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An intersection of living and learning

The following story is loosely based on true events and student experiences.

Jessica, on medical school
In medical school they keep telling us that there is no such thing as ‘never.’ That’s hard for me to grasp, because my bachelor’s degree was in basic science where the answer was always A, B, C, or D. I thrived in that kind of environment, and now I’m in a world that isn’t so easy to mark. Patients are messy (or so I’m told) – but I’ve chosen a one-of-a-kind career that blends science with art. What could be better than helping other human beings in a specialized way that no one else can?

Sharon, on living and dying
When that nagging pain in my ribs began I didn’t think it would be this. I thought I was finally cancer free, that it was gone forever. Breast cancer in 2003; mastectomy. Breast cancer in 2009; radiation. And breast cancer now in 2015. Every six years, just like clockwork. Medicine has failed me and I’ve gone through enough, doing everything they told me to. This time I’m going to do it Sharon’s way.

Jessica
The everyday tools of medicine are unbelievable. Take MRI machines – how many people on this earth truly understand how they work? There’s something about magnetic fields and hydrogen atoms, and somehow those signals get turned into detailed images of the human body that show us where the problem is.

Or medications – like the immunomodulators with the long names: infliximab, adalimumab. They’re fun to say. But they can change the course of disease for patients with inflammatory arthritis, people with swollen hands and knees and elbows and feet so painful they can barely move.

And what about diseases that used to be fatal and hopeless, that can now be cured? Even if we can’t cure it all completely, many other conditions can be treated aggressively to restore quality of life. Some cancers are no longer the death sentences they once were, and may be thought of as chronic illnesses to be managed and controlled.

Sharon
Nothing in life has ever been easy for me. I barely made it through high school and when we immigrated to Canada, I worked as a nanny. I love children and have two of my own – a son and a daughter, my only wish that ever came true. All I wanted was the best for them, but things haven’t

turned out the way I imagined. It breaks my heart, that memory of them when they were little, jumping on the bed just watching and not understanding that dad beating mom is not how a family should be. Somehow they grew up and now they've moved away, but I think they're doing fine. Didn't make it to university – I saved up for it, too – but they're okay.

Jessica
Some of the most important social determinants of health are education and socio-economic status; I learned that in my population health course. It makes sense to me; this stuff is complicated. When my mom catches the flu she'll start with the Chinese herbal soups her mother taught her to make, only taking Tylenol if she's sick as a dog. How can people trust drugs that they don't understand? Why fill a prescription, or follow dosing instructions if they don't know that there are consequences to missing a pill? Not everyone has "health-literacy," that ability to understand the information pertaining to their health, and then access the resources that they need. Not everyone has faith in the system or a professional they feel they can trust for medical advice.

And resources don't only refer to knowledge and money – there's also social support, the psycho-social resources. It can't be easy to deal with a chronic or terminal illness all alone, with few friends or family to depend upon. You need someone to drive you to appointments, and to help process the bad news you receive when you get there.

Sharon
One day when I'm gone my kids will have everything I worked so hard for. I don't see them often, but they will know that I love them fiercely. There's some money in the bank, the humble house they grew up in, some jewelry – I want it all to go to them.

It might happen sooner than I thought. Chemo, chemo, chemo – that's all the oncologist goes on about. I've talked to some nurses who said that it makes a person sicker than they ever were because of cancer, so much that they would rather die. These are people working in hospital and seeing it every day. I've been reading, too – books and online. I only want to do things naturally, and there are so many alternative cures for cancer that really work, even if everyone else doesn't know about them.

Jessica
I was on the ward today, my second time. We were in the elevator when a group of clerks – senior medical students – stepped on. "My first patient died today, and I felt nothing," declared one of the male students. There was pride in his voice.

Is that what happens in medical school? Is the stress enough to drain you of empathy and kindness? How do I stop that from happening to me?

Sharon
It's been almost a year, and no one thought I'd make it this long doing things my way – not the doctor, not my family. Even if it's listed as a false cancer treatment by the government, I know it's worked for other people, and that it can still work for me.

It's hard enough having cancer, but my own family won't give me the support I need or the validation that they understand my choices. Part of this stubbornness is me just wanting to have control over my own life, when so many things are already not of my choosing. And while I know I could be wrong, it's just too late now. Too late to turn back and admit it, because even though I'm dying I have some sense of pride.

I want to keep fighting this cancer but I don't think I can. A few months after they found it in my ribs, the small bones in my neck fractured. Then my hip. There's even cancer in my skull. It hurts to breathe, to move my head, to get up from a chair and walk the way I've done my entire life. Sometimes my family prays for me, and they put their hands on my head and that is painful too, but I keep quiet because I need help from someone bigger than me. No one told me that dying would be this hard.

Jessica

Apparently it's good to document your experiences, because it helps you remember clinical presentations, and reflect and debrief on your responses to what you've seen. Yesterday I met a woman while shadowing in palliative care. I'm not clear on the details, but apparently she had a recurrence of breast cancer that would have been amenable to chemotherapy, yet she refused all treatment. In her chart it said she was a "difficult patient."

In class we work through case studies and we decide if a patient is "sick" or "not sick." This woman was sick – cachectic, barely able to lift an arm or even swallow. Her skin was dry and peeling; her eyes huge orbits in a tiny face. I wonder what she would have done if she could see a year ago what she would become now.

The daughter spent a lot of time there, and there were a lot of older family too. I wonder if she had any other children, and what they all thought of it. If it were my family member, I would feel helpless and frustrated. Isn't autonomy a tenet of medicine? Isn't it the patient's right to choose or refuse treatment? Why did she make the choices she did? Was it from lack of understanding, from poor education and healthcare literacy; or, were there other reasons?

I don't think it will be much longer. Apparently, there's a test that's pretty predictive of life expectancy: the clinician asks themselves, "Would I be surprised if this patient lived… a week? A month? A year?" Even with my limited experience, I would be surprised if she survived beyond a few days. Right now she's barely clinging to life, maybe wishing that her life could be over with. She was a person who laughed and cried, who felt all the same emotions as I do. She had a need to fulfill Maslow's hierarchy just like the rest of us: the physiological needs, those of security, for love and belonging, of self-esteem and self-actualization.

I wish I could imagine what Sharon was like before cancer. There were a few pictures in the room, but she's unrecognizable in any of them. Medicine isn't only about making people better; it's also about trying to understand and accept them at their lowest. And when I see my patients, I'll always know that we share more similarities than things that set us apart.