

# The Story that Matters

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I scribbled onto my palm-sized notepad, taking pauses to wipe my hand on the leg of my scrubs. Tachypneic, tachycardic, pleuritic. I felt shivers creep up my spine. My attending lifted the left leg of her pajamas and then the right, exposing a guilty and swollen leg. Even I could not miss the picture as it stared us in the face. He turned to me, nodding with pursed lips. “Her EKG is showing S1Q3T3 changes,” I bobbed my head in return; I wanted him to know that I knew too, not for a pat-on-the-back, but to show that I shared in that reassuring embrace of understanding. Only a week ago I stumbled over these terms and felt strings tug at my tongue as I turned them around in my mouth. Watching the words jump from a page in my textbook and take form seemed supernatural, like seeing a rare comet.

The blare of the intercom suddenly scattered us, and I found myself alone at the patient’s bedside, her hair matted with sweat, hands clasped in her lap. I knew she was in pain by the way she fidgeted, scanning the room for reprieve and closing her eyes again. With my hand on her shoulder and the bell of my stethoscope placed below her collarbone, I asked her to take a deep breath and she winced. We both knew that I wasn’t helping. I rushed through my interview, desperate not to burden her before a long and tedious workup. The shivers disappeared and left a dull pang of guilt in my stomach. Not guilt for practicing my exam on a stringy-haired young man without a home or support; not guilt for taking time from my mentor that he could have spent with a patient; not guilt for that inevitable grip students feel: who are you to be here asking these questions right now? I felt guilty for the incongruity of what was happening inside of me with what was happening in front of me. I felt guilty for feeling something that resembles joy despite her suffering, and I wish there was a better word for it.

Some moments prescribe joy—reaching a long-anticipated milestone or witnessing heartfelt vows at a family wedding—and they should. But what if you don’t expect this feeling, and worse, what if you should feel the opposite? Medicine presents a unique challenge. To take good care of people is to enjoy doing so during their most vulnerable and painful moments. Does satisfaction preclude me from empathizing with another’s suffering? I justify this feeling by telling myself that this unexpected guest will drive me to be more motivated and invested and caring, but how could I even predict that? I know that I am not alone in this conflict that is central to loving my career. I can sense the buzz around the patient with an “interesting exam,” in the operating room during the rarefied and complex case, and among the code team that clicked. These flickers of excitement are rarely acknowledged. They punctuate an otherwise stern resolve to do right by the patient that quickly returns to center stage. Even in the nascence of my training, I seek out these moments and relish my most peripheral involvement in them—despite the sinking feeling that follows. Maybe this guilt, the marriage of pain and fascination, will fade as I progress in my training. Maybe these moments of fullness will become routine, but I hope they never do.

I chose medicine after watching my uncle die from cancer, a disease that I didn’t understand, the abstractions of which only felt real when I saw him the week before his death. We processed to our goodbyes as if taking some bitter communion. I remember not wanting to leave the room where he laid, supported by a mountain of pillows, only feet from the garage where he kept the off-road quad my parents begrudgingly let me ride along on years earlier. He suffered from some specific thing that had a name and a definition—realities that I did not know and did not care to know, facts that did not matter, *should not* matter. This did not stop me from wanting to remain after everyone filed out of the room, to not avert my eyes from him and his suffering—an instinct that disturbed me at the time. Later, I assumed that if and when I became a medical student and someday a

physician, these cold facts of illness and its treatment would remain in the eaves as the extras and not as the protagonist; I thought my interest, my motivation, and my obligation would remain straightforward, all neatly contained in caring for the patient. As I continue to learn, the scene becomes chaotic and I lose track of the story. Sometimes I close the curtain and don't know what I remember best: the person propped up in the papery gown or the harsh, devastating details of their disease. What unsettles me now is not my desire to accompany suffering but my attention to its understanding.

"Critical care to bay 3." We both sighed in relief as I shoved my stethoscope in my pocket and sprung to my feet, ready to see who and what waited in the next room. Her breathing had slowed but her eyes remained closed. I didn't order the heparin to stop her clot from worsening, I didn't schedule a follow-up appointment to manage her blood-thinner, and I didn't bring her a hot meal at 4 AM. I wanted to help, but I didn't. I often think of the questions I could have asked her, the comforting words I could have provided, but instead I strained to listen for an accentuated second heart sound, eager to report it to my attending. Hopefully, in time, I will be able to appreciate these moments of excitement as a colorful backdrop to the story that makes me feel full at the end of the day.