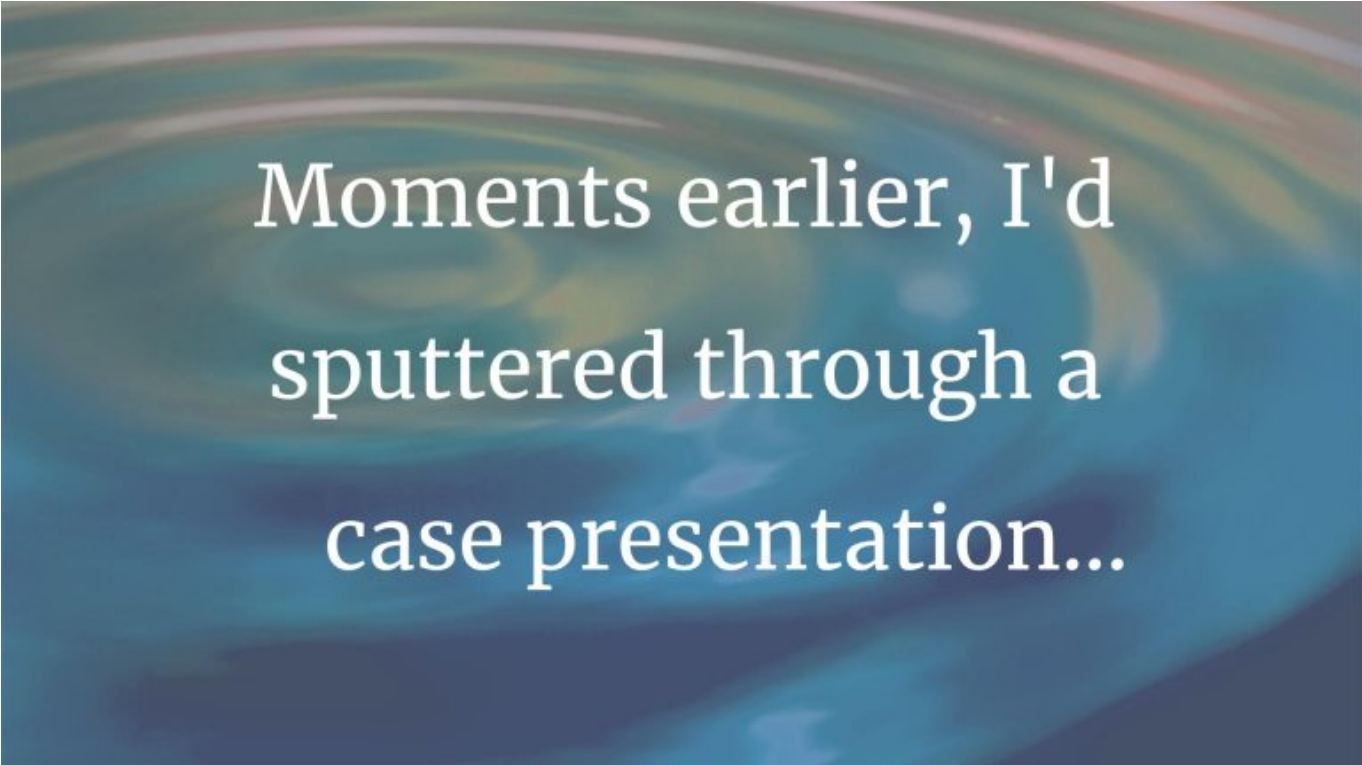


Overcoming a Stammer

Category: Stories

written by Orlando M. Martinez | November 12, 2024



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sputtered through a
case presentation...

Editor's Note: This piece was a finalist in the Pulse writing contest, "On Being Different."

Teary-eyed and a bit shaken, I hovered outside the room of our next patient, Ms. Robinson. She needed a lumbar puncture, and I was there as a medical student on rotation to observe the inpatient neurology team carry out the procedure.

Moments earlier, out here in the hallway, I'd sputtered through a case presentation to the open displeasure of my attending physician. I hadn't been sure how my lifelong stammer would influence my experience on the wards; now I found out.

My attending had made it clear that atypical vocal cadences are not the norm in medicine, nor are they tolerated. Miserably, I wondered if my stammer would continue to cause problems in future interactions with my superiors—or, worse, during my efforts to form a bond with my future patients.

