

Medicine Land Celebrates a Birthday

Category: Stories

written by Paul Gross | April 29, 2011

Paul Gross

The first real patient of my medical career was a 60-year-old man in the surgical intensive care unit. I met him on the first day of the third year of medical school, when students join teams of doctors doing inpatient medicine.

The surgical team met at 7:00 am—a ludicrously early hour, I thought. There were nearly ten of us—four students, a couple of interns and senior residents and a chief resident.

As the team gathered around the patient's bed, we students hung back, looking at the form before us. A pale, fleshy foot poked out from under his hospital gown. The room smelled funny.

The patient was comatose. Had he been awake and alert, he might not have been heartened by our team's assessment, which was swift and automatic. In a telegraphic blur a resident recounted this poor man's dismal hospital course, which included postoperative complications, and rattled off lab results. An intern picked up a clipboard from the edge of the bed and recited vital signs. A senior resident palpated the man's abdomen.

The chief resident looked in our direction. "Listen to the lungs!" he barked. Startled, we jumped and began fumbling with our stethoscopes.

With his gown pulled up to his neck, the patient looked freakishly colorless and bloated, genitals exposed, a catheter draining pale urine. I imagined a drowning victim washed ashore.

"Still spiking," the chief muttered. "Order a gallium scan." This was a test used, I later learned, to find pockets of hidden inflammation.

"Waste of time," said a resident.

"Attending wants it."

Is this man going to live? I wondered. Their dismissive tones made me think not.

And—*bang!*—we were out the door, racing to keep up.

For some, the first days of third-year were heady stuff. Fresh white coats. Stethoscopes slung carelessly over our necks. Touching patients, ordering tests, scrubbing in on surgical procedures...*This is it—real-life medicine!*

For others, the first days were a splash of cold water. *This is it? This is medicine?* Rushing through a patient's rooms in a ridiculous posse—without taking the time to talk or listen? Turning on our heels as he said feebly,

“Hey, wait a minute...” Ordering tests that aggravated the sick—and often enough provided no useful information? Causing pain with botched attempts at placing IVs or drawing blood?

During that first rotation, one of our patients complained, with increasing urgency, that her urinary catheter was hurting. From one day to the next our team rushed on—her numbers were okay, after all—until, in frustration, her family finally packed her up and took her downstairs to the emergency room.

We only realized she’d gone missing when the ER called the floor. “Uh, we’ve got your patient down here.” We retrieved her and discovered, upon examination, a bladder swollen like a ripe melon: the catheter was obstructed.

Gosh! She really was in pain! we exclaimed silently.

While this episode might have taught us a lesson about humility and actually listening to patients, our team did not, as far as I could see, choose to learn it. Listening simply took too long.

When I told this story to friends, I laughed—not at the patient, but at this irrational system I was now a part of.

I was also laughing ruefully at my own predicament. I’d imagined becoming a physician in the mode of *Marcus Welby*—kindly and concerned—but instead found myself in a landscape torn from the chaotic, cynical pages of *Catch-22*.

Did I get on the wrong bus? I’d thought I was headed toward the Realm of Helpful Compassion, but instead found myself wandering Crazy Medicine Land.

As I scribbled a medical note, it occurred to me that the story I was recording—*48 y.o. woman presents to ER with abdominal pain x 2 days*—was but a tiny part of her tale, and maybe the least interesting one at that.

And what about my own visceral shock and dismay at the suffering I was encountering up close? These were the early days of the AIDS epidemic, when people my age arrived in the hospital emaciated and deathly ill, coughing and short of breath, with fevers, seizures and diarrhea.

We poked and prodded, but could not save them.

What about my own misgivings? My worry that I’d never be any good at this doctoring thing? My second thoughts about the whole enterprise?

This month, *Pulse* turns three years old. Those of us who launched *Pulse* hoped that it would be a place where we could tell a more complete story of medicine—or at least more aspects than are revealed in progress notes, medical journals or the popular press.

We’ve enjoyed a number of highlights in our journey: *Pulse* coverage in the [Wall Street Journal](#), [Washington Post](#) and [Los Angeles Times](#). An effusive letter from Dr. Donald Berwick, the Obama Administration’s head of Medicare and Medicaid Services. A glowing review of our *Pulse* anthology in [JAMA](#).

Another in the [*Annals of Behavioral Science in Medical Education*](#) that concluded: "This book should be on the shelf of every medical educator."

We've been proud and gratified to receive such praise. But there are even bigger thrills:

A submission that begins, "I've never told this story to anyone..."

And appreciative comments from friends, colleagues and strangers: "I just discovered this amazing publication...I look forward to Friday afternoons...This piece reminded me of why I need *Pulse*...You are doing a phenomenal thing for our profession, truly..."

Of course, all these warm sentiments wouldn't mean as much if *Pulse* weren't reaching an ever-growing number of readers. Within two weeks, *Pulse's* circulation will surpass 6,000 readers, triple the readership of our first issue in 2008.

Perhaps you'd like to add to *Pulse's* reach and influence? If among your colleagues, friends and family there are sensitive, fearless souls who would love *Pulse* or have stories to tell, give a click—[Give Pulse to a Friend](#)—and grace them with a subscription.

In the months ahead, you'll be hearing more from us. As *Pulse's* readership grows, we're working on ways to keep this unique venture thriving and expanding. And on strategies for connecting *Pulse* readers with one another.

We may be asking you for feedback—what you like about *Pulse* and how we might do things better.

We'll be telling you about *Pulse's* bid for independence and about collaborations that will help you support *Pulse*.

We'll be introducing some new initiatives. Diane Guernsey, our executive editor, has been lobbying since forever for a *Pulse* haiku contest.

Stephen Yorke, our web developer, has been under the hood with his toolbox. Care to update your *Pulse* e-mail address? Soon you'll be able to.

And within a couple of months, poetry editors Johanna Shapiro and Judy Schaefer will be making their annual call for poetry submissions.

Stay tuned for more...

And in the meantime, we hope that the springtime brings good things to you and your loved ones.

With kind regards,

Paul Gross
Editor-in-Chief

As edited by...

Diane Guernsey
Executive Editor