Dorothée Otte

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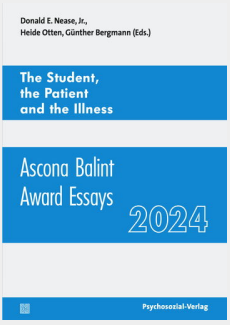

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Medical School: Pushing Boundaries and Beyond

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Introduction: From Nightmare to Dream Career

Bortfeld, the village where I grew up. I switched from the elementary school in the village to the high school in the city next to us. It was the time of friendship books. You were allowed to write what you liked most, what you wanted to become, and what you absolutely could not imagine becoming. I answered the latter with full conviction "doctor" (and misspelled it, because I always got confused with the sequence of letters in my native language German). 16-year-old me on a trip to Minnesota, USA, as part of the CBYX program from the German Bundestag and the American Congress. I was able to visit the Mayo Clinic in Rochester, MN, USA, because an acquaintance of my host family worked there. Insights were gained, fates moved me, dreams were created. Three years later, I found myself studying medicine. After two elective internships in cardiac surgery, one in the ENT department and two internships in general practitioner practices, my path led me to my next internship.

Hospice: The Place of Encounters with Mr. W, Death, and Oneself

It led me into the hospice in my hometown. Without a precise understanding of the significance of this place, I set foot in the majestic building on my very first day. It was the only facility of its kind in the city, with coveted and limited spaces. I was to become a part of it for the next month. At that time, my studies had not explicitly covered palliative medicine. However, I had two points of contact

at that time: one of my tutors in my "Professional Development" course had additional training as a palliative care physician and gladly shared his experiences about his work. The acquisition of this additional qualification has been possible in Germany since 2004. While it was founded by a dozen people back then, now several thousand individuals opt for this additional designation as a "palliative care physician". Thanks to my tutor, we were able to discuss topics such as patient and care directives, power of attorney (POA), and euthanasia. During one of my internships at a general practitioner's office, my supervising physician was also responsible for the care of palliative patients. His empathy, passion for his work, and approachable nature inspired me. One encounter will always stay with me, when we sat across from a patient who was the same age as my mother. His skin and sclerae had a yellowish hue, he was gaunt, and his eyes lacked their usual sparkle. He had been diagnosed with terminal pancreatic cancer. However, during our conversation, it became clear that he had never been informed of his final diagnosis. When he heard that he might have at best 6 months to live, he wished to have a moment alone. I admired my supervising physician for finding the right balance for this patient, between empathy, professionalism, and focus. So, three months later, I found myself in the hospice; it was to be my third encounter with palliative care – and with Mr. W.

I chose this experience out of my own interest in this field. Not all our patients can be saved, even though our studies mostly focus on how to best treat patients. I was now in a place where patients resided, whose lives were already limited, with an awareness of death, their own death, and a desire for a passing with the highest possible quality of life. While serving meals, I got to know each hospice resident. Each room presented its own challenge: while some felt lonely, others threw food at me, had screaming fits, or did not react to anything said or offered. I did not experience the typical consultation as in a general practitioner's office, but rather an approach to persons who found themselves in an exceptional situation. Because who thinks, without being confronted with a life-limiting illness, about dying in a hospice, and who knows so far in advance that they will get one of the coveted spots before death removes them from the waiting list? I had never thought about death before. When my grandmother passed away, I was 11 years old. I did not cry. One of the residents was Mr. W. Although it wasn't a typical consultation, our first encounter began with mutual inspection. A slender, sunken man whose mouth corners were not pulled down by life experience but rather mischievously pushed upwards as he spotted me with the tray. There was an immediate connection and sympathy for each other. He sat on the edge of the bed, his shirt neatly ironed, looking much too big for his delicate body.

Later, I learned that he had been a teacher for most of his life, had lived completely independently until recently, and suddenly faced the separation from everything he knew. Conversing with him was effortless; his charisma and intellect kept the conversation engaging. Day by day, we got to know more about each other. He thanked me every time for my time. On the third day, after reflecting on the experience, I did the same for him. He was the one with limited time and invested so much of this precious commodity in me.

