Sophia Babnigg

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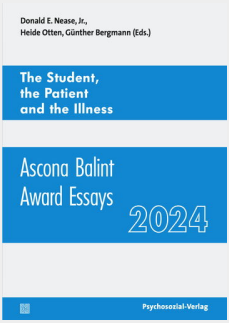

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Precious Moments in Time in Between the Solitude

Sophia Babnigg

On this Thursday morning, I asked myself how much I knew about Leukaemia. It wasn't that much because I was a second-year medical student still learning about the non-pathological processes of our bodies.

Before my acceptance at university for starting my medical career, I did an apprenticeship in anaesthesia nursing. I thought this apprenticeship would be the best foundation to study medicine. After a time, I discovered my interest in the pharmacological aspects, the whole process of anaesthesia in different professions but I also realized that the patients I meet are most of the time asleep and that our communication time is really limited, which was frustrating after working on my patient communication skills. The Covid-19 pandemic had started, and everyone was experiencing a lack of communication. We all got a little lonelier isolating ourselves from another.

I asked myself what the patients who already had lonely times while lying in the hospital would need in this difficult time. I thought that they really needed to be visited and someone they could talk to.

So, I decided to become a palliative care volunteer. I did classes at another hospital to get a degree and started my volunteering in psychosocial palliative care to talk to people who needed it the most at a time where only hospital employees were allowed to enter the building.

Remembering how I started is one of my rituals. I like to remind myself of how I began every time I volunteer because like every other medical student I have a lot of work to do, many pages that need to be read, and lots of flashcards to review.

But now on this Thursday morning I was a medical student volunteering in the palliative care unit and not a medical student in front of a desk. I tried to

remember all I knew about Leukaemia, made sure I had the right name of the patient I was going to see, and took a breath.

I knocked at the patient's door and entered the room. Mrs. B. was a woman in her early sixties. She was lying in a bed that seemed way too big for her. She was small and thin and appeared very tired. Not only that, she had obviously not had enough sleep in the last few days as there was also a kind of a weariness that emanated into her skinny limbs, a weariness that restricted her field of vision and prevented her from being awake even though she was not asleep.

I smiled and hoped that she could see the glint in my eyes because we still wore FFP2-masks on this unit.

"Good morning Mrs. B. We do not know each other yet. My name is Sophia Babnigg and I am a medical student. On Thursdays I volunteer here. May I sit down for a little while and join you?".

Her eyes fixed on me. She did not say a word but nodded slowly.

"Thank you", I said, and took a chair and placed it in front of her so she did not have to move her head to see me.

After two and a half years of volunteering, I still was not happy with how I introduced myself to the patients. Being a medical student makes many of them insecure about my competences and intentions. If I only introduced myself as a volunteer, they do not know that for example I can also disconnect an empty IV and call for the nurses, which always disrupts our conversations flow.

Top of Form.

"Before starting my medical studies I did an apprenticeship as an anaesthesia-nurse. Then I qualified for psychosocial terminal care during the pandemic, and now I am a 2nd-year medical student at Witten/Herdecke University."

Mrs. B. did not react, which was not uncommon. Many patients do not know what psychosocial support is or what they would do with someone who offers it.

"How did you sleep last night?", I asked her.

"Badly", was her answer.

Her voice was as quiet and dry and tired as her appearance.

I asked, "Why did you sleep badly?"

Mrs. B. did not answer. The room was full of the noise of the bubbling oxygen flask behind her bed. I gave her some time to respond and found out that she had problems falling asleep and got up often because of the noises in her room. She did not use many words and I tried to figure out if I had interrupted her trying to sleep and whether she was just too polite to ask me to leave or if she just did not want to talk.

I had a feeling that she might just need a little more time to join our conver-

sation. While figuring it out, I asked some personal questions such as if she also had problems sleeping at home, if she grew up in Witten where the hospital was, if she was married, who the last person was who met her in hospital, and how she spends the time in her room. Her answers were really short, but she always answered. Her eyes seemed tired, often closed while talking so I concluded that it might be time to leave.

"Mrs. B., you seem very tired to me, it is absolutely fine if you want to be alone."

She was quiet.

A split second before I got up to leave she said, "I have plenty of time to be alone before I die."

Immediately I had goose flesh all over my skin. Her words hit me like an oncoming train and I felt unable to react, shocked by the frankness of this innermost revelation.

"You can stay if you want to", Mrs. B. said calmly.

