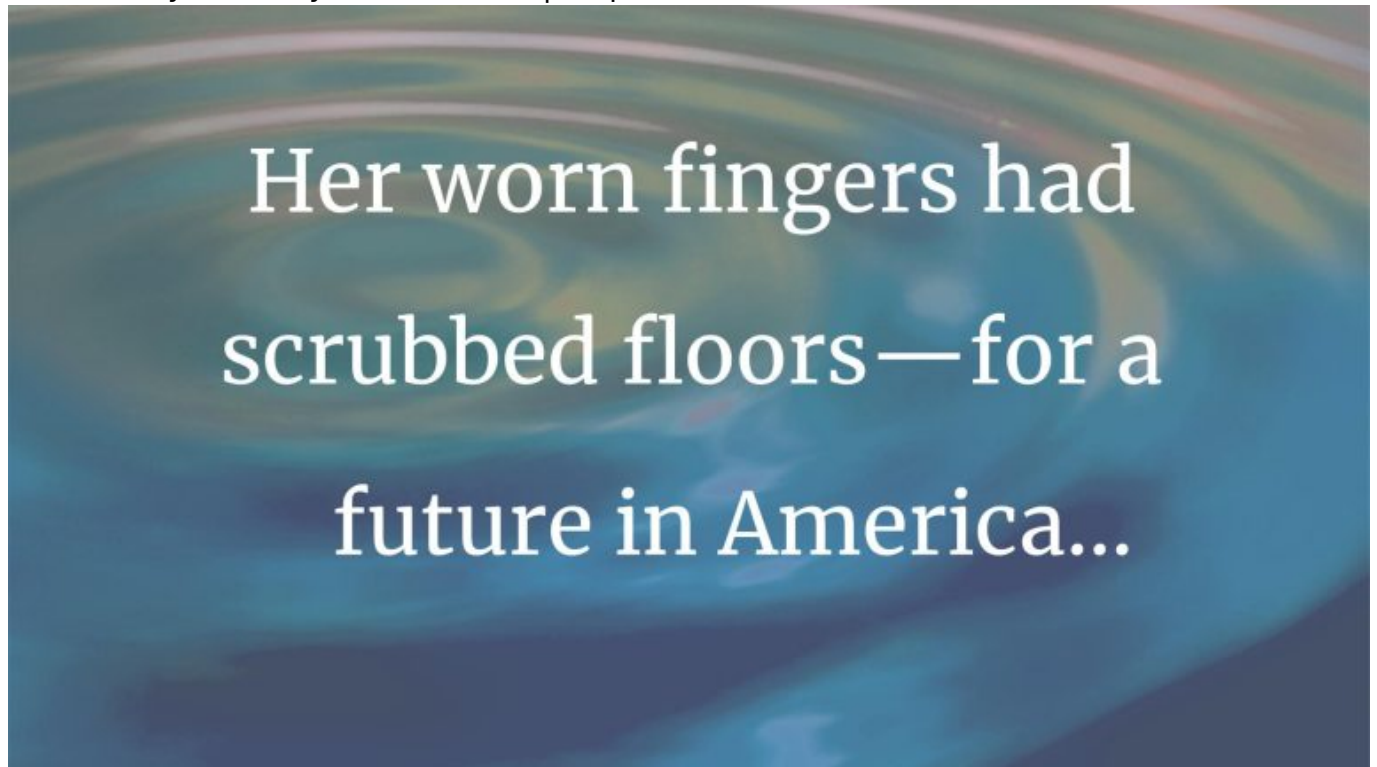


Beyond the EMR

Category: Stories

written by Anthony P. Gulotta | September 20, 2024



Squeak...Squeak...Squeak...

I stood against a wall in a narrow hallway to avoid blocking a meal cart passing through on its morning voyage. Inside this cart were a series of compartments, each containing a tray bearing a hospitalized patient's breakfast. My attending physician stood beside me, inspecting a list of patients' names as the cart rolled past.

Squeak...Squeak...Squeak...

"That's a good case for a med student," my attending declared, gesturing at a name on the paper. "Take this one."

