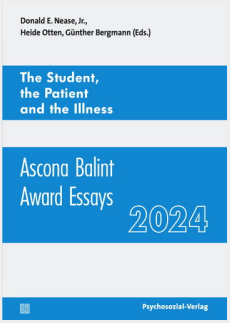
Taneka Tezak

A Journey into Compassionate Medicine



Ascona Balint Award 2024
Jr. Nease, Heide Otten, Günther (Eds.) Bergmann
The Student, the Patient and the Illness
Ascona Balint Award Essays 2024
Seite 147–153
Psychosozial-Verlag
DOI: 10.30820/9783837962710-147

Psychosozial-Verlag

Bibliographic information of the Deutsche Nationalbibliothek
(German National Library)
The Deutsche Nationalbibliothek lists this publication in the Deutsche Nationalbibliografie; detailed bibliographic data are available at http://dnb.d-nb.de.

Original edition
2024 Psychosozial-Verlag GmbH & Co. KG, Gießen
E-Mail: info@psychosozial-verlag.de
www.psychosozial-verlag.de
Typesetting: metiTec-Software, www.me-ti.de
ISBN 978-3-8379-8503-0 (Print)
ISBN 978-3-8379-6271-0 (PDF-E-Book)

A Journey into Compassionate Medicine

Taneka Tezak

Waves of tension crashed through my body. She screamed through closed lips trying not to move. I held my breath, my jaw clenched. Despite the general movement and chatter in the theatre, her scream was the only sound I could hear as it echoed through my ears. She squeezed the nurse's arm so tightly her skin went white. It was just a few minutes earlier when I had met this woman and been in awe at the calmness she had radiated. At the time she happily chatted with her husband about her expanding family and laughed about the still unfinished nursery. Now? Now she was kissing her husband before being prepped for general anaesthetic.

In the world of medicine, each encounter with a patient is an opportunity for profound learning and personal growth. The following narrative recounts a transformative experience from an early placement – a journey that unfolded unexpectedly and left an indelible mark on my understanding of the human aspect of medicine. This narrative is not just about a surgical procedure; it's about the complexities of the student-patient relationship and the powerful impact that empathy and compassion can have on both the patient and the aspiring medical practitioner.

It was day one of my women's health placement and as third-year medical student observing caesarean sections I was actively trying to take up as little space as possible in one of the corners. The sterile environment of the operating theatre provided the backdrop for my initiation into the complexities of obstetrics, and women's health more broadly. The woman on the operating table, Poppy, transitioned from that calm expectant mother to a woman writhing in pain and fear. Her scream, an audible manifestation of the emotional turmoil within, served as a catalyst for my own internal conflict – a battle between the professionalism

I sought to project and the overwhelming desire to alleviate her suffering. As I attempted to navigate the unfamiliar territory of obstetrics, the weight of imposter syndrome loomed large. The language of this specialised field felt like a foreign dialect, and I grappled with the fear of inadequacy. However, in the midst of this internal struggle, an instinct emerged – one that transcended the boundaries of medical protocol.

I don't know where I gained the ability to take that first step but one foot in front of the other, I walked over to the top of the bed. Approaching Poppy, I found myself at the intersection of vulnerability and compassion. The communication between us began with a simple question: "Would you like me to sit with you?" I now found myself in the chair her husband should have been sitting on as they welcomed their second baby into the world. The decision to sit by her head, in the absence of her husband, was not a calculated move but a response to an innate understanding of the human connection required in that moment. As I sat by Poppy's side, the weight of imposter syndrome became a tangible force. The medical terminology that surrounded me seemed like an impenetrable language, and the responsibility of being present in such a vulnerable moment brought forth waves of self-doubt and fear. Yet, in that vulnerability, a connection blossomed – an unspoken understanding that transcended the limitations of words.

Sitting with her, the internal tug-of-war continued; the clash between professionalism and empathy was palpable, and the boundaries of my role as a medical student blurred in a way I had not yet experienced. Her whole body was trembling, her teeth chattered and the tears on her face glistened against the harsh white light of the operating theatre. I held her hand and stroked her hair. It was while I held Poppy's hand and offered words of reassurance, that I found myself straddling the line between observer and participant, between the detached student and the empathetic companion.

She was scared. So was I. She asked questions, laden with anxiety, that surpassed the scope of my medical knowledge. However, I persisted in providing answers to the best of my ability, an attempt to create a bridge between the medical jargon of the operating theatre and the human experience. She squeezed my hand tight, a physical reminder of how scared and vulnerable she was. Seeking to relieve some of those feelings I tried to redirect her. We talked about her older daughter and that unfinished nursery. She squeezed my hand so tight; I could feel it going numb, but I did not mind. We talked through her baby name options. Her anxiety grew exponentially as people touched and moved her for the set up. I massaged her temples when she said she was going to throw up.