"May I hold your hand for a while?", I asked.

For the first time, I experienced not only being seen by Mrs. B.'s eyes but being connected to her. She nodded and so I held her hand a little tighter. I did not know what to say. I knew that she was right, that all the nurses are doing their very best to take care of the palliative patients. Although Mrs. B. is visited every day by her husband, most of the day she was alone in her room, alone with her lack of sleep, her final thoughts, her pain, her sickness, her grief.

I did not know what to say but I was by her side, and it felt enough in this special moment. After a while she asked me to help her to drink. She was able to hold the glass on her own, but opening the bottle was easier for me. After drinking a few sips, she started to tell me about her current situation.

I was glad that I stayed and did not leave early. I listened to her fears, her sadness about her diagnosis at the beginning of the year, her weight loss, the loss of feeling female because most of the time she just felt ill. I got to know her patients' dimension. I got to know her from her perspective as a patient. She provided me with all this information voluntarily, without feeling like it was an anamnesis quiz.

Long sentences strained her. Every little break was filled by the bubbly sounds of the oxygen tank.

"Is it cold outside?", she asked.

"It's not really cold but pretty windy", I replied.

She told me that she would like to go outside but felt too weak. I suggested asking if I was allowed to take her out in a wheelchair for a little walk.

"That would be great", she answered, and she gave me a warm smile.

I went to the Senior doctor and told her about my meeting with Mrs. B. and our growing connection. I reported that Mrs. B. asked for something that would help her to sleep in the evenings so that this information would be noted in her file. Something I only found out because I paused and waited a little while.

I asked if I was allowed to take Mrs. B. for a walk. When they told me "Yes", I found a wheelchair and a mobile oxygen tank.

Back in her room, Mrs. B. seemed much more alert. Because of the wind outside I dressed Mrs. B. warmly. Standing in front of her wardrobe, I wanted to choose some socks. Some of them were colourful, some were not. One pair seemed very sweet to me; it had sloths on it. I asked Mrs B. if she wanted to wear this pair of socks.

She answered, "You're really mean. Just because I'm slow you do not have to call me a sloth."

Before I had time to react, she laughed out loud. I could see the amusement in her eyes. This was the second time when I experienced a genuine emotion, and she allowed me to participate in it. I joined her laughter, and we shared another special moment together.

A moment later, her husband entered the room. He brought a lot of good spirit and joined in our laughter not even knowing what we were laughing about. We introduced ourselves to each other and I suggested leaving them alone to take a walk on their own, but both agreed that I should go with them.

While dressing for the cold we talked some more. Mr. B. brought some good humour to our conversation and I felt really comfortable staying with them without feeling as though I was stealing some of their precious time together.

As a group of three, we started our little excursion. The lifts in the hospital are very small and only two people could fit, so we split up. As Mrs. B. and I entered the lift, I complimented her choice of husband.

"Yeah, we are pretty happy. He always tries to make me laugh, although some days it is really hard. I would like to laugh even when I do not feel like it, but I become weaker every day. I don't want him to feel bad about me not laughing at his jokes."

It was her longest sentence in our conservation so far, and her first really clear confession.

"Why are we not on the ground floor yet?", Mrs. B. asked.

"Oh, I forgot to press the button because I was listening to you.", I replied.

"It's fine, we are not in a hurry", she laughed again with a bit of sadness in her soft voice.

"My husband might think we got lost."

It was her way of showing that she felt ready to tell me about her feelings but did not want to go any further, which was totally fine. I know what it is like when you just want to be heard but do not need a response because you are not yet ready for it.

Once downstairs, we joined Mr. B. again, who was joking with his wife. It was really sweet seeing them together. After so many years of marriage, they still seemed so in love. Even when Mrs. B. feared that he might be disappointed by her lack of laughing, to me, she seemed very loving. Of course, it was also clear that she was in deep grief but who would not be in her situation? At least she was with a supportive partner, which is not everyone is fortunate to have. This bittersweet thought stuck in my head for weeks.

Mr. and Mrs. B. told me about their relationship, their favourite vacations, about how he handled the diagnosis, and about him suffering with her and also with being alone at home. I was impressed and grateful that this couple was that honest and open with sharing their thoughts with me. Mrs. B. seemed to blossom. Still tired and weak but much more awake, she absorbed every word from her husband. When she spoke or sadness appeared in the conversation topic she grew more introverted, looking down to her hands, but when her husband joked or remembered how happy they used to be at the sea, she reached for his hand.

