

Right Coat Ceremony

Category: Stories

written by Shadi Ahmadmehrabi | August 31, 2018

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It was my first day of orientation at medical school. In a hallway stood a coat rack overflowing with white garments. I set down my accumulated papers, reached for a hanger and, for the first time ever, shrugged first one arm and then the other into a white coat.

It was too large, but I had no other options. The unisex coats ran from XXS to XXL, but the smallest had all been claimed.

As I clumsily buttoned my coat on the right (women's coats button on the left), I couldn't help seeing this as a physical reminder that, as my mentors had warned, medicine continues to be male-dominated, and that I'd need to pick my battles.

Tucking my hijab inside the collar, I looked around at my male classmates, whose collars fit neatly within their lapels and whose ties created a perfect symmetry with the coats' triangular necklines. My female classmates were a different story: Bits of cardigan peeked from their sleeves, frilly blouses spilled over their lapels, headscarves bunched up around their collars. As nervous as I was, I found this heterogeneity very fitting—a mosaic of people and looks, mirroring the diverse population of patients we'd one day serve.

A week later, my classmates and I officially received our chosen coats in the school's white-coat ceremony. Then we tucked them away for safekeeping. A few months later, we put them on again—this time, to interview hospital patients for the first time.

As a first-year medical student, I felt like an understudy who'd been given the lead character's costume and thrown onstage to act a part for which I wasn't prepared.

I found myself asking my patients questions that, in any other context, would be considered rude and invasive. I had a paranoid feeling that they saw right through me.

They're just playing along with my charade—indulging me by letting me listen to their lungs and ask about their paternal grandmother's diabetes, I fretted.

But rather than rebuffing me, they answered my questions—because I looked the part.

After these encounters, I'd take off the white coat as soon as I could. I'd carry it in my hands on the walk between the parking lot and the hospital. I felt undeserving.

I felt tempted to diagnose myself with imposter syndrome, especially when I saw classmates confidently wearing their white coats while studying in the library. But an inner voice kept asking: *When you get right down to it, we actually are imposters, aren't we?*

This started to change on the day when I interviewed one of my preceptor Dr. Gupta's patients.

Dana, age seventy-five, had come in for a diabetes follow-up. Her smile was outlined in bright red lipstick that matched her pilled sweater. She told me about her two sons, and we discovered a shared love of *Jeopardy!*

Now I asked, "What's a regular day like for you?"

She gazed at me for a moment, then said, "I watch television most of the day. I try to take care of the house, but I get tired quickly."

"Does anyone else live at home with you?" I asked.

"No," she said. "One of my sons is out of state, and the other lives an hour away. The house is too big to manage by myself...especially since my husband Mark died, two years ago. Now I only go out to the grocery store, or to doctor's appointments."

As she spoke, her grief spilled into the sterile exam room, expressed in subtle dips in her perky tone and slightly too long glances at the ceiling.

"What doctors are you seeing?" I asked, expecting her to lash out at me for not knowing her chart.

She reeled off their names and specialties. "But none of them can cure me," she finished.

"What do you mean?"

"They can't fix a broken heart," she said, voice cracking.

I looked up from my notepad and straight into her tear-clouded, deep green eyes. In my head, I ran through the phrases and questions I'd practiced, but none seemed appropriate.

Luckily, this gave Dana enough time to resume talking. That was the first lesson I learned from her: Pauses speak volumes.

"They can't fix a broken heart," she repeated. "There's medications for my diabetes, my blood pressure, my kidneys. There's no medication for feeling alone. I don't even want to take my meds anymore. I just want to be reunited with my husband."

Overhead, the fluorescent lamps burned like spotlights. I started to sweat. I wiped my hands on my white coat; it felt bigger and more ill-fitting than ever.

"Do you have friends or family you've shared this with?" I asked.

"My friends don't visit anymore," she said. "After Mark died, there were casseroles and house visits every day. Then those same people came less and less. Six months later, it was like no one cared about me anymore. It really makes you think: *Did they like me just because of my husband?* And I don't want to burden my sons. They help with the bills; they don't need to know about all this."

Wordlessly, I handed her a tissue.

"You asked me how I spend my day...This is how," she said. "I just wait for the day to end. Then I get into the bed I shared with my husband for fifty-six years, and it starts all over again."

"Would it help to talk with Dr. Gupta about this?" I asked.

"I don't want to be put on antidepressants. Please don't tell her. I'll just deal with this on my own."

I asked if she'd thought of joining a support group or seeking counseling.

"Would my insurance cover it?" she asked. I didn't know.

"The best way to get the answers you need is to talk with Dr. Gupta," I told her. "We'll work as a team to come up with a plan that works for you." I felt cheap reciting this line, which I'd used in so many practice interviews—but this time I meant it.

Finally, after we'd talked a bit more, Dana agreed to tell Dr. Gupta what she'd shared with me.

Feeling relieved, I stood up to go and get my preceptor.

"I'm glad you're going to be a doctor," Dana said. Her gentle tone reminded me of my grandmother. She flashed a smile, tear tracks streaking her makeup, then looked down at her feet.

I'm glad, too, I thought. I reflected that, at this stage of training, I can't offer much in the way of diagnoses or treatments—but I do have something worth cherishing: the time to just listen.

Now, when I come home from clinic and drape my white coat over my desk chair, it feels right for the coat to be there. I take my bold floral notepad out of a coat pocket and review every patient I've seen that day. I try to recall the lessons each one has taught me, scientific or not, and I feel thankful for meeting so many teachers.

When I sit down to study, the coat's buttons press against my back, silently urging me through my final pages of reading.

They keep me feeling hopeful for the day when I'll be able to put on my white coat with no hesitation at all—when I'll feel that I've really earned it,

that it feels comfortable, that it's actually the right coat for me.

About the author:

Shadi Ahmadmehrabi is a third-year medical student at Cleveland Clinic Lerner College of Medicine. She received her bachelor's degree in engineering from Case Western Reserve University and is now completing a dual MD/MS degree in clinical research. "Going through medical training is a thrilling experience, and it seems to be going by so fast. Writing helps me to find deeper meaning in my daily life and makes time slow down. I'm grateful to be in a program that encourages reflective practice and creative expression."

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