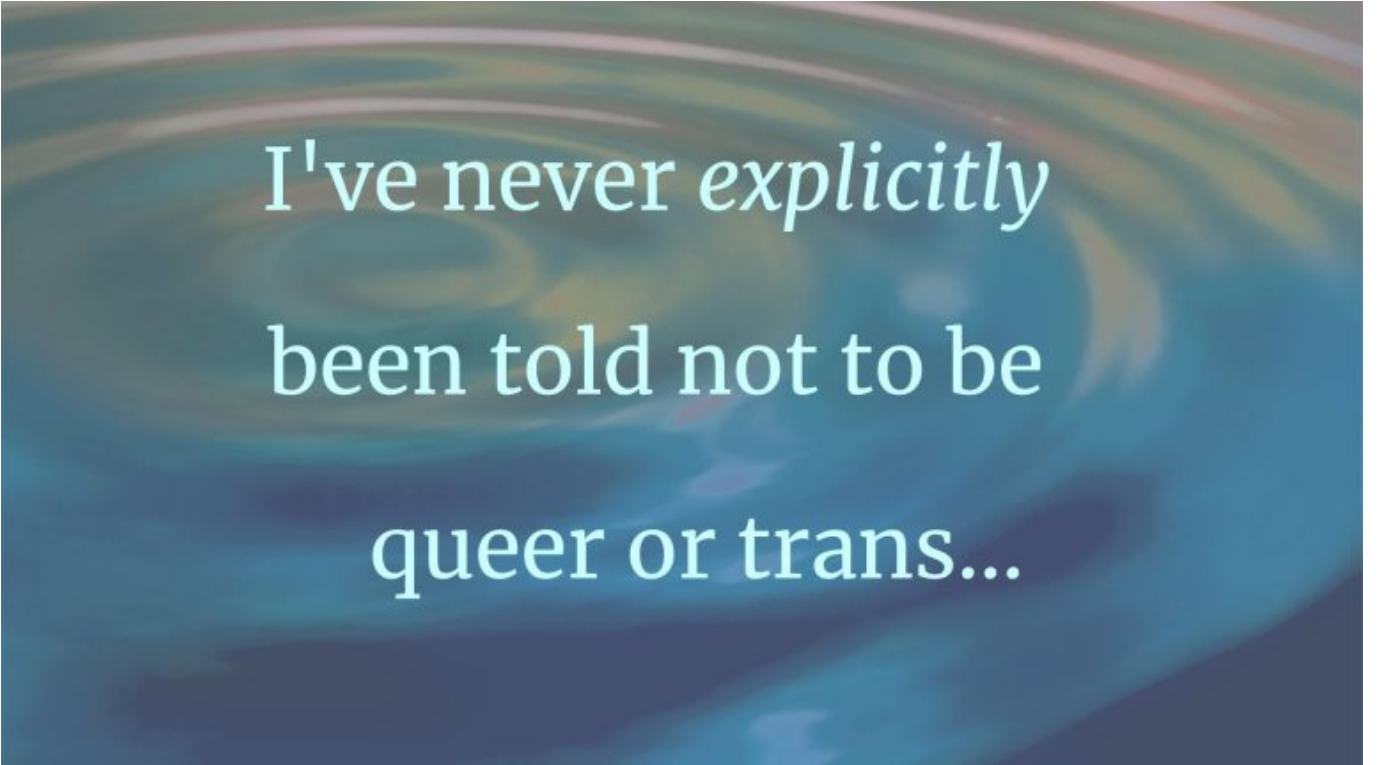


What's Left Unsaid

Category: Stories

written by Leighton Schreyer | July 23, 2024



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been told not to be
queer or trans...

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

Standing with the rest of the medical team outside the hospital room of our first patient of the day, the attending physician nods impatiently at the resident to get started with morning rounds.

"Right, uh," she fumbles, before finding her footing. "Philippe Dubois. Twelve-year-old boy with Duchenne muscular dystrophy. Here from Québec with his father for annual follow-up. No change in medications..."

As a first-year medical student, I've already watched enough medical dramas to know that this is how reports are given—in cold, clipped sentences that reduce people to patients, patients to diseases, diseases to signs and symptoms and stereotypes. Rich life stories lost in translation.

Suddenly, Philippe is no longer a teenager who stays up too late playing video games, or an older brother who pushes his sister's buttons one time too many, as siblings do. Instead, he's simply a body with failing limbs, a serpentine spine and lungs that leave him gasping for breath.

The attending physician has rushed in at 9:10, characteristically late. The resident and I have already assessed Philippe. Well, the resident assessed him; I watched, trying my best to be what I'm supposed to be: a shadow.

The resident tested Philippe's strength, asking him to resist as she pulled

his arms this way and that—turning him into a marionette whose limbs succumbed to the gentlest force. She checked his vitals, reviewed his labs, tapped a tendon or two, then took his history before we scurried back out the door to await the attending. All the while, I've stayed in the shadows, trying not to be a burden or an inconvenience—or at least to lessen the burden and inconvenience that I know I am, not just by virtue of being a student, but by being myself.