As we prepared to enter Ms. Robinson's room, a resident named Sabrina, who'd become my ally, told me, "She's recently become severely disoriented, presumably because of her illness. To identify the specific neurological culprit, we needed to extract a sample of her spinal fluid—but if she struggles during the tap, she may harm herself." I nodded. At the best of times, a lumbar puncture requires great precision; a restless patient can render the procedure nearly impossible.

I'd just lost all of my self-confidence outside the room's sliding glass door, but no matter: I was assigned the only task I was qualified for—calming Ms. Robinson in order to facilitate the lumbar puncture.

This put me in a difficult spot: I had to quickly establish a connection with an agitated woman I'd never met, to help her tolerate the pain of a needle penetrating her lower back.

I waited while Sabrina sterilized the field and prepared the instruments: Those two minutes felt like an eternity.

Ironically, having eagerly looked forward to this type of immersive experience, I now felt intimidated by the situation and the setting, with its constant computer beeps and pungent smell of bleach.

How could Ms. Robinson find a stranger's stammering, uncertain words soothing? I wondered.

I started the only way I knew how.

"Good morning, Ms. Robinson," I said from across the room. "My name is Orlando Martinez." (In working around my stutter for many years, I've learned that my name is something I can say easily.)

"My middle name is Michael," I added. "After the great Michael Jordan."

Before my birth, my grandfather had lobbied my mother to make Michael my *first* name. He'd happily accepted this postpartum compromise—and when my mom wasn't around, he always called me Michael.

Ms. Robinson smiled. Approaching her bed, I knelt to meet her eyes, a technique gleaned from an attending physician who'd said: "It sends a clear message that you're present in the moment."

"Hello," Ms. Robinson said. But when Sabrina began the procedure, Ms. Robinson started thrashing about, looking scared and confused, her body flailing to avoid the needle. I felt my hard-won skills abandoning me, the situation slipping from my grasp.

Panicking, I looked around, and my gaze landed on a photograph taped to the bedrail: a smiling young woman holding a baby boy.

The picture evoked a surge of childhood memories: As the firstborn son of a single mother, I know all too well the strength of the mother-son bond. Encouraged, I grasped at that knowledge as a way into Ms. Robinson's wandering attention.

Still kneeling, I placed a hand on her restless arm, then grasped one of her hands.

"How is your son doing these days?" I said confidently. Hearing these words, she quieted and lay perfectly still.

“My son?” she asked, making me briefly wonder if I’d accidentally garbled my words. Then she said: “He’s getting smart with me lately.” □□Ms. Robinson may have been a bit confused mentally, but her maternal instincts were perfectly intact.

“He just started at a new school,” she went on. “He’s very bright, but he misses his old friends, which means that all I hear at home are sarcastic comments.”

“Oh, I know how hard it can be to change schools,” I said. I myself had done so frequently in search of a school that would foster my ambitions while also supporting my weaknesses.

We kept talking, our conversation flowing smoothly from one topic to another. The ease with which I spoke, coupled with Ms. Robinson’s desire to hear my words and to respond in turn, created the ideal conditions for Sabrina and the team to complete the procedure.

As they finished, I felt such relief. For the first time since I’d been on the wards, I had successfully carried out a task that facilitated my team’s success. Rather than delay rounds, I’d actually expedited them.

As I exited the room with the vial of the crucial fluid sample in my grasp, I realized the power of the patient-physician relationship. From that perspective, it didn’t matter that my stammer sometimes makes verbal communication difficult.

Other providers might use their words in ways that create a verbal connection with patients; for my part, I had discovered another, equally beneficial way to forge an emotional bond.

Ms. Robinson’s deep, abiding love for her children, even in the face of a debilitating illness, had inspired me to reclaim the courage that my stammer had stolen.

As I continue my medical-education journey, I fully expect to face other situations that will expose and accentuate my difficulties with speaking. When that happens, I resolve to remember the relationship-building powers that I discovered with Ms. Robinson.

I will especially remember the moment when the procedure was mercifully over—when the last drop of cerebrospinal fluid had dripped from the needle, and Ms. Robinson, tightening her grip on my hand, had unknowingly echoed my grandfather, saying:

“Thank you, Michael.”