

# A LESSON IN COMPASSION

Amanda Trippensee, Class of 2018

**D**uring one of my afternoons in clinic, I was greeted by my attending who already had a patient in the exam room.

“Now this is a sensitive case: a 19 year-old female with a presenting complaint of burning and itching in her vulvovaginal area. You should know that she just found out last night that her boyfriend, whom she had moved to Tampa to be with, had been cheating on her with prostitutes. One of them called her last night to let her know, and she immediately left him and drove back here. She is exhausted and upset, and what’s more, the last time she was here she was tested for herpes and her test was positive. I just told her the news and she is pretty upset, but I still need to perform a pelvic exam. Are you ready?”

Am I?

As we walked into the exam room, I could see a young woman crying uncontrollably; it was the sort of cry that usually only a mirror gets to see, but now I, too, was a witness. My heart immediately went out to her and my first thought was, “She’s just a kid...she reminds me of my younger sister.” My sister is also 19, and I briefly wondered what I would do if my sister found herself in a similar situation.

Snapping back to the present, my attending and I both proceeded to console her and explain that we needed to perform the pelvic exam in order to understand what was going on now. My attending gave her a big hug and told her that she was brave for coming in today and that we would take care of her. Through sobbing tears and choking heaves, she said it would be okay to do the exam. I asked if I could take her hand, she nodded her head yes, and I spent the rest of the exam by her side, coaching her through the rest. I told her that it was okay to cry and that we would be there for her every step of the way. I can only imagine that the worst possible scenarios were filling

her with dread, as she asked over and over again if she would be okay.

After the exam was finished, she squeezed my hand and let go and continued to wipe her eyes with a tissue. We told her that we would be back as we left the room to perform tests. As the door clicked shut behind us, I felt the tidal wave of emotion overwhelm me as I noticed staff members weaving in and out of rooms with other patients as if it was a normal afternoon in a clinic. And I suppose it was, but I felt moved and shaken. There was so much I wanted to do for the sobbing girl in the room behind me, but my first step was to switch to the part of my brain that was analytical. What was causing her pain? On this microscopic slide, do I see clue cells? Is there a possibility of a protozoan infection?

We determined that she currently had a case of bacterial vaginosis (BV), which is one of the most common gynecological diagnoses in young women, and that we would treat her with two medications: one for her BV and one for her latent infection of herpes. Although stigmatized, herpes is also very common and very treatable. She would need to be tested for HIV, and she would need her results back from her swab for STDs, but for the moment, she was going to be okay.

When we came back in to present the news, she wanted to know if her dad could be there with her. At the time I thought it was odd that she wanted her dad, but when he was in the room he was both supportive and very concerned. I had wondered if he was the only person she had in the world. Later, I found out in her chart that she had had an abortion previously and her mother had not wanted her to do it.

We explained to her that herpes is both common and manageable, explained how to manage it, and provided sexual education on using condoms.

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She asked us, “Is anything bad going to happen to me?”

At the time, we answered that other than sporadic outbreaks that could be managed with the medication and consistent condom use, she should have no other problems, and the bacterial vaginosis should be cleared up within a week. In looking back, I do wonder what happened to her because I felt that afternoon was about more than just pelvic pain.

Humanity can be very complex, or it can be very simple. I would say that humanism is treating people the way that you would want to be treated; it’s also about taking the time to be fully present in every encounter. On any other afternoon, I could have easily disregarded her pain or blamed her for her life, chalking her up to a stereotypical young adult. Instead, watching my attending handle the situation so calmly, and with deep understanding, was invaluable to witness and experience. We were this patient’s advocate and caregiver. My lesson that day reminded me of the reason why I chose to come to medical school: to become a compassionate and competent physician. ■

*Amanda Trippensee is a third year medical student from Lake City, FL. She studied at the University of Florida during which time she earned her Bachelor’s degree in Biology and volunteered as a Crisis Center phone counselor. Amanda loves writing as much as she does medicine, and she enjoys spending time with her fiancé, Travis.*



## DISTRACTION

Angelina Sutin, PhD

*Dr. Sutin is an Associate Professor in the Department of Behavioral Sciences and Social Medicine. She has this to say about Distraction: "While working in my office one afternoon, a blur out of the corner of my eye caught my attention. I turned and there was a beautiful monarch butterfly just hanging out on the window. A simple pleasure in the middle of a hectic day."*