Another patient captivated me with her entire presence. The pillows seemed oversized compared to her delicate body. Even though her makeup was meticulously applied, her face showed no expression. Neither did her body. We never exchanged a dialogue. During a hand massage, I told her about my day. I used hand techniques that I had learned during an employee training at the hospice to help patients feel their own bodily boundaries again, which often blur quickly for patients who have been lying down for a long time. We did not make eye contact, but she was there. In the exchange with Mrs. K, I learned to reflect on my communication on both verbal and non-verbal levels. What do I say to her? How do I say it? And how do I come across to this elderly lady? In those moments, I could apply and question what I had learned in my communication lectures. But what is it like when my counterpart neither responds nor reacts?

After a week, Mr. W, closely followed by Mrs. K, was the room where I spent the most time. We talked about his time as a teacher, a human being, and a world traveler. He mentioned his son. One day, he sat on the edge of his bed looking slightly nervous, trying to fasten the last button of his shirt, which did not seem to want to cooperate. Through our conversations, I knew how much he missed his independence, which had been abruptly taken from him when he moved into the hospice. The button found its way through the right hole, and he thanked me for letting him do it himself. His attentiveness to his surroundings was unique. I felt that this should be reciprocated; it was the least I could do. He told me that his son would come to visit today. He had not seen him in two weeks. He wanted to bring some things over. His eyes sparkled with life in the midday sun shining through the window.

The next day, I encountered a man slumped in a room that, while still clean and tidy, now seemed sterile and empty. Today, the emptiness of the room seemed to swallow up the old man. Where was Mr. W? He wanted to have his meal in his room today, not downstairs at the communal table. His speech was more hesitant than usual, and he seemed withdrawn, thoughtful, almost absent-minded. As I was halfway out of the room, I heard a slightly trembling but composed voice: "He didn't come." In that moment, it struck me that I could not begin to

understand how Mr. W was feeling; there were far too many missing pieces about him, his person, and his life for me to comprehend fully. Yet I found myself saying something like "I can understand how you feel." During the last three days of my internship, Mr. W stayed in his room. We talked, but he seemed much quieter than usual. He did not receive any visitors. This fact affected me in some way, even though perhaps it should not have. On my last day, I held his hand and told him that I looked forward to experiencing the midday sun with him.

So began the first week after the end of my internship, and the longing for my more human self, drew me back to the hospice. With my backpack filled with sweets and a candle, and a homemade cake in my hand – a mole cake, his favorite. After a warm welcome, a nurse looked into my eyes for a long moment and touched my shoulders: "Mr. W has passed away." I did not drop the cake, nor did I lose my smile. My heart did not drop. So, he had already left us before he could greet the faint spring sun on a walk before he could enjoy his favorite cake one last time.

Shortly after saying my goodbyes, I met a good friend, a trainee at the hospice. I asked her if he had received any visitors since I had been gone. She shook her head. So, he had left before he could see his son again. She hugged me and said, "I was outside with him yesterday; he was incredibly happy." This deeply touched my heart. It is the power, happiness, and joy that we can create through our collaboration.

An Experience of the Extraordinary Kind

This internship not only expanded my horizons in dealing with palliative patients, but it was a journey to myself. It had a lasting influence on my interactions with others. I became more attentive to others. So, a frail grandmother did not get lost in the hustle and bustle of people in front of the bus, but I helped her confidently onto the bus. I actively observed my surroundings instead of letting them passively rush by. I inspected as if on a medical inspection – unbiased, open, and attentive to the "patient". The more I saw, the more I developed a sense for people, I collected knowledge of human nature. It became easier for me to approach the new residents, and I was not surprised by flying food bowls anymore. Either because the residents did not feel forced to such measures due to my adaption process towards my surrounding, or because I was now warned. I dealt with death. It changed my perspective on life and gave me appreciation, gratitude, and vitality. It may sound controversial to some, but this place gave me such strength

that after every shift, I went home with a smile on my face and in my heart. I heard that my aura had changed. I noticed this because I found myself engaging in conversations with various people more often during everyday activities, at the supermarket, while exercising, or while taking a walk – and that felt incredibly good.

While I also regularly had conversations with Mr. W, I noticed that no matter how much I learned about him, I knew little about him. Why did the son not visit his dying father? What was his relationship with his wife, were they separated, or had she already passed away? My thoughts about the residents accompanied me on the bus ride home, until I tried to consciously put them aside when passing through my front door. One of the first pieces of advice a doctor gave me. Did that always work out so well? Let's just say I have gotten better at it.

