

## HOLDING HER HAND

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**T**he Healer Role, is an inherent aspect of becoming a physician in this modern age. We as students might not always be aware of our role as a healer in our day to day work in the constantly changing hospital environments that we are exposed to. There are times when we even question the most basic impact that we may have on our patient's care as trainees and learners. Are there instances where the Healer Role is portrayed at its best during our clinical exposure? Despite being at the very beginning of our clinical training and being only a junior member of the healing team, the answer cannot be any other than yes, absolutely. In particular, I can think of an example that surely left a mark on my mind.

It is December and the birthing center at the Royal Victoria hospital is turned into an even merrier place by the Christmas decorations and the snow falling outside. Rooms are filled with brand new families and ones soon to be. The slowdown of the late afternoon is interrupted by the precipitous arrival of a young woman, carrying her large parous abdomen. Her eyes look terrified. She does not seem to understand what the nurses and obstetrical residents gathered around her are trying to tell her, and she remains agitated despite the reassuring words of her new caregivers. The reason for her uncertain behavior becomes evident when a nurse calls out "Does anyone speak Spanish here?" Silence. It is not what we would normally expect with Spanish being such a commonly spoken language in Montreal. My Spanish high school classes did not exactly cover in detail obstetrical vocabulary, so while somewhat reluctant, I still offer my knowledge of the language. I seemed to be the only chance of facilitating the communication between the health care team and this unilingual Hispanic woman in great need of medical attention.

Entering the room, the first thing I notice is her body language; she is curled up on the bed and her whole body is shaking like a leaf in the wind. As soon as I introduce myself in her language, her facial expression shows signs of relief. She tells me her whole story, and I pick up most of it. She is a new refugee from Colombia, she flew here with her husband and her 4-year old daughter. They did not have any acquaintances in the city. She is now 25 weeks pregnant with twins, but she has not seen a physician since

her 12<sup>th</sup> week. In the morning, she felt liquid coming out of her vagina, and she was afraid that she may have broken her water. After confirming the story with the resident, I explain to her that we need to do a test to verify if the fluid she saw was indeed amniotic fluid. I see warm tears coming down her cheeks as I explain the next steps and I cannot help but take her hand and tell her things are going to be okay. I know I should not be saying these sort of things to patients, but at that moment we both knew that she needed to hear it. Being a physician is not black and white, sometimes it is all about being human and giving people hope, because they might need that hope to power through difficult times.

The resident then approaches her and positions her for an exam, but her whole body tenses up and her legs sharply close. She is clearly afraid to be hurt and even if I walk her through what he is doing, there is no way she is letting him touch her. I ask her if I may try to do it myself while explaining every step along the way and she timidly nods, but I can see that her thighs are still trembling. Under the resident's supervision, I perform all the necessary testing myself because she would only relax when I am examining her.

After receiving the results, I have to inform her that she did indeed break her amniotic sac at 25 weeks of gestation. This time, the NICU team is with me and I am trying my best to translate to her what it means to give birth to 25-weeks twin babies. For the whole conversation, her eyes do not leave me, like I am the one who knows the most in the room, even though I am only translating what the neonatal team is telling me. She has numerous questions, that I do my best to answer with the limited vocabulary I possess. It is incredible and often underestimated the power that a human- to-human connection can have. In that critical moment of her life, I was the one person she trusted the most and it was not for my knowledge or my experience. It was because she knew that I was going to be her rock.

The next morning, I come in to the birthing center for my shift. A quick look on the rooms board and I can feel my heart racing. Her name is there. Next to it is written "OR 1". I immediately start asking around as I want to understand what is going on, even though deep down I know why. The resident tells me that she went into labor in the early morning, so she was placed in the OR to deliver. Before he could finish his sentence, I rush over to the operating room.

I find in the room what I was anticipating: people buzzing around the patient without truly paying attention to her. She is half naked in the middle of the room, terrified and in pain. She sees me and immediately reaches out so that I hold her hand. She squeezes mine uncomfortably hard, but I don't withdraw. She wants to know what is going on because no one has told her in a way she could understand. I tell her she is going to deliver and that the pediatricians are going to take the babies as soon as they are born to help them breathe. She nods nervously. She wants me to tell her things are going to be fine, so I give her the encouragement she needs. Her head falls back and she sighs, before giving her first push. I encourage her as she undergoes the hardest human task of all. The first twin comes out after a few minutes. It is only slightly bigger than the palm of a hand. With tears in her eyes, she once again turns to me to inquire if he

is doing well. I reassure her that he is in good hands. She pushes the second twin out, who appears just as fragile as the first one but before we can take a good look at him, he is taken away too. She lets go of my hand to cover her face and cries in silence.

In the following days and weeks, I ran into my patient multiple times in the hospital. Every time, she was ecstatic to tell me about the progress of her sons, how they were extubated, how they gained weight. She spoke to me the way one shares good news with a friend, but also with a great amount of respect. The respect you have for someone who saved your life, or in this case your children's lives, when in fact all I did was hold her hand.

This is what it is to be a Healer. She was not sick. I did not cure her of any disease. I simply listened and I cared. Do not get me wrong, this is often the hardest hat to put on as a physician, but it is equally rewarding.■