

# Healing Words

Category: Stories

written by Gretchen Winter | January 6, 2012

## **Gretchen Winter**

As a physician-in-training, I find joy in helping to ease pain and occasionally cure illness. But I often find my greatest sense of purpose in helping patients to heal emotionally, whether by allaying a patient's fears, addressing a lingering concern or lending a listening ear.

Having majored in communications in college, I'd assumed that the patient-physician relationship would be the easy part of medicine. I've learned, though, that getting it right isn't always easy.

An encounter with a patient named Mary Collins brought this lesson home to me.

As a third-year medical student, just finishing the third week of my family medicine clerkship at a community health center, I was starting to feel competent at performing the basic history and exam.

It was a Friday afternoon, and Ms. Collins was my last patient of the day. She was a timid-looking woman of forty-three, clad in loose jeans and a T-shirt.

Steadily, I worked through the requisite questions: "Do you have any chest pain?...Do you get blurry vision with your headaches?"

When Ms. Collins said that she had a buzzing noise in her ear, my mind began ticking off the possible diagnoses: presbycusis (age-related hearing loss); Meniere's disease (an inner ear disorder); fluid in the middle ear; or even (my greatest fear) a live cockroach in the ear canal.

I asked the appropriate questions, then did a quick review of her past medical history.

"I see that you've been diagnosed with herpes," I said.

"Yes," she answered, shifting uncomfortably on the examination table.

As we talked, I began to notice how flat her affect was. *She seems so lifeless, so lost*, I thought.

"What kinds of stress are you feeling these days?" I asked.

"Well, I have money worries," she said. "I'm living alone now, and there's just a lot to do all the time. You know, everyone is stressed right now with this economy..." Her voice trailed off. A look of defeat settled over her face.

Before beginning the physical exam, I asked one last question: "How long have you been living alone?"

She hesitated. "Since May, when I got a divorce."

Another pause. "The herpes was the reason. He was cheating on me."

I wasn't sure how to respond. What a painful truth...What should I say? Something appropriate—something to put her at ease. I pictured myself in her position and felt my stomach turn. I could imagine how vulnerable she felt, and it pained me to see her so broken.

Gently, I placed a hand on her knee and waited.

"I don't..." she stopped, tears in her eyes.

"I don't know what to do. I'm angry all the time, and I can't tell anyone. And I'm alone. I'm alone, and I can't be with anyone again. I don't know what to do."

She wiped her cheek, then looked down.

"I'm so ashamed," she whispered.

My mind was a blur, speeding through half-responses faster than I could mentally finish them. *This poor woman. That jerk...how could he? Why does she have to feel bad when he's the one who...What do I say? WHAT do I say?*

She interrupted my thoughts: "If I ever meet someone else, how can I ever tell him about this?" she asked, and looked straight at me.

*She actually wants an answer,* I realized with a shock.

I took a deep breath and opened my mouth, not entirely sure what would come out.

"It's normal to feel like this, but it's not your fault," I said. "Many, many people are living with herpes—more than you'd imagine. When you do find another man, and when it becomes important for him to know about your condition, he'll already know your story. He'll know that it's not your fault," I ended softly. "There's still plenty of room in your life for a beautiful future."

Now it was my turn to stop talking and look her in the eye.

I felt proud of myself for remembering the communication techniques—normalize the patient's experience, use silence to encourage the patient to continue—I'd learned two years earlier in my history-taking and physical examination class. But I also worried that I'd said something wrong or inappropriate.

Ms. Collins took a deep breath.

She didn't say, "Thanks for being a great communicator," or "Now I'm fine and completely unconcerned about this issue, because you knew the exact right thing to say." Still, I felt a sensation of lightening up, of tumultuous feelings becoming a little more peaceful.

"Would you be interested in speaking to a counselor?" I asked.

She shook her head. "Not right now."

I offered a smile. "Well, the offer stands if you feel it would be beneficial in the future." Then I picked up the otoscope to begin the physical exam.

A week later my family medicine clerkship came to an end, and I never saw Ms. Collins again. But I found myself thinking about her often in the weeks and months that followed. I wondered if I could have done more to help her, if she still feels alone and fearful, and if the ringing in her ears has improved.

My patients frequently run through my mind as I question my antibiotic choice or remind myself to follow up on MRI results, but Ms. Collins has stuck with me for a different reason. In her case, there was no textbook answer. She represented a healing opportunity that was supposedly within my skill set, and yet I felt so lost.

But I did try—and I know that I'll have many more chances to practice. I've realized that many people come to the doctor's office seeking an emotional connection as much as physical healing, and that this connection is where I find my satisfaction—and hope—as I leave the office.

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

Gretchen Winter is a fourth-year medical student at Baylor College of Medicine in Houston, Texas, and is currently applying for a combined residency in internal medicine and pediatrics. Her interest in writing started early in life, with her first poem ("Free") written in fifth grade during a recess for which she was staying inside as punishment. "I often use writing to process the thoughts and emotions that the practice of medicine—and life—evoke."

#### **Story editor:**

Diane Guernsey