With my decision to study medicine, I did not just choose the path of "wanting to help people", but the path to becoming a medical expert. What is professionalism and what does it mean for us as future doctors? With which of the Can-Meds roles can we most identify individually, and which ones do we consciously strive for? In the context of our seminar "Professional Development", we discussed exactly these questions. Professionalism – some of us agreed – also means maintaining distance alongside empathetic behavior. We take care of the patient, but we draw a line between being professionally involved and being privately involved. When the boundaries blur, then one starts to swim. However, everyone draws this line differently, which is why every doctor handles a specific situation with a patient differently. Reflecting, my naive self was possibly driven by comradely curiosity when it posed these questions to Mr. W in its head, while my medical trained self now realizes that it was possibly my subconscious professionalism that prevented me from asking these questions out loud. I was not a comrade, at best in a supporting role, but I was still in the leading role of a caregiver. How much was I involved then? And how much was I allowed to be? In my opinion, there is no right or wrong, only a spectrum from white to black. The gray area is a popular place. In this gray area, self-reflection on my feelings helped me to get to know myself and my human limits. This reflection had already begun in my medical training as part of our "Communication" classes, but I had not yet attributed importance to it. The focus there is on learning appropriate communication skills for future interactions with patients – from the "simple" consultation to the pre-treatment consultation or patient briefing. With standardized patients, we prepare for our annual final exam, the OSCE. After each conversation, we reflect and receive feedback. The internship also gave me insight here. Because I noticed how much I benefit from reflecting on my self-awareness. And is that

not the basis for empathy? The more open I am to my own emotions, the better I can interpret the feelings of others.

When I was confronted with Mr. W's change in behavior due to his lack of visits and other personal factors, I noticed that although I was ready to recognize, understand and empathize with Mr. W's emotions and thoughts, I asserted too early that I could understand him because at that moment I certainly did not. What drove me? Perhaps the need to create closeness and sympathy and build trust, as we had learned in medical school, an emotional foundation for upcoming, professionally focused conversations. It took the rest of the day and the bus ride home until I had organized my thoughts, all information, and impressions until I could really say, yes, I can understand his situation. To truly empathize, I needed additional information because as much as I knew about him, at the same time I did not know enough to be able to put myself completely in his shoes.

Facing Mortality: What It Made Me Do

In my elective internships in cardiac surgery, I learned about maximizing human efficiency. Everything was timed, everything had to work, everyone had to work. Everyone was a cog in the spinning hamster wheel. There was no room for failure. You were needed. This demand had been ingrained in me since the beginning of my studies. I did not want to disappoint. And these experiences further defined and strengthened my own standards. However, when confronted with the death of the frail old lady Mrs. K, which has been so close all along, I ignored that demand. Previously, in my internships, I had experienced composed professionalism. A patient passed away on the operating table, and that was it. It was not indifference, but an unspoken prohibition hung over everyone's heads, prohibiting any emotional, human reaction. It did not require much adjustment from me because it seemed normal to me. This normalcy seemed to be shaken because when Mrs. K died, part of my lightness died with her that day. In the morning, I was surrounded by a feeling that prepared me for the fact that her soul would soon leave us. When she did, we opened a window for her as the candle outside her room danced in the air, just as she would do now. I left the room without saying my goodbyes and asked to go home. My emotions overtook me while my mind went blank for a split-second. Then, my mind raged with chaos, but peace reigned in my heart. I got on the bus, observed those around me and got off again. I walked the last 12 km home. My thoughts were still raging, but my emotions were now rolling down my cheeks in tears.

Since then, in my studies, I have encountered more often the internal drive that compels me to act in a certain way. However, what is important is not what comes out of it, but what it makes us feel. During a submission, I experienced how much my mental health suffered from this additional time-consuming submission between work, study, and family problems. It caused me to collapse internally until it became externally evident to those around me through weight loss, hair loss, and dark circles under my eyes. My surroundings caught me. It took some time for me to minimize this demand to a minimum, and I still struggle with it – some days more than others. But in this hospice internship, without even knowing it, I took a step away from it, a step towards a healthier, more fulfilled version of myself.