After a time, I wanted to say goodbye so that they would have some time for themselves until Mrs. B. needed to sleep again. I got up and let he know that she would get some medication that would help her sleep if she asked for it.

"Thank you for the walk. My wife appeared much more awake than in the past days to me", Mr. B. said.

"Thank you for letting me participate in your walk. It was a pleasure and I'm really grateful that you felt comfortable enough sharing that much out of your life with me. If you want to, I´ll come to visit you again next Thursday.", I said.

Mrs. B. answered that she would appreciate this. I smiled and hoped that she would see my eyes smiling above the mask. At this moment I felt fulfilled.

Before I could turn around, Mrs. B. grabbed my hand and squeezed it with an amount of strength I did not expect. She said, "Thank you for coming and being with me. And especially for staying at the beginning."

I felt tears coming up, crouched down and squeezed her other hand on her lap.

"I am really grateful you felt comfortable enough to let me stay with you. And I am really looking forward to seeing you next week."

It was one of the most intense encounters I had ever experienced in a hospital. On my way home, I replayed the morning and noon again and again, especially

the part when Mrs. B. told me that she will be alone enough before dying. Without knowing her at all, I sensed the fullness of her grief and loneliness.

Many people know the feeling or can at least imagine being a patient in a hospital, watching the hands of the clock ticking slowly, being bored, and waiting for their release so they can go on with their life. Out of my own experience as a patient, I remember this time being tough and depressing, on top of the pain, nausea, lack of sleep, and the feeling of sickness.

What it means to feel the pain, the nausea, the lack of sleep, the feeling of sickness, the breathlessness, and the new bodily feelings with all the additional tubes attached to your body without the prospect of leaving, no one can imagine in its full impact without being a patient with a terminal illness.

In different conversations I heard many perceptions of death. The hands of the clock do not tick equally for each person. Some describe it as excruciatingly slow and others as dizzingly fast, while others were just staring and hoping for a quick ending or even a miracle healing.

Before I enter a patient's room I do not know much about the person except for their basic medical data (and some of those I still cannot interpret fully). It is very individual if they like to have a conversation or how they would like to spend our time together.

When I first met Mrs B. I was unsure whether she wanted time for herself. Her fatigue enveloped the whole room. It is not easy to describe if my intuition told me that she might like to talk if we had more time together, which made me stay and ask more questions and continue our conversation. It is not easy.

The first information she gave me without a direct question was that she knew she would be alone more than surrounded by loved ones until she would die. She used few words, but they were so accurate that the meaning of her confession was understandable without her saying it.

I was really glad that I did not stand up immediately after announcing I was leaving but gave her a moment to speak. Now we were at a point where she wanted to share information about herself and her emotional and health status. By sharing with me I was able to listen and respond to her needs.

Of course, she noticed that her sentence, "I have plenty of time to be alone before I die.", deeply moved me and that I needed a moment to react. She gave me that moment. Giving each other moments created a real connection in our conversation. This genuine connection made it possible to hold hands with a stranger and laugh together, like the moment I suggested wearing the sloth socks.

It was also important that our connection enabled her to tell me that she wished for some medication that would help her to fall asleep. When I knew it

I was able to tell the senior doctor so that she could do an order for the nurses, which also strengthened my relationship with Mrs. B. by making me seem reliable.

The moments we gave each other developed our connection so much in that short amount of time that Mr. B. was happy for me to accompany them on the walk without knowing me, just by perceiving the dynamic as he entered the room.

While inside the elevator, it was important for me to share my initial impression of Mrs. B.'s husband. This led to a profound revelation about her worries and the current dynamics of their relationship, where she expressed concerns about not meeting her husband's needs due to her progressive weakness. My ability to empathize without personal bias allowed me to grasp her fears, especially considering her earlier discussion about the loss of her feminine identity. The complexity of her role as both a female patient and a wife became more apparent. This interaction was so compelling that I momentarily forgot to press the elevator button, affording her the time to open up. It was another instance where time played a role, allowing her to express herself naturally. Following this, she chose to limit the conversation after sharing her comfort level, signaling that she didn't want to delve further at that moment. I believe this brief elevator exchange laid a solid foundation for the subsequent conversation I witnessed between Mrs. B. and her husband.

I really loved Mrs. B. s. reaction to holding my hand as we said goodbye. It felt like the circle of esteem after me holding her hand earlier in her room and made me very grateful and fulfilled.

