THE SPECIAL PATCH

Cesar Garcia-Canet, Class of 2016

People often ask me why I'm choosing to train in pediatrics once I graduate from medical school. "It must be hard to see a child suffer," they say. In my pediatrics rotation, as well as in my chronic care rotation where I followed pediatric patients throughout a whole year, there were tough moments. It is difficult to see a child in the ICU recovering from an anaphylactic reaction. It is difficult to see a teenager there, too, for attempted suicide. It is difficult to see a newborn without her mom for almost a month because she had to be hospitalized for postpartum depression. However, what these patients and all others in pediatrics have in common is resiliency. Resiliency to bounce back and recover from an illness. Resiliency to fight during an illness. Despite it all, children smile and are happy. They are content to play a game. Or talk about Olaf from the movie Frozen. Or talk about things that, in our adult world, make no sense, but to them makes perfect sense. Gina is one of these kids. In fact, she loves Olaf and thinks he is the best thing since sliced bread! And she, like all my other pediatric patients, is the reason why I am going into pediatrics. Her resiliency makes me learn more, do better, and aspire to be the best pediatrician out there. Gina's story is inspirational and is what the field of pediatrics is all about.

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BOYS

Wendi Cannon

Wendi Cannon is the Associate Director of Information Management in the Office of Information Technology at the FSU College of Medicine.

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THE SPECIAL PATCH (CONTINUED)

Gina is a 5-year-old whom I first met at the beginning of my chronic care rotation when she came in for her annual well-child visit. When she was only three or four months old, she was abandoned at the gate of Provincial Hospital in China. At the time of admission, the doctors noticed that she had a spina bifida defect in the lumbosacral region, in addition to poor function of the left side of the body and left foot drop. Subsequent studies also showed diastematomyelia at about the level of T10. According to available medical records, Gina underwent surgical treatment for this and recovered well. Eventually, Gina was adopted and came to the United States. Visits to various hospitals in Orlando, FL were established in the summer of that year. Today, she walks only with minor difficulty (her left leg is slightly shorter than her right). Overall, she has been doing well—gaining weight, thriving, and hitting developmental milestones. Gina is very intelligent. She jumps over low obstacles, rides a tricycle, is fluent in English and Mandarin, speaks in 4-5 word sentences, recognizes alphabet letters, says her full name, counts to ten, copies a circle, washes and dries her hands on her own, and plays make believe. Currently, there is a well-healing scar in her thoracic spine with a hairy tuft. Gina refers to this as “my special patch” and loves to tell anyone and everyone about it. She is very proud of it, in fact.

One must take a step back and fully be in awe of her story. Imagine as a baby being abandoned. Imagine having a defect that exposes a great deal of your spinal column. Imagine undergoing a very complex surgical procedure and not having a parent in recovery. Granted, Gina was a tiny baby, so she never knew what was happening. But now she does. She is a 5-year-old who knows exactly where she came from and what happened. Gina is not resentful. Even at this young age, she is fully aware of her diagnosis and all the subsequent follow-up she must have as she grows up. Her adoptive parents do, too. Yet, Gina is so resilient. So happy. So curious of the world around her (she asked me what each instrument I used to perform her physical exam was and what it did). She wants to be a puppy doctor when she grows up. And she does not mind going to Orlando for follow-ups at all. It gives her the opportunity to “visit Olaf and Ana and Elsa” and tell all her nurses and doctors about her “special patch.” Think about a child, like Gina, that sees the future ahead of her (in spite of her past and in spite of her diagnosis) and smiles. How often in medicine do we come across patients that are noncompliant or just feel like life has dealt them a bad hand? If you stop to ponder this, you will probably say, “Too many.” Gina, like so many kids in the pediatric patient population, is different. She loves life. She loves her mom, dad, and siblings. She loves the simple things in life. She loves her two cats and three dogs.

Maybe what is needed today in medicine from both patients and doctors is to look at illness, disease, and treatments through the eyes of a child. Maybe, just maybe, patients would be happier (even healthier), and doctors would be more content with their line of work. Maybe what does not make sense in our adult world…finally will. All it takes is to read Gina’s story. To extrapolate further, all it takes is to see the smile of a pediatric patient and it is all worth it. Life happens and it is tough to see a child go through something as terrible as this. But they are not jaded by the situation. They tackle it head on, with a smile. I believe that each sick child is proud to show off their “special patch.” And because of this, we should be inspired and strive to be better for all our patients, young and old. ■

Cesar Garcia-Canet is a fourth year medical student at the Fort Pierce Regional Campus where he serves as Community Service Chair. He is currently applying to pediatric residency training programs. Cesar is married to his wife, Melanie.