The International Journal of
WHOLE PERSON CARE
VOLUME 6 ● NUMBER 1 ● 2019 ● 36 – 38

"SHOW ME YOUR CONFIDENCE!" A REFLECTION ON THE HEALER ROLE

Emily 24 Parkinson
M.D.C.M. Candidate, Faculty of Medicine, McGill University, Montreal, Quebec, Canada
emily.parkinson@mail.mcgill.ca

As a medical student, one often feels like a burden: to the resident, who was not expecting to supervise two medical students in addition to all of their other responsibilities; to the staff, as they wait patiently for you to finish suturing in the OR; to the patients, when they agree to have three of us listen to their heart and then review systolic versus diastolic murmurs in their room before they can resume their lunch. I appreciate this as a necessary part of the learning process; however, for all the hours we spend in clinical settings, it is rare that medical students feel we are making a meaningful contribution to the team, and patients' care, as a "healer".

Each member of a team has a unique set of skills and perspectives that together strengthens the team's ability to care for each patient. With my limited clinical knowledge and experience, it was not initially obvious what my contribution to the team might be. What was my unique strength as a student and how would this translate to better patient care?

It was during my first clerkship rotation in pediatrics that I discovered my place beyond the learner role. When I arrived on the ward, I was introduced to an 11-year-old girl named Hanna*. She was diagnosed with a condition called ARFID (avoidant restrictive food intake disorder) and had already been in the hospital for one month. According to her parents, she had a choking incident when she was four years old and since developed a fear of choking. Despite her parents routinely blending her food, Hanna's growth and maturity

*The name of the patient was changed to protect their anonymity.

was stunted by years of malnutrition. While this was not her first hospitalization, it was the worst her condition had ever been. A nasogastric (NG) tube was inserted and she was fed by a pump exclusively – a procedure she liked since she did not have to swallow food.

The day before I met her, there was a multidisciplinary team meeting (which included Hanna and her parents) to plan the reintroduction of solid foods the next day. It was decided that her father would cook her favourite meal, spaghetti and meatballs, and that she would try a few bites. With the entire team present, Hanna was given a meatball and encouraged to taste it. She panicked because she had not understood that the NG tube would not be taken out first. Certain that the meatball would not fit down her throat with the tube still in place, Hanna refused to touch it.

At the end of my shift, I found Hanna in her room under the covers. I introduced myself and asked her a few questions. She avoided eye contact and evaded my questions, as I was warned she would. Once I started cracking a few jokes she loosened up. After an hour we had become friends and discovered our mutual love for chocolate. We dreamed a world made of chocolate where we would be served chocolate ice cream with double chocolate Oreos (her favourite chocolate treats) for supper. I cautiously asked her, "If I brought some ice cream and Oreos tomorrow, would you have some with me?" "Yes!" was her reply. I asked my attending's permission and bought the goods on my way home.

The following afternoon, I entered Hanna's room with ice cream and cookies. While she played Lego, I asked her to name her favourite music album. I served the ice cream into Styrofoam cups and loaded Justin Bieber onto my iPhone. We sang along and played together, casually chatting. I took a bite of the ice cream and encouraged her to do the same. She took a small bite and looked at me with wide eyes.

"I can't feel it!" she said.

"The tube?" I asked.

"Ya!"

"That's great!" I said, "So, it's not as bad as you thought?"

She shook her head, smiling.

We continued playing and chatting. Occasionally, I would casually prompt her to take another bite of ice cream. She even took a few bites of cookie!

At the end of our visit, I asked, "So do you think you would like to try some more foods tomorrow?"

She responded, "Yes, my confidence is through the roof!"

I laughed. "Where is your confidence?"

"Here!" Hanna said, reaching both hands high above her head.

Thus began her not-so-gradual reintroduction to solid food. It was challenging for her and her parents but every day I encouraged her to stay confident. "Show me your confidence!" I would say, and she would reach her hands high in the air, which was always followed by a round of double high-fives. I brought in my favourite recipe books and together we searched for new recipes online. She developed a curiosity about foods and began to try new foods with her social worker in the hospital cafeteria. Hanna eventually reached her goal calorie intake and she was sent on her first weekend pass on the last Friday of my rotation.

Months later, during my adolescent medicine rotation, I heard updates from other members of Hanna's care team that she continued to do well and now looked like a different person. "I swear she's grown" her social worker said, "and she loves ribs."

The ability to connect with patients on a human level is a skill we naturally possess at the beginning of medical school; we identify more closely with patients and our interactions are almost solely based on human connection [1]. Eventually we learn to identify with healthcare professionals and our interactions become more clinically oriented, at which point we risk losing this inherent skill [1]. Essential, life-saving decisions, like whether or not to insert an NG tube or how many daily calories one needs to restore their weight, become our focus leaving little time and energy for other essential aspects of healing, such as human connection.

As a student, I was able to create the time and the space (that other members of the team lacked) to connect with Hanna and to emerge as a source of strength and support for her and her family. I am confident that no one on her care team, regardless of his or her training, could have carried out that role better. That was the first time I felt like I contributed to the medical team as a healer.

Humanism is not necessarily inherent to professionalism [1]. While both are essential for good patient care, it is humanism, not professionalism, that is most often compromised [1]. As more of my time is consumed by the roles of a professional, I wish not to lose sight of the value of human connection in healing. For the role of the "professional" and "healer" to be synonymous, the pursuit of learning to heal as a professional must include remembering our ability to heal as a human. ■

REFERENCE

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