The following Thursday, I got up early and with a pleasant anticipation, I went to meet Mrs. B.

While putting on my scrubs, I began my ritual of remembering the start of my medical studies. As I walked up the stairs, I replayed my conversation with Mrs. B. and the little details she and her husband have shared with me. I wondered if her sleep had improved and if she was feeling any better.

When I arrived at the station, I asked a nurse for the patient plan and said that I would start with Mrs. B. because we already knew each other.

Sadly, I was told that Mrs. B. had passed away that morning alone in her room. Her husband had been informed but had not yet come to the hospital.

Hearing that Mrs. actually died alone exactly like she feared made me feel profoundly sad. I was also saddened that I had missed opportunity to meet her again and let her know that I really came back to see her again.

It was a very busy day and I talked to two other patients. Between and after the conversations, I asked the nurses if Mr. B. had arrived, but he had not. Unfortunately, I did not get to meet him that noon either.

I did not know if I was allowed to go into Mrs. B.'s room and because everyone was so busy that morning I didn't feel comfortable asking someone from the team. I did not feel ready to explain that we had a connection, and that I would have liked to say goodbye.

After the two other conversations, I stood in front of Mrs. B.'s room with everything I was feeling about her death in my mind, hoping that my thoughts would somehow go through the door and follow Mrs. B.'s. spirit to let her know them.

Feeling frustrated that I also missed the chance to speak to Mr. B., I went home and wrote about the day in my journal to process my emotions. The next day, I wrote a short letter and put it into my "Missed opportunity box", the box that reminds me of things I wanted to say in a certain situations so I would not miss the opportunity again.

Where Did I Go from There

I often replay my encounter with Mrs. B. and my journal writings give me a lot to think about. It is important to reflect and understand the lessons from my meeting with Mrs. B. and what they mean to my personal growth and development. However, we should focus on teaching medical students to reflect on their individual role in every student-patient or future-doctor-patient conversation. All our studies in anatomy and pathology prepare us to be doctors and to do good diagnosis and interventions but it is just as important to figure out how comfortable one feels in conversations to be the person you can trust that your health and well-being are in good hands.

Get to Know the Treatment Options

At my university there are many classes about Patient-Doctor-Conversations and how to stay emotionally healthy. Although these classes are really good, I do not know if something like "How will I feel when a patient dies?"-class is coming up in the next few years. As a medical student, it is really important to ask yourself this question before you find yourself in this unavoidable situation. You probably will not get close to the actual feeling but at least you will know if you are the kind of person that wants to say goodbye or perhaps say a little prayer can help you may lead you into questioning the hospital's standards about how the deceased

are dealt with, such as whether you are allowed go back into the room before the relatives, can help with washing or other tasks.

Initially, I was a bit frustrated not knowing if I was allowed as a student to enter someone's room after their death. A few moments later I discovered that my anger was my coping strategy to not feel the oncoming sadness of Mrs. B.s, death. After my missed opportunity I was fine with writing a letter and adding Mrs. B.'s name to my "Patients that changed something"-booklet but for any similar upcoming situation I want to be prepared. Knowing myself as emotional and interested in connecting authentically to patients, for me it is important to know if I am allowed to say goodbye if I want to. I learned to ask about how to handle it in the hospital where I volunteer, and now I take this into every hospital where I will work during my medical studies.

Thinking about Reconnecting Options

I am afraid I wasn't able to talk to Mr. B. after losing his wife. I would have liked to share my condolences and support his grief, and not just vanish after the connection we built and being part of one of the last days he spent with his wife.

Like the question of how you will react to a patient's death, in my opinion, it is important to consider if you want to give your patients or their relatives an opportunity to reconnect with you beyond the required medical information, so that in case of vacation or something else, another doctor could give the contact information. I think it depends on the specialty you will work in, but for myself, I can imagine leaving an email contact, such as a second work email address I will not read into if I am on vacation but after, to get in touch and talk if it is emotionally needed, especially if I choose to go into Paediatrics, Gynaecology and Obstetrics, or Palliative medicine.