Different, that is. Odd, one might say. Or strange. Queer. Trans, better yet.

I was raised to believe that children should be seen and not heard. In my house, politeness was paramount; good etiquette, essential. Table manners were especially important. Every night at dinner I was reminded to sit up, sit straight, to keep my hands on the table, my elbows off, to eat with a fork and knife, not to speak with my mouth full, to chew with it closed, to ask to be excused, and on and on. I learned to communicate my competence with a (firm) handshake and knew what was expected of me without needing to be told. I was to be perfect, smart and successful (whatever that meant).

In a way, my upbringing helped to prepare me for medical school, where one of the first things I learned was that professionalism is key to success. And professionalism, in this case, means wearing crisp white dress shirts and modest ties, pants with pressed creases, dark socks and dark shoes—preferably Oxfords or brogues with ornate stitching. It means being clean-cut, tidy and trim, not a hair out of place; no piercings, no tattoos, no spunk in your step. Students are to speak when spoken to, to defer to the residents and attendings; we are to eagerly obey orders, no questions asked. There are norms. Standards to follow. And you'd damn well better follow them.

It didn't take long for me to realize that queerness has no place in medicine. Which is to say that *I* have no place in medicine. Me with my full-sleeve tattoos and funky shirts; with my deep voice mismatching my more feminine figure, with people stumbling over my pronouns and side-eyeing me, trying to figure me out.

Of course, I've never *explicitly* been told not to be queer or trans—or not to be different in any other way, for that matter. Quite the contrary: I've been actively encouraged to celebrate diversity and practice inclusivity—to be myself. Across the country, medical schools are trumpeting their commitment to supporting underrepresented learners and creating environments free from discrimination, harassment, intimidation and bullying. Medical culture, they claim, is ready for change.

But I can't help seeing the anti-racism and anti-discrimination policies they put out as akin to the protest signs people use to decorate their front lawns, urging me to know justice, know peace. Signs reminding me that Black lives matter, that every child matters, that women's rights are human rights, that trans rights are human rights, and no human is illegal. Rainbow signs promising me that hate has no home here. Love is love. For many people, though, that's where the action ends.

It's easy to make statements, pass policies and issue calls to action.

Standing behind those statements and taking action is a different story—one the medical system has yet to tell. I've lost track of the number of times I've been misgendered or told that I couldn't have a badge with my preferred name. I can't count how often I've been taught about health concerns facing the 2SLGBTQ+ community as if their high rates of mental-health challenges, suicide, homelessness and infectious disease are a consequence of their gender or sexual identity, rather than of the societal systems and structures designed to tear them down.

My parents never told me to be perfect, never punished me for not bringing home straight As. They weren't homophobic or transphobic or racist, as many white people with Black friends claim not to be. They promised to love me, no matter what. Nevertheless, growing up, I always knew what was expected of me.

In the same way, I know what's expected of me as a medical student—who I'm expected to be. Cisgender. Straight. *Professional*.

As I walk down the hospital hallways, I see the side glances that preceptors cast my way, the lips pressed together in disgust, the eyebrows crinkled in confusion. I hear the judgment, even when it's left unsaid.

Sometimes, silence speaks louder than words.

"... he stopped walking four weeks ago," the resident is saying, "but otherwise seems to be—"

"*Non, Papa!*" Philippe's voice erupts from behind his closed hospital door. "It is a girl!"

"Philippe!" his father hisses.

"But Papa, it—"

"*Ça suffit, Philippe!*" *That's enough. End of conversation.*

No one asks what "it" is; everyone knows.

The resident glances my way before Gorilla-gluing her eyes to the floor.

The doctor checks his pager: *Is that an emergency I'm being being called to?*

Like Medusa's stare, Philippe's voice turns me to stone. I'm an "it," an object. Not quite girl or boy, not quite she or he. Not quite human, that is—a body reduced to its parts.

It has small hands and slim shoulders. A short stature. Wide hips and full lips. But Its chest is flat, Its voice gravelly and deep.

"It is a girl, *non?*" Philippe asks uncertainly, unable to discern exactly what he's seen. He's not the only one.

Most people can't make sense of It. Of me. Easier, then, to erase my existence, to not talk about It—the elephant in the room.

“Philippe...” his father sighs, sounding exasperated. Clearly, he doesn’t want to have this conversation. But I do. I want him to explain that it’s not as clear-cut as boy or girl, he or she; that there’s more to this world than simple binaries; that people can be everything and nothing and something in between. I want him to encourage Philippe’s curiosity, while teaching respect; to help him learn about the world—how big it is and how much he has yet to see, to discover, to learn.

I also want the doctor to stand up for me, my identity, my being. But what I want doesn’t matter here. Everyone has enough trouble on their plate already. It’s easier to erase my existence.

“Well,” the doctor says, clearing his throat and slapping his pager back into his belt (false alarm). “Shall we go in?”