



THE HEART IN MY WHITE COAT

By Natasha Demehri

“S

is in a coma. Florida Hospital-Ginsberg Tower. Help.” My mouth dropped, my heart began to race and my mind went blank. It was the first day of my internal medicine rotation and my first day on ER call. I was rounding on patients as my phone vibrated, but needless to say that text message was not an ER consult from my resident team; it was a text notifying me that my close friend had gone into a coma. My attending asked if I was okay as I stumbled to the nearest chair, but I couldn’t speak. I showed him the text message and he immediately excused me to see my friend.

Shaking, breathing heavy and thoughts racing, I finally made it to the eighth floor of Ginsberg Tower. The place that I frequented for months during my surgery rotations had suddenly become an unfamiliar nightmare. As I stepped slowly off the elevator and toward the waiting room I tried to compose myself, and I then saw S’s entire family gathered in shock. The smell of salty tears filled the air, and his family stared blankly out the window. As they noticed me they smiled almost with a sigh of relief that I had arrived. It was at that moment that I realized I was no longer seen as S’s friend; I was a third-year medical student, and the responsibility that I carried in my white coat was far greater than I had expected.

Slowly S’s mother sat me down and began telling me the story. It was well-known that S was an insulin-dependent Type I diabetic, always managing his sugar very well, yet something, somewhere, somehow went terribly wrong. That morning, Valentine’s Day, S’s mother woke up to her 6- and 7-year-old daughters crying as they found S lying unconscious, unresponsive, and not breathing on his bedroom floor. He was supposed to drive them to elementary school that morning. The paramedics arrived to rush him to the hospital as his blood sugar was 628, far above the normal limit. As I instinctively created a list of differential diagnoses in my head, his mother held my hand and led me into S’s hospital room. She let go as I walked into the room; the silence was deafening. I have felt empowered by working on several surgery rotations from transplant to trauma, felt helpless as I watched my mother recover from being severely burned in a fire, and felt humbled by treating patients in every ICU from

the SICU to the NICU, but nothing in my medical school training prepared me for this moment. Seeing my friend lying in bed with his eyes fixed open in a blank stare, no reflexes and no autonomic control, my heart sank deeper and deeper. Inside I knew that everyone was watching me; I was now the “medical student in the white coat.” Maintaining my composure was critical, but on the inside my world was crumbling.

That evening I had the opportunity to meet the physician who will forever hold a place in my heart. He was the neurologist, Dr. X, who was following my friend’s case. After S’s family left the room and he came to round on S that evening, he recognized me. I had seen him on rounds in the hospital before, but this encounter was different. Dr. X took a seat next to me on S’s bedside couch without saying a word. He placed his hand on my shoulder above my medical school patch, and said nothing. Immediately I began to tear, almost instinctively, and I removed my glasses and looked down in silence.

He stood and examined the patient, checked his respirator and fluids, and returned to my side on the couch. He then broke the silence: “Right now you are this family’s medical connection. You are the student, the doctor and the nurse. But to S you are his friend and always will be. And to you, S is not your patient and never will be. Keep your faith, keep your hope and maintain your ethical boundaries, for these three things will help you realize the emotional strength it takes to become the great doctor you will be.” He stood up, shook my hand and left the room like a gust of wind. “I will see you tomorrow.”

The week slowly progressed and I returned day after day, but S’s condition had not improved. I remembered Dr. X’s advice and held strong as I comforted S’s family and my friends. It was difficult not to read his chart and know the answers to the instinctual questions of a medical student following a patient, but as Dr. X said, I had to maintain my ethical boundaries, for it was my place to support S and his family, not to be his doctor.

Each day Dr. X would wait until 6 p.m. to round on S in order to ensure that I would be there after work. He could sense my eagerness as I craved the answers to each question that jumped to consciousness, but he kept me focused on S’s recovery, teaching me lessons on the benefits of human touch and voice on recovery from coma and motivating me to be there for S, mind, body and soul. All I had to do was “step away” from my white coat.

Thursday evening I made my way back to Ginsberg Tower, but something was different. I walked to the waiting room and the neurologist was speaking to S’s family as they sobbed tearfully. Before I could listen I stepped out and walked to S’s room with my heart beating strong. This time, I did as he said and “stepped away” from my white coat, hanging it on the door as I entered the room. Holding S’s cold hands tightly I watched his respirator inflate his lungs with a perfect rhythm, and soon I found myself breathing to the same beat – inhale, exhale, inhale, exhale. I felt the tears come down my face as Dr. X walked into the room, and at that moment he told me the two words I dreaded most: “Brain dead.”

I shook my head tearfully as he escorted me to the couch where we sat the first day I met him. He explained that the hyperosmolar coma left him in a state that was now irreversible, something I thought about several times but refused to admit to myself. Then he told me, “A dying man needs to die, as a sleeping man needs to sleep, and there comes a time when it is wrong, as well as useless, to resist.” He walked to the door, pulled my white coat off the hook, and handed it to me. “This coat will forever define your profession, but your heart will forever define your person. Keep your heart in your white coat, always. Remember this moment every single time you have a patient, and you will fight the fight for them.”

Friday morning, 8:15 a.m., S was disconnected from his life-support. I never thought the first patient I would lose would be my friend. The truth is that the practice of medicine is inexplicable; from the outside looking in you can’t understand it, and from the inside looking out you can’t explain it. Though we will always be touched by those we are closest with, our true character is defined by how we treat those who can do nothing for us. As doctors we must face the worst in the world with the best in our hearts.

My white coat is ready.

The author is a member of the College of Medicine’s Class of 2012. Her article was awarded third place in the national Gold Humanism Society essay contest and will appear in the October issue of Academic Medicine, the journal of the Association of American Medical Colleges.