Intuitive Listening

It is not easy to understand a patient's mood. It could be part of the illness, a change of character, a bad daily condition, a reluctant personality, or real denial. It is important to act with caution to find out where to sort in to clear your own concern and offer something over and above. It is always an option to tell what you perceive and wait for the reaction or to leave someone offering to come back later at another time. I have learned to trust my intuition as far as I cross

someone's border of denial. To trust my intuition for me it was very important to gain as much experience as possible by talking to patients. From my own beginnings I know that you might feel insecure about talking to patients but like tying surgical knots you only get better by practicing. Many universities offer voluntary classes to practice conversations and get feedback. I experience those offers as a precious possibility to become a communicative student and a good doctor that I liked to be spoken to. I would recommend every other student to practice conversations as often as possible to train their own intuition based on real-life experience. If time allows, I would additionally recommend volunteering as a student somewhere in health care to improve in conversation skills but also in character development. Plus, you get insights in professions you would not get as a normal medical student, and it is a very fulfilling time and a nice counterbalance to the intense everyday life of a medical student.

A Patient Is Always More than Their Illness

In Germany, the average time of a conversation between patient and doctor is around eight minutes. In eight minutes, you hopefully find out the most important medical information. But every patient is much more than their illness. In my opinion, it is very important to understand how the illness affects each patient individually in their lives. Some are for example very affected by flatulences while others are not at all.

Mrs. B. suffered a lot from her huge weight loss and the loss of feeling female and being too weak to feel connected to her husband. Like everyone, patients want to be seen as individuals and treated with empathy. That is why it is important to get as much information about your patient as you can. As a medical student you might have more time with the patients, which should be seen as a privilege and to take a really precise medical history and ask in-depth questions to get the full picture of the patient. As above in awareness of the patient's limits.

To get more than the own collected information a good multi professional communication is key. Every profession like nurses, therapists, dieticians, midwives, volunteers, etc. get individual information. If this information is assembled together you make sure to have a multidimensional picture of your patient. To get that information from other professionals it is really important to talk to each other in multiprofessional ward rounds and the most important is to know what your neighbours profession is about.

As someone who did an apprenticeship before studying medicine and who

has worked with many doctors I wished that they had been more interested in how our working fields become more combined than ordering and assisting for our common patients' feelings.

At my university there are classes and placements shadowing other professions that are in touch with patients but no doctors. You can attend for example midwives or art therapists or even the cleaning staff to get impressions about your future co-workers and their jobs. In my opinion these classes are extremely invaluable. Before attending one of those classes I would have not been able to write half a page about the job of a dietician. I only had ideas like talking about diabetes and what not to eat during pregnancy. That dieticians are also much more into parental nutrition and even work in science I did not know before I shadowed one of them which was a very great experience.

So, I really would wish that more doctors had the opportunity to join those classes where you talk about interprofessional work so that they would evolve an interest in attending other non doctors professions.

If I know now that a patient is craving for special food I can take a call and ask for options I do not know about. The patient is seen in its dimensions, and we work together to reach most of them and not only to cure their illness or palliate symptoms.

Thinking about Sloths

As I wrote above, generally we are prepared to meet the patients. We know their names, their diagnosis, and maybe an assessment by colleagues before we actually meet them. In contrast, the patients do not know anything about us and they are not prepared for us to enter while they are dressing themselves, showering, or vomiting. They are not prepared for our information and even less so for their emotional response. It is important to remember the time we give ourselves to prepare, like breathing in or checking the correct name one last time. I wish for more classes that would teach us that we should not only focus on giving information but how to wait for a patient's reactions and responses. In my personal ritual to replay my medical path before talking to a patient, I added a picture of a sloth to remember to give patients time to respond to what I said or asked. When I think about sloths, I think about all the important information I would not have gotten if I rushed over something because I had time to get prepared for this conversation. Moreover, I am reminded of Mrs. B. and enter the room with the same warm feeling as if I were wearing sloth socks.

Time Is a Factor but Moments Are Precious

At the end the most important thing I learned about meeting Mrs. B.:

As a future doctor, I'm aware that I will not have as much time for the patients as I do now as a volunteer. Working in a hospital is tough and we all have many things that need to be done. It probably will get very stressful. Besides that, it is really important to remember that the stress and lack of time is our issue.

Patients deserve our time and even if it is short, we are responsible for giving them moments to make sure they are seen by us. They deserve our attention and to feel seen because our established routines may feel repetitive to us, but for them, it's new every time.

An authentic smile, taking their hand, some kind words, or just standing side by side in comfortable silence are the keys to build a relationship that is not just patient-doctor but human-to-human. I believe that I will have many fulfilling encounters when I remember that patients are alone a lot and take this as an opportunity to create special moments with them.

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