

VULNERABILITY; A BREATH OF FRESH AIR

Gabrielle Hornstein

Medical student, Faculty of Medicine, Université de Sherbrooke, Sherbrooke, Quebec, Canada
gabrielle.hornstein@usherbrooke.ca

Lab coats are interesting—in the sense that they are large, shapeless, loose-fitting items of clothing that make us feel naked and vulnerable. Walking down the halls of an unfamiliar hospital on my first day of clerkship this past October, I found myself confronted with a simple, yet intimidating task: finding my supervisor. Lost in the expanse of the medical clinic, I decided to ask a nurse for directions. With a roll of her eyes and a quick glance at my medical student ID badge, she led me to a whiteboard identifying the supervisor's clinic rooms for the day. I didn't have time to thank her before she walked away, leaving me stranded in the middle of this new world. *Big breath in, big breath out.*

In medical school at Université de Sherbrooke, we are often encouraged to think and reflect on clinical life experiences, medical ethics, and the different cultural and psychological aspects that play into the medical profession. We are taught to consider and identify the things we value in a physician and learn how to grow into such a person. A topic we briefly touched upon is the importance of vulnerability in the medical field. In this commentary, I offer an abridged version of my thoughts, informed by my budding clinical experience.

Vulnerability. I will spare you the Merriam-Webster definition; however, I would like to point out the word's deep-rooted connection to the medical field. It is derived from the Latin word *vulnus*, meaning “wound,” and its corresponding verb *vulnerare*, meaning “to wound.” Perhaps it is not surprising that the notion of pain and defenselessness have, since antiquity, been associated with vulnerability. Its negative connotation reminds us of someone who is weak, pitiful, or in an undesirable situation.

It is easy for us to comprehend the vulnerability of patients navigating the healthcare system. Most hospitals feel like sterile mazes, often providing all too vague directions to medical clinics, blood test centers, the

emergency room or the radiology department. Patients are physically vulnerable through illness and fatigue, not to mention ill-fitting hospital gowns. They are emotionally vulnerable as they are required to place their trust in a complete stranger, who hopes to return them to health. Uncertainty surrounding their clinical condition roots itself in their day-to-day progression: the tests, the procedures, the conversations about prognosis, and the ever-expanding medical team assigned to them. The overwhelming feeling of losing of control over their lives is echoed in their anxious questions, their frustration with the incessant pricking and probing, their inability to wear their own clothes, and their groans about the hospital food. *Big breath in, big breath out.*

What is interesting to realize, however, is that the medical team exhibits just as many symptoms of vulnerability as their patients. Being at the start of my clerkship, I am often confronted with the fact that I am simply unsure what to do next. *Which tests are best in order to include/exclude my presumptive diagnosis? Which is the most likely diagnosis according to the symptoms and history provided to me? Is my patient's pain well controlled? Am I adequately screening my patient for post-operative complications? What is the significance of these "breath sounds" I hear as I ask my patient to take a big breath in, big breath out?* Of course, over time, clinical experience serves to provide well-rounded answers to each of these questions. But vulnerability lies in unanswered questions, no matter your level of medical training. Uncertainty often drives more tests and more procedures that all too commonly yield nothing more than a burden for the patient.

Another pivotal aspect of the vulnerable physician is the idea that in opening yourself to your patient, listening to their stories, taking an interest in their values and goals, you are allowing for the possibility of being hurt. As Dr. Rana Awdish puts it so clearly in her novel *In Shock*, "the choice to be present means deciding at the outset that you will be there for the duration." Being there for your patients, through their good days, as well as their setbacks makes physicians vulnerable—an often unwelcome emotion in the all-too-controlled lives of medical professionals. Regrettably, albeit understandably, some physicians decide it is easier emotionally to create a barrier, protecting themselves from this vulnerability. In doing so, however, they are limiting the transformative potential of the doctor-patient relationship.

I think that it is important to bridge that gap and to leave behind the fear of vulnerability. Now, I know what many of you may be thinking: letting go is *not* that easy. The fear of being wrong, disappointed, hurt, and/or left behind following the loss of a patient are many of the legitimate reasons that drive physicians to erect an emotional wall very early in their practice. But, as we often do in medicine, we need to ask ourselves, do the benefits of this divide outweigh the risks of being vulnerable? Vulnerability allows for authentic human connection. On one side it is the birthplace of fear and humiliation, on the other it encourages transparency, empathy and sincerity in the patient-doctor relationship. It can guide patients and physicians alike through difficult conversations and decisions, but only if one decides to commit oneself to the other. Don't get me wrong, I'm not saying that every relationship with a patient needs to be exhaustive and all-encompassing.

I'm simply recognizing the importance in identifying one's vulnerability and accepting what it can bring to the medical relationship. It is normal to feel pain, sadness, distress, disappointment alongside your patient when things do not go well. Instead of running from these unwelcome emotions and having difficult conversations with a stony face, embracing them can provide much more comfort to both parties than we realize.

A patient confirmed the importance of this to me a couple weeks ago. She had just been re-admitted for an infection in her surgical wound. This was the third time the infection was back, once again attacking the tissues and bones in her chest. Despite following all medical recommendations and a lengthy antibiotic regimen, she began to feel as though she was personally the problem. As deep as the wound in her sternal bone was, feelings of desperation and guilt harmed her just as thoroughly. Illogically, she felt as though she did not deserve the attention and medical treatment that she was getting, as if she had been the one to open her breastbone and place the bacteria there herself. When my path first crossed hers in the emergency room, she was completely discouraged. After explaining to her what the next steps were, she was so distraught, that to my dismay, she began to cry. Instead of letting my discomfort drive me away to my next commitment, I sat on her bed behind the closed curtain dividing her from the next patient, I held her hand as she sobbed for ten minutes. No words were spoken, but somehow amidst the chaos of the emergency room we understood each other. I was able to follow her over the course of four weeks and notice the positive effect that first experience had on both of us. After that initial connection, she spoke to me honestly and had confidence in the medical team. I felt as though I could speak freely and establish a plan with her that really reflected the direction she wanted her care to take. I began to look forward to going to see her each morning, and gradually build on the progress (or lack thereof) of the previous day. When she was finally well enough to be discharged, she pulled me aside and told me how much she had appreciated that I had stayed with her that first day, how it had solidified her trust in the medical team. She told me how *human* it had felt and how genuine it had made my care seem.

Big breath in, big breath out.

Having recently understood the multitude of benefits that can be drawn from an open, honest, and committed patient-doctor relationship, I believe that, as medical students and future physicians, we should allow ourselves to be more vulnerable in our practice, setting the tone for more genuine connections with our patients. I believe that it is through the identification of our innate vulnerability, that we can hope to provide more earnest and optimal care.

I hope I have been able to offer you a more nuanced definition of vulnerability—one which I have built up over the past couple months. As a third-year medical student, I feel as though I am well placed to offer this reflection, however unwanted and uncalled for it may be. I am junior enough in my training that the subtleties of everyday interactions between patients and their physicians have yet to become routine to me, and far

enough along that I am beginning to be accepted as part of the medical team. This being said, I know I am in no way experienced enough to know it all. I am simply sharing with you the experiences that are serving to mold me into the physician I hope to be someday.■