

The Limitations of Medicine

Shawn Shah

It was just another ordinary morning on the fourteenth floor of the Ginsberg Tower at Florida Hospital. Akin to every morning for the past few weeks, I printed out the list of patients, sifted through new laboratory data and scans from the previous day, and chatted with the nurse to learn if any overnight changes had occurred with our surgical patients. It had been nearly three weeks since my surgery rotation started, and I had already developed my own routine. Indeed, I had become adept at condensing an overnight history, performing a pertinent physical examination, answering a few questions, and writing a patient note in approximately ten minutes. I understood this was imperative to being efficient.

However, this morning would transpire to be unlike any that I had experienced.

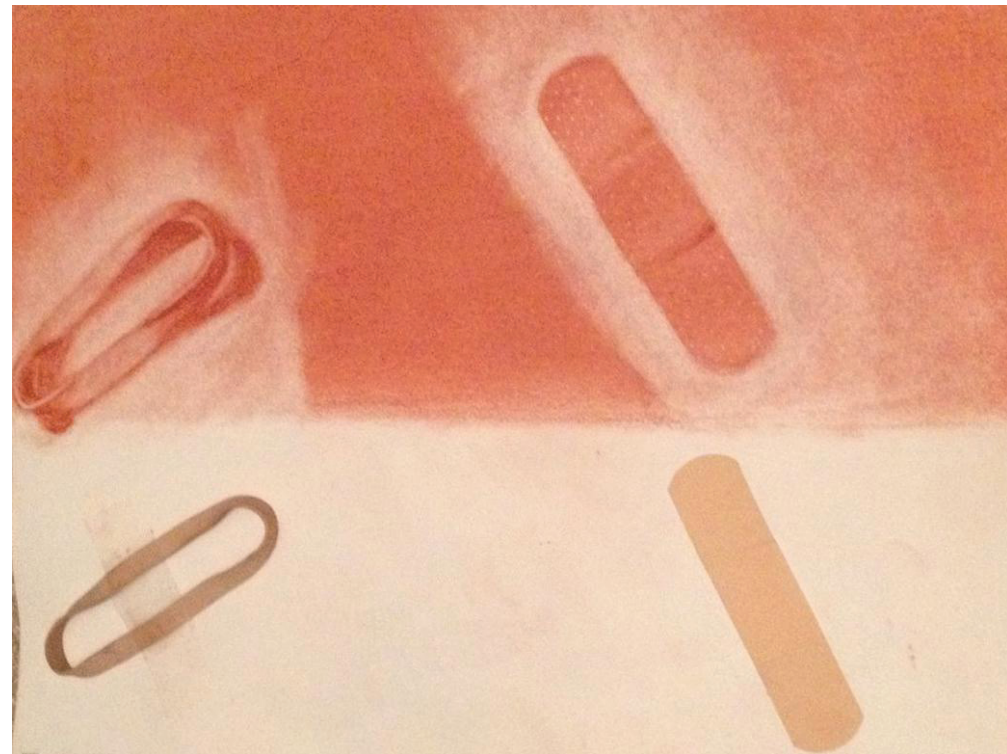
The first room I had visited was that of Mr. R's, who was on day one post-operative from an open cholecystectomy. As I walked into the room, I flicked on the lights, only to illuminate a gaunt elderly gentleman of seemingly Indian origin slumbering in the recliner. As I crept closer, I startled Mr. R as he quickly awoke, still groggy but with a warm smile. I introduced myself and told him that I was a third year

medical student who was working with the surgery team to check on him this morning. "Any trouble overnight, Mr. R?" His deep-set eyes pierced blankly back at mine. "Well, I imagine you are exhausted. Your nurse said that you did just fine last night. I am going to check your belly, and then I will have the attending come by later this morning." Mr. R continued to stare back at me, empty of any expression on his furrowed face. I proceeded with my examination and was pleased to find a well-healing incision site with no signs of dehiscence or infection. As I left the room, I waved goodbye, and Mr. R in response uttered, "Okay, doctor." Moving to the next room, I could not help but think about how peculiar my exchange was with Mr. R. Nevertheless, I continued to proceed with rounds in order to make it to the first surgery on time.

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As I sat down to complete my last patient note, I watched Mr. R's nurse swiftly leave his room. She appeared rattled, and exclaimed, "He will not even stay still to let me do a finger stick!" While uncertain of what to do, I instinctively wanted to help. I vigilantly approached Mr. R and asked him if everything was okay. His face remained devoid of any emotion. I asked, "Mr. R, do you understand what is going on here?" He anxiously began to look around the room as though his eyes were

searching for words. I was baffled. However, just as I too began to frantically look around the room for words, Mr. R broke the silence with, "Indian?" I nodded. He then asked,



Rubber Band and Bandage

Katie Love

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"Tame Gujarati bolo cho?" which translated to, "Do you speak Gujarati?" Stunned, I nodded yet again. Within seconds, tears began to trickle down the elderly man's cheeks as he bent forward to touch my feet, an act that Jains use to ask for blessings from those who are elderly or deities. I was dumbfounded. I had been so fixated on Mr. R's biological condition and getting the information that I needed that I neglected to care for Mr. R as a human being. And how was it overlooked that he did not speak or comprehend English? Did no one care as long as he was improving?

I explained to Mr. R in Gujarati his operation and prognosis. I explained to him that they needed to perform a finger stick to evaluate his glucose level because of his diabetes. Tears of relief continued to stream down his face.

That night, I could not wait to call my parents and tell them about my day. They too were in awe, but reminded me that patients are human, and like my family and closest friends, deserve my utmost deference and kindness.

The next morning, I immediately went to check on Mr. R. As I entered his room, I hung my white coat on the door and asked him how he was feeling. He responded with a resounding, "Bao saru," which means, "very good." I sat down beside Mr. R and just held his hand. He began to tell me how he worked as a farmer his entire life in Gujarat, India, and had recently moved in with his daughter after his



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wife passed away from a heart attack. His daughter and son-in-law worked during the day so they were unable to manage his care until the evenings. However, during the day, he was all alone with different people coming into and out of his room, talking to him in a manner and language that was incomprehensible. This had become routine.

I was about to leave the room, when Mr. R told me that he was pleased to see me again as I had now become a part of his family. Taken aback, I was already in motion before I realized that I was touching his feet, asking for his blessing.

I came to medical school to absorb as much scientific knowledge as I could, but failed to realize that the limitation of medicine is truly fulfilled by humanism and beneficence. In fact, I once had an attending who told me that, "understanding the medicine will be the easy part of your journey." Mr. R showed me that warmth, compassion, and empathy are just as integral to patient care as scientific knowledge. Perhaps, it could be said that my white coat has come to exemplify the medical knowledge that I have accumulated over the past three years, but up until my encounter with Mr. R, it lacked the true art of medicine.

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