

PERSPECTIVES

Reflections on Residency: Pre-Rounding

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“To most physicians, my illness is a routine incident in their rounds, while for me it’s the crisis of my life. I would feel better if I had a doctor who, at least, perceived this incongruity.” — Anatole Broyard, “Doctor Talk to Me” [1]

The alarm blares. In less than a moment, my brain — long since trained by habit into rapid rebooting — is alert and active. Unconsciously, I ready myself, donning my white coat. Stethoscope, pens, copies of patient notes, and other loose papers all begin to clutter my pockets.

As I arrive at the hospital, I scurry to see all my patients before the appointed hour. I try to repress the numbing feeling of guilt that comes with awakening them when they so clearly need to sleep.

My first patient is a middle-aged man who has been in the hospital since yesterday for heart failure. Knock, knock. I quickly enter his room, almost forgetting to bathe my hands in the sanitizing solution conspicuously posted just outside every patient room.

“How was your night?”

He moans groggily, still mostly asleep.

“Any new issues?”

No response.

“Mind if I examine you?”

After my flurry of questions, I perform a hasty exam. My stethoscope rests on his chest for a few brief beats. I jab my hand into his abdomen, remembering how many more patients I have to see this morning.

“Ahh!” he cries.

“Sorry, but I just need to examine you.”

I finish the remainder of the exam.

“Any questions?” I offer, as I begin inching toward the door. Ashamedly, this last query is borne more from habit than genuine compassion.

I dart to the room of my next patient, an elderly woman with pneumonia. The process then begins itself anew.

“Good morning.”

Moaning.

“How was your night? Any new issues? Any trouble breathing? Are you still having fevers?” I hardly pause between each question. I check her vital signs on the monitor screen.

“Can I examine you?” Her eyes are still closed as I lay the stethoscope to her chest. Lub-dub. Lub-dub. I listen to her breathing, followed by a mild prodding of her abdomen, trying to be gentler than my previous exam.

“Any questions?”

I scurry on. Two more patients to see. This next one is a middle-aged woman who had been in the hospital for a week with severe anemia. Despite her long stay and the extensive battery of tests she has undergone, we have yet to find the root cause of her anemia. She also has a 5-year history of lung cancer that has recently recurred.

She has been labeled “difficult” by the nursing staff. I do not want to be swayed by the nurses’ stereotype. She is a cancer patient, after all. Isn’t she entitled to be emotional? Notwithstanding this spark of idealism, I find myself wanting to examine her with even more haste.

I pause briefly outside her door to remember her name. “Good morning. How are you feeling?” I ask in one breath before I finish walking through the doorway. Unlike my other patients, she is awake. Slightly startled, I proceed with the normal line of questioning. Instinctively, I try to avoid eye contact throughout the encounter. The feeling in the room is heavy. I cannot remember how long ago she discovered that her cancer had recurred, but from the gravity of her expression, I infer that it has not been long. As I examine her, I sense she is searching for answers. I am sure that I am not the one who can give them to her. I wrestle in my mind

with whether I should offer the standard farewell: *Any questions?*

As I make my way toward the door, I look in her eyes. And then I hear, with great clarity, her thoughts, which pierce the silence:

You know my illness.

You have studied my chest X-ray.

You have analyzed my urine.

You know my electrolytes, my liver enzymes, my hemoglobin.

You are intimately acquainted with the velocities of blood flow through each chamber of my heart.

You have inserted a camera into my colon.

You have biopsied my lung.

But you do not know me!

I hesitate. The memories of what motivated me to pursue medicine come rushing into my mind. Compassion. The desire to serve others, to make a difference. “I’m sorry,” my eyes reply. After an eternity of seconds, I tear myself from the room. I have just enough time to see my last patient.

REFERENCES

1. Broyard A. Doctor Talk to Me. New York Times. 1990 Aug 26.