that have never before been told.

On these days, without fail, I call my mom or my partner on my walk home. During these calls, I debrief and open up about the spectrum of human experience I'm witnessing. Those patients stay in my thoughts for a long time.

But one of the things I've struggled with this year is that sometimes a patient doesn't have big moments. Sometimes the day passes and I wonder whether we did anything to help them. Sometimes their health is deteriorating microscopically day by day, and one visit to the hospital will not change the trajectory of their life. Sometimes their physical health rests precariously on a crumbling foundation of poverty, abuse, isolation and heartache that we

cannot treat.

At the start of the year, I found these patients very frustrating. When I rotated on an internal-medicine service, I grew jaded very quickly. I noticed how often some patients bounced back into the hospital or failed to follow up with appointments or fell back into their previous patterns of substance use. In an attempt to avoid feeling attached, I spent less time in patients' rooms—and the days began to feel monotonous, empty and gray. As a medical student, I felt helpless, not knowing what role I could play in such a tangled web. I worried that we weren't doing enough for these patients, or that the system was so broken that we couldn't help even if we tried.

But in time, it was with these very patients that I began to feel most helpful. One of my patients was incarcerated, completely disabled and very lonely; I sat at his bedside and listened for an hour as he told me about his youth working on a farm in Tennessee. Emaciated and immobile, he shared stories of derring-do—rescuing cattle from deep mud and manipulating dangerous machinery.

One night shift at 4:30 am, I spooned cherry Jell-O into the mouth of a brand-new mama drenched in sweat (and a little loopy on pain meds) while she had a vaginal laceration repaired.

Every day for two weeks, I talked on the phone with a woman whose nineteen-year-old son had been hospitalized for first-break psychosis, updating her on how I was seeing more and more of her son's old self peek through the illness.

For one gentleman, I sat on hold with the hospital's IT department, waiting to set up the patient portal on his phone so he could find out the results of his HIV test.

I befriended a nurse and helped her move a patient to the commode and back every two hours; during these trips, the patient told me the meanings of her children's names and confided her aspirations to be a better mother after the hospitalization ended.

Reflecting on these experiences, I was reminded of what my own mom often told me and my five siblings growing up.

"Don't poison the soup," she'd say. "Each of us is a different ingredient in the soup; we can make it tasty, but we can also spoil the whole batch with a bad attitude or a harsh word."

I realized that the same principle applies in the hospital. We each start the day with a choice and the chance to bring joy to those whom we encounter.

Coming into medicine, I thought that being a doctor was about being there for the big moments, when everything is chaotic, lives are on the line and your hands are there to save someone. But the reality is that we are also our patients' caregivers through all the *little* moments, the small acts of service—the trips to the nutrition room for graham crackers, the phone calls and faxes and all the super-unglamorous stuff.

Now I no longer feel frustrated by a day that's made up of small moments. Yes, I still get angry at a healthcare system that seems, at times, like it's setting everyone up to fail—patients and providers alike. But I've learned that I can play a role in making every day count.

On those days, I don't call anyone on my walk home. I take the scenic way through the trees, listening to music, thinking about how privileged I am to be in the hospital—to be a tiny part of making someone more comfortable or more safe or more heard. I realize now that I'd been naïve to think that hospitalization would not alter the trajectory of my patients' lives. Because it can. And sometimes, as I've learned, it's just about altering the course of someone's day.

I hope never to be a doctor who's too busy to pour a Sprite for a patient or to grab an extra blanket for them. I know that one day I'll be a resident, and then an attending physician. When that time comes, I'll be a part of the bigger moments more often. But I don't want to lose sight of how important these "small" moments can be, and how great an impact they may have on the people I care for.

I want to hold on to this feeling.