When my time at the hospice was coming to an end, the director asked me for a meeting. Her words deeply moved me. Sometimes we forget how powerful our spoken word is and how much we can destroy or build with it. In my case, it was the latter. She said, "To know your limits, to act on them and to gradually push them further, is the key to your future." And she was right. In my studies, I constantly encounter my limits. And while I sometimes push back my boundaries, such as my limits of endurance, there is only growth in my personal development with each step. While Mrs. K's passing threw me out of my emotionally detached normalcy, there was no storm of emotions within me when I learned of Mr. W's death. I walked to his room. In front of it, a candle was burning, just like it had been the case with Mrs. K a few weeks ago. The window was open. I saw Mr. W lying in his bed, wearing an ironed shirt that was much too big for his slim body and the two corners of his mouth that were not pulled down by life experience, but slightly pointed upwards. Perhaps he had found peace within his inner chaos after all. I took his cold and stiffened hand in mine. It was the first time I touched the body of a deceased person whom I knew. In that moment, I devoted all my thoughts to him, thanking him for our encounter. He had made me part of the person I am today. Part of the doctor I aspire to be. I felt a sense of self-blame, mild sorrow, and a sense of peace. It is not always the case that the patient is enriched by us, as we provide them with enlightenment and our attention as a doctor, but Mr. W enriched my life and gave me a part of it that I did not yet know. And so, a part of him will always live on within me.

Lessons Learned: A Time of Realization

When I was 11 years old, death had no significance for me, so it did not trigger any emotional reaction in me. Furthermore, I honestly did not have a strong emo-

tional attachment to my last remaining grandmother; she was nice to me, but so was our neighbor. My encounter and subsequent relationship with Mr. W (and Mrs. K) gave me my emotional depth. And by that, I don't mean that I am now overwhelmed by uncontrollable emotions, but rather that I can allow myself to feel. Previously, this was never something I missed, because as I quickly noticed: feelings were less valued during the daily hospital routine. However, my current self would wish for the transparent veil of emotion prohibition to be lifted. For some, it may work well to consider emotions as private rather than professional, as that is their self-imposed boundary. However, this should not be a standard for everyone, expected from everyone. Because I am convinced that there are indeed some people who deliberately suppress their emotions just to meet this standard – as I would do now. Not only do they suppress their feelings, but occasionally their humanity as well. I stand by my feelings and my humanity because they allow me to act more empathetically and reflect emotions, which can catch patients when they are falling. It is my way of connecting with patients, to create a pleasant atmosphere for the patient, but also for myself.

In doing so, I only must admit to myself: Be aware of promises you cannot keep. It was discussed in medical school, but sometimes good intentions and promises slip out faster than is good for oneself. Not all promises can be kept, and this may leave some people cold, but it gives me inner restlessness. When Mr. W passed away without me being able to take him out with his wheelchair to enjoy the sun, accusations against myself crawled up inside of me like an inner tornado. And here it shows: in a team, you catch each other when one is falling. It makes a good person to feel inner happiness by making others happy. With this stroll, she not only brought happiness to Mr. W, but also to me. My tornado of accusations crumbled into sand and dust. One realization, landing on the ground of hard facts, remained: Do not make any further promises. That is the line I've drawn for myself.

When I decided to pursue this degree, I simultaneously decided against my mother's wishes. She wanted me to pursue a degree with financial support during the training. I then chose a study program that is time-consuming, unpaid, and lengthy. So, I saddled my racehorse and rode off. But what I noticed: my studies are not a racetrack, but an exhibition of things that one should enjoy and let take effect on oneself so that everyone can react adequately to the exhibited objects at their own pace; I realized that it might take me longer to come to a mental decision. And since this internship, I allow myself to take this time as well. Coming from a family with financial instability and emotional strain due to chronic illness, I know how difficult it can be to allow this change in thinking. But there is

another way. So now I allow myself voluntary insights into various medical fields that personally advance me and enrich me medically. The medical license is no longer a distant goal that I am working towards. Instead, I dedicate myself to the journey to get there, which one should not lose sight of just as much as oneself along the path.

Do not lose sight of yourself during your studies. It is a journey to yourself, not away from yourself. Two of my friends in medical school are being treated for depression. Various factors and the stress of the first year of study have broken them. I know this abyss because I stood there. It is not a nice place and not one where you want to stand alone. Working in the hospice and the subsequent bus ride home as a contrast program has shown me how little we pay attention to other people in our everyday lives. Everyone is in their own bubble, trapped in their thoughts. Since the pandemic, the seat next to you on the bus is firmly occupied by a shopping bag or any other object of choice. The exchange with each other is successfully blocked. When one eventually manages to push through to the person and the shopping bag could make space, one is faced with the next obstacle: the small white earbuds in the ears of many fellow human beings: the headphones. Everyone can do as they please, but can we not actively engage with our surroundings instead of passively letting it rush by? In our society, there is an urgent need for a shift towards each other, rather than away from each other.