When she could no longer speak or keep focus, we breathed. I taught her

square breathing, my favourite breathing technique. I was well beyond my comfort zone and felt a pressure that I remain unable to put into words. In that moment, those few breaths and the silence were as much for me as they were for her. No medical school class had prepared me for this moment. I had no idea what I was doing or how to help. Instinctively though, I knew I was exactly where I needed to be.

I am not sure I know what I felt in that moment but sitting in that seat holding her hand was the most me I had felt on placement. We continued breathing together right up until they placed the mask on her and she went to sleep with tears still staining her face. Her grip loosened as she drifted with the anaesthetic but I still had to physically remove my hand from hers. These small act of holding her hand, stroking her hair, and engaging in a shared breathing exercise became a testament to the therapeutic power of human connection, something that I did not understand until I had processed and reflected on the experience in the weeks and months that followed. Holding Poppy's hand becomes a symbol of solidarity, a tangible connection that goes beyond the confines of medical protocols. The gentle stroking of her hair, a seemingly simple gesture, become a soothing balm in the midst of chaos. The shared breathing exercise evolves into a metaphor for the synchronisation of two individuals in a shared experience of fear and uncertainty. Each action becoming a musical note in a symphony of the intricacies of non-verbal communication.

Next came the procedure. I do not really remember the details of her caesarean, I mean yes, I could recite the steps of a standard caesarean section and I am sure they were quite similar, but do I remember those few minutes? No. The next memory I have is returning to the corner trying to take up as little room as possible again. It was back in the corner that doubts began to creep in. Had I overstepped my boundaries? Was my presence an intrusion or a source of comfort? Had I done the right thing? What did the consultant think of my actions? These questions representing an attempt to reconcile the professional expectations with the intuitive responses that guided my actions.

Then? Then she was awake and frightened once more. The resident doctor was telling Poppy of the success of the procedure and how perfect her baby girl was. She was still woozy. Poppy's whole body began to tremble again. She was left alone in the centre of the operating theatre as she continued to come out of the fog of anaesthesia. It was like none of the previous caesarean sections earlier on the day where everyone had fussed on the new mum and bub. Poppy, now awake and frightened, faced another moment of profound vulnerability. The contrast between the celebratory atmosphere of new mothers and the isolation she experi-

enced was stark. In this solitude, I found myself drawn to her bedside once again, offering solace in the form of a comforting presence. We exchanged no words. However, the hug that followed became a conduit for emotions that transcended both words and the clinical setting. Tears, whether mine or hers, symbolized the shared vulnerability that defined this unexpected encounter.

As a third year medical student I am on my journey of firsts. Many have occurred and many are still yet to come. The first code I watched while holding my breath. The first time I delivered bad news and felt the weight of that person's world shattering into a million and one tiny pieces with them. The first death I witnessed. There are many moments that I know will stay with me forever, moments that are etched into my memory. Memories that I am reminded of at the times I expect least: in the lyrics of a song, or in the darkness of you're my eyelids as I drift to sleep. These are times I expected to shed a tear, and I did. However, nobody prepared me for the tears that have come in those experiences you least expect.

Poppy and her experience into motherhood for the second time was the first unexpected experience that has stayed with me. It has changed me and how I have since approached my time on placement. After two years of cramming more knowledge about the human body and diseases that I thought was possible, I suddenly found myself in the hospital with a security card that let me into almost all areas of the hospital. The responsibility granted by a hospital security card, had initially led to a loss of self. Up until this point in my rotations, I had worked so hard to present myself as competent.

In that short time with Poppy, I experienced so much. I experienced every emotion I can name; I felt incompetent, and I felt proud, I was commended, and I was disparaged for the very same action. However, in the crucible of Poppy's experience, I rediscovered the essence of my why in medicine. Despite it being the typical answer we give, at the core, it is not helping people that draws and keeps one in medicine. Helping is simply not always enough. For me, it is recognising and responding to the person who presents in front of me.

Now, months later, as the sands of time settle, the impact of Poppy's experience on my personal and professional growth emerges with greater clarity. This journey, initially an intense moment in the chaotic symphony of medicine, has evolved beyond a singular event into a transformative catalyst for a paradigm shift in my approach to the field of medicine. What once seemed like an isolated encounter with Poppy has now become a pivotal touchstone, illuminating the delicate equilibrium between competence and compassion in the realm of medicine.

The months that followed were not a mere passage of time; rather, they un-

folded as a period of profound growth. Wrestling with the aftermath of that intense moment, I found myself grappling with questions of vulnerability and authenticity. The threads of complex emotions and insights gained from Poppy's experience wove themselves into the fabric of my evolving identity as a medical professional.

Poppy, lying on the operating table, has transcended the role of a mere patient. Her image has transformed into a reflective mirror, offering a nuanced perspective on the intricate balance between clinical proficiency and heartfelt compassion. The realization dawned that clinical competence, while undoubtedly crucial, stands incomplete without the underpinning of compassion – a realization that unfolded in the sterile corridors of the hospital.