As a third-year medical student, I was tasked with following this patient's clinical progress throughout the month and investigating the pathophysiology of any underlying diseases. With the name jotted and my notebook snapped closed, I raced to the nearest computer.

Today was the day: the start of my first internal-medicine rotation, where aspiring doctors start learning the symphony of illness and treatment. The electronic medical record (EMR) loomed on the computer screen, an intimidating passageway into this patient's clinical history.

I felt inexperienced and scared. My fingers floated above the keyboard, paralyzed by fear.

What if this case is too complicated for me? I agonized. What if I miss

something crucial? What if I sound like a blundering fool in front of my attending?

I carefully examined the EMR, clicking and scrolling. My patient, Ms. Valbuena, was an elderly woman coping with multiple severe health problems. For weeks she'd resided in the hospital—and, ironically, the longer she stayed, the more her condition deteriorated. The doctors were locked in a losing battle against her myriad ailments.

Meeting Ms. Valbuena for the first time added a human dimension to the EMR. She rested in a hospital bed, a nasal tube supplying her with supplemental oxygen. The sunlight slanting through the window accentuated her gaunt, sickly contours. Though frail and weary, she still managed a kind smile as I introduced myself.

Over the next month, as a part of my duties, I visited Ms. Valbuena each day to conduct a medical assessment, and when I'd finished, we'd chat. Our conversations covered more than just her health; they also embraced the life she had lived.

I learned that although she was now feeble and bedridden, adversity was nothing new to her.

"I grew up in a tiny village in Latin America," she said, her voice filled with a quiet strength. "We were poor, really poor. As the oldest of a big family, I kind of became a second mom. No time for playing around. It was work, work, work."

They lacked running water and electricity, and they often went hungry.

"We didn't have a thing," she told me. "No water, no lights. Food was a luxury. I'd watch my little brothers and sisters, their eyes all big, and I'd just give them most of mine."

As her prognosis worsened, she continued sharing stories—*anecdotes* of resilience, the memories of a young woman who'd braved a strange new world in search of a better life. With her son, she had emigrated to the United States, a land of opportunity and promise.

Working long hours had been the price of her son's school supplies and basketball sneakers—*essentials* purchased with the grit of her sacrifice. Her worn fingers had scrubbed floors—not just for cleanliness but for a future in America, where her son's dreams could become a reality.

Etched in gold on her heart was the memory of the day she watched him cross the stage, a college diploma grasped in his hands. In that moment, the years of labor, the nights spent battling fatigue, all faded.

"Seeing my son graduate was the happiest day of my life. All the hard work was worth it," she said joyfully.

Listening to Ms. Valbuena's stories, I felt a deep sense of admiration and respect. Her resilience in the face of hardship was nothing short of

inspiring, and her unfailing dedication to the well-being of others revealed her selfless nature. It was impossible not to feel a genuine affection for her.

As Ms. Valbuena and I talked, I began to grasp how pitifully incomplete the EMR was. It held her vitals, labs and medications—a mass of medical data derived from countless notes. Yet it lacked the threads of her life, the experiences that had shaped her as a person. Ms. Valbuena was not just a sick patient; she was a woman of remarkable strength and character—qualities that the EMR could never capture.

During the final week of the rotation, Ms. Valbuena experienced intense pain, with no prospect of recovery. After careful deliberation with her family and the medical team, she opted for end-of-life care, which significantly eased her discomfort and made her final days more peaceful.

After spending so much time with Ms. Valbuena, and despite being a mere medical student, I felt a strong connection to her. I longed to offer her a proper goodbye. Unfortunately, my hospital duties prevented me from visiting her on her final morning, and by the time I reached her room, she had already passed away.

But she left me with an undying sense of gratitude.

Ms. Valbuena taught me a lot, and I'm a better doctor because of it. She taught me the importance of developing real and compassionate relationships with patients, and the importance of going beyond the EMR.

And thanks to her, I became a little more ready to travel the road of medicine: one patient, one diagnosis, one story at a time.