The Cystic Fibrosis Clinic

Category: COVID-19
written by Vismaya Bachu | April 8, 2020

There were happy tears in the clinic that day. Our patient, Jane Doe, was finally approved to take the new cystic fibrosis medication. As the air went in through her nose, the stark realization set in that she had never until this point been able to take a truly deep breath.

But just when she thought her days of lung problems were behind her, a public health emergency for COVID-19 was declared.

As a first-year medical student, I have limited windows to interact with patients in a clinical capacity. One of my most cherished opportunities came when I was assigned to refine my “doctoring” skills in a cystic fibrosis clinic. Though initially just shadowing, within a month, I had transitioned to meeting patients independently and taking their histories.

As I grew more comfortable in this new role, I began to supplement the boilerplate medical interviews with open-ended questions and discussion. It became evident that, given enough time and space, many of those I spoke to wanted to share more than just health-related details. They wanted me to understand cystic fibrosis in the context of their life rather than their life in the context of cystic fibrosis. And one of those patients was the aforementioned Jane Doe.

When listening to her story, I sympathized with how she was trying to conceive with her husband but was also worried about her future baby’s diagnosis. I understood her frustration when she mentioned how many different medications she had tried that only marginally improved quality of life. And I rejoiced when she described the first time ever she was able to take a full breath without coughing.

Stories like these were common in the cystic fibrosis clinic. But the unpredictable nature of medicine mirrors that of life. Just as I began developing a newfound excitement over my chosen profession and the patients I had the privilege to interact with, COVID-19 emerged. And as upper-year medical students were pulled out of clinical rotations, first-years were understandably removed from the hospital setting as well.

We are now immersed in online classes, away from the clinics, the hospitals and the medical school. The transition has been hard. What I miss the most are the people. I find myself pondering the snippets of their life that patients shared with me in the cystic fibrosis clinic, and I hope to be able to interact with them again soon. Until then, I will carry pieces of their stories with me and treasure their impact on the physician I will one day become.

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