In this environment, the importance of seemingly small gestures emerged as a recurrent theme, extending beyond the boundaries of that singular encounter with Poppy. My experience became a revelation challenging preconceived notions that even I, as a budding medical professional, held before this transformative journey – an acknowledgment that doctors, like myself in the future, are human beings capable of experiencing emotions and displaying compassion.

The narrative of sitting by Poppy's side captures the essence of my evolution that occurred in the subsequent months. Despite the passage of time, thoughts of Poppy linger, a testament to the enduring impact of her journey into motherhood. She became the guiding light that allowed me to navigate the chaotic world of medicine and reassess my values as a medical student and future doctor. Through her experience, I learned the profound lesson that it is acceptable to shed unexpected tears and remain true to myself.

In the haze of imposter syndrome, Poppy became my beacon of clarity, helping me realign my compass to true north. The fog lifted, revealing the profound truth that competence, no matter how extensive, lacks significance without the infusion of compassion and, perhaps more importantly, vulnerability. In this ongoing journey, I have witnessed my own growth in confidence, acknowledging mistakes as stepping stones, and continuously shaping my unique approach to providing comfort.

The reflection on this transformative experience yields a crystallized lesson: there is always time for humanity in the practice of medicine. The small gestures – playing a game of cards, sharing a sandwich, or simply sitting with a person – hold profound significance. Through challenging conversations with myself, I have discovered that all the clinical competence in the world does not hold weight without the compassionate essence and, crucially, the vulnerability that connects us as human beings.

As I continue to traverse the intricate landscape of medicine, Poppy's indelible mark remains etched in my memory. She has become more than a patient; she is a symbol of the profound interconnectedness between competence and compassion, a reminder that, in the world of healing, the human touch is the true heartbeat of medicine.

The journey into women's health, sparked by my immersion and reflection on the experiences with Poppy and others that followed, transcended the confines of a specific medical specialty. What initially began as an exploration of the intricacies within this field transformed into a broader reflection on the implications of medical training as a whole. As I navigated the complexities of patient care, a resounding call for a paradigm shift reverberated – an urgent plea to weave empathy, compassion, and vulnerability into the very fabric of medical education.

This call for change extends far beyond personal growth; it resonates at the core of medical education itself. The lessons learned from my experiences with Poppy and subsequent encounters underscore the pivotal role empathy plays in the world of medicine. Despite the relentless demand for scientific knowledge, it becomes clear that empathy should be elevated to the status of a cornerstone in medical education. Compassion, a genuine concern and care for patients, must be cultivated in tandem with technical proficiency. Vulnerability, often misconstrued as a weakness, emerges as a strength – a bridge connecting healthcare providers with the human stories behind the clinical cases. A comprehensive education, therefore, must not only empower future healthcare providers with diagnostic and treatment skills but also instil the ability to authentically connect with patients on a profoundly human level.

However, the transformative shift needed is not confined simply to the classroom; it extends its tendrils into the very fabric of the healthcare system. Reflecting on my experiences as a clinical year medical student, it becomes evident that there is an urgent need for a cultural shift within hospitals. It is imperative to both recognise and value healthcare professionals who embody empathy, compassion, and vulnerability in their practice and teaching.

In the current landscape, where the focus often leans towards clinical efficiency and technical skill, there is a call for hospitals to acknowledge the intrinsic value of healthcare providers who bring the human touch into their care. The recognition of the significance of empathy and compassion should permeate the institutional culture, steering it away from a purely transactional approach to patient care. Hospitals should become spaces where the embodiment of these virtues is not just appreciated but actively cultivated and celebrated.

The paradigm shift calls for a recalibration of the metrics used to evaluate the

success of healthcare providers. It challenges the conventional emphasis on quantitative measures, urging a qualitative assessment that incorporates the nuances of patient-provider relationships. The shift advocates for an environment where healthcare providers are not only acknowledged for their technical proficiency but also for their ability to empathize, communicate, and genuinely connect with the individuals under their care.

As I envision this transformation, it becomes clear that the healthcare system should be a nurturing ground for healthcare providers to evolve into compassionate healers. A system that recognises and supports vulnerability as a conduit for genuine connection, understanding that it is through acknowledging our shared humanity that the most profound healing occurs. This paradigm shift is a call for the healthcare system to be not just a place of medical transactions but a haven where empathy, compassion, and vulnerability are not only valued but integrated into the very essence of patient care.

The lessons I have learned and the experiences I have had as a medical student who has just finished their first clinical year are innumerable and invaluable. The intimate connection I made with Poppy and those who followed have illuminated both a path for myself on the way towards junior doctor and the path I envision for future medical education. Paths that lead to a future where healthcare is not just a science but an art – a collaborative dance between both clinical competence and compassion, guided by the profound understanding of our shared human experience.

The Author

Taneka Tezak, Australia
Griffith University, Australia