However, my time in the hospice not only revealed my wishes for my future or for society, but also my limits. And just as my two friends with depression would advise me now, this experience advised me: know your limits. Because as Demi Levato sang in 2020: It is "OK to be not OK". It is okay to not function sometimes. It is okay to need time for yourself. When Mrs. K's death opened the Pandora's box of my emotions, I felt my personal limits. And deciding to acknowledge and listen to them allowed me to grow personally. Our individual limits are flexible. With every encounter with "a patient, a person, a human being worthy of respect", as Jil Keir so beautifully wrote, I adjust these boundaries. Don't force them to be pushed further too quickly, but here too applies: Enjoy the journey. Know your limits and push them further – all in your own pace.

Medical School as Balancing Act: Navigating the Human and Medical Realms

The knowledge I gained in my studies about diseases, known or unknown to me, brought not only insight but also a certain heaviness into my life. I no longer

saw a person directly as such, but rather as a puzzle of their disease. I knew what the prognosis was for a certain diagnosis, I had images in my mind of what the cancerogenic abnormality looked like in the patient's tissue, I knew things that I wished I would not have known during the consultation. I wanted to be a human being, with ease and approachable for my surrounding, not a machine of knowledge. I struggled with parts of the role that my seminars tried to teach me. Self-doubt, fear, identity loss, who am I? I needed time to deal with the impressions, the responsibility, and ultimately the patients, and thus become approachable for them. I realized that I can be both. Human and health advocate. Human and professional. Human and medical expert. A doctor and myself. This inner conflict I could only fight out with the help of patient contact from the beginning of my studies. In lectures such as "Patient Colloquium," students can meet a patient. One gains a sensitivity for conducting conversations during consultations as well as a clinical intuition. It can be overwhelming and enriching at the same time. Such early contact allowed some to realize that the chosen profession is not the right one, or conversely, confirmed their decision.

In each of my internships so far, it has been the encounters with people that have deeply affected me and moved me on a personal level. To give every medical student, the greatest possible chance for personal development, there needs to be freedom in the curriculum. Optional modules, where students can freely choose their focus areas, would be a way to support the process of self-discovery and promote encounters with diverse individuals. In the preclinical phase, this is exemplarily implemented by being able to choose from numerous research projects and organize one's elective internships according to individual interests. This offers a great deal of autonomy and personal development. However, there is a lack of this same freedom in setting priorities during the clinical phase of studies and in the selection of mandatory clinical internships. At my university, the allocation of internships during our clinical phase is done through a lottery system. The chances of gaining insight into a particular field are therefore in the hands of an algorithm. If one does not get a placement in the chosen discipline, one loses time or is assigned to another specialty. Each specialty offers valuable experiences, but I am convinced that one can benefit even more from unexpected encounters if they lie within fields that interest one from the outset. In the limited time we have in medical school, we should be able to invest time, as the precious commodity it is, as effectively as possible in our future.

Not only can the structure of medical training pave the way for us, but it also provides opportunities for us to not lose sight of our surroundings. During my internship, it became clear to me how quickly and unconsciously this can happen.

And not just there, my fellow students were struggling with certain demons, just as I was, and yet no one knew about it. Organizing workshops that address the importance of key topics such as mental illness, genital mutilation, or chronic pain to facilitate and promote intimate exchanges among students. A diverse range of regular such offerings can only enrich the journey through medical studies, help us grow as individuals, and enable us to actively perceive our environment again. Sometimes, alongside all medical know-how, it is quite beneficial to realize that we are human beings.

Embracing the Journey: Finding Yourself in Medical Studies

I would like to encourage each of my fellow students: Do the voluntary internship. Take the time for your studies that you need. Don't measure yourself against others but get to know your feelings and yourself. Only in this way can we understand our fellow human beings and ultimately our patients. It is okay to need distance from death. But it helps to have dealt with it, because it is a constant companion for some of our patients, a surprise guest, or a frightening construct for others. We can only help if we try to understand, listen, and engage with what is being said. It is an exchange that should not only be based on medical facts, but also gives room for personal growth. This study, this path to becoming a medical expert, this life we have chosen will push us to our limits. Acknowledge them. What do they do to you? How does my body, my soul, my mind react? What is best for me right now? Boundaries are there, but they are flexible. Push them further, feel comfortable, and find yourself. I found my emotional side. I cried for the first time over the loss of a person I had known for 13 days. And it opened a door within me to the vision of the doctor I want to be.

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