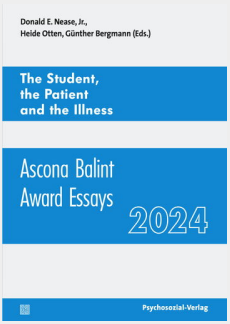
Ramila Tostes

The Two Sides of the Same Hospital Bed



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The Two Sides of the Same Hospital Bed

Ramila Tostes

The act of becoming a doctor requires, first of all, recognizing yourself as a human being. We see ourselves as human beings, however, based on experiences capable of awakening us to feelings specific to our species, such as the feeling of loss, for example, one of the feelings most presented by patients in a medical consultation. Contrary to this logic, medical education seems to demand from us, students and also trained doctors, a succession of constant victories: we need to beat our competitors in the entrance exam to get into a good university, we need to stand out at university to get good projects, we need to have grades high and we cannot, under any circumstances, make mistakes. Failure or loss does not seem to be part of a good doctor's career. Therefore, the difficulty in getting closer to our patients is often the inability to consider ourselves as people who also lose or suffer. We are taught to always be on the victorious side, ignoring any feeling that could bring us closer to a figure exposed to weaknesses, or, in other words, to extremely human manifestations, such as suffering.

8 a. m., November 2012. Together, there are 12 students from the last periods of the medical course, 5 resident doctors, 3 head doctors of the sector, a total of 20 people. The students prepared to visit the 13 hospital beds, accompanied by resident doctors. Soon after, they would present the cases to the heads of the sector. Anamnesis, physical examination, quick, today students need to return home early to study for the upcoming medical residency exams. Quickly, the head of the sector wants some more time with his family who arrived from the north of the country. Quickly, a patient will be admitted to bed 13. Not that. More work.

8 a. m., November 2012. She won't stop vomiting, she's 91 years old and will be hospitalized. The doctors will take care of it. There are 5 brothers, children of the patient, all employed workers, need to be accountable to their employers. Is

there no one who can accompany you? The brothers look at each other, scared, worried, on the verge of starting another fight over who would stay with their mother in the hospital. Nobody wants to miss a day of work. Everyone has their own justification and the possibility of agreement seems distant.

The patient vomited once again, the case does not seem simple, she lost 8 kg in 1 month. One of the students writes the clinical case on the computer in the study room, while another person does the physical examination, to speed up the work. Bed 13, occupied. A large number of laboratory tests were requested. We don't know the patient's religion, her hobby, how she feels about hospitals, what she likes to eat, nor what she did in the other 90 years she wasn't hospitalized there. Time to go. End of the work.

The discussion intensifies on the other side. The brothers face a hospital and a big city for the first time. They don't remember where they entered and how they now get out of that huge space. The city of the hospital is 2 hours away from where they live, they need a car to get around. It's a big city, they need to learn a way to stay there. It was decided who would stay that day. The companion would be Lívia, 59 years old, illiterate, hypertensive, diabetic, suffering from generalized anxiety disorder and depression.

The next morning, 20 people in white coats decide to visit together. There are 13 beds, the objective is to teach and learn. Maria, what are the risk factors for bowel cancer? João, how does oncological surgery work? They are in bed 13. Maria says she doesn't know how to answer, she feels sad, today will be a difficult day for her, she will question whether she still wants to be a doctor. João responded appropriately, today will be a happy day for him, he feels he is on the right path. The other students assess the situation and are grateful for not having been questioned about anything. They all leave with the promise to study bowel cancer protocols this afternoon.

That same morning, Lívia was waiting for a doctor to come to talk about her mother's situation. She had missed a day of work as a cleaner, which meant it would be harder to pay her electricity bill that month. She didn't sleep all night, she was anxious and had forgotten some of her medicine at home. The mother was not reacting well to the treatment and she felt scared. 20 people in white coats arrived. Lívia was unable to introduce herself, they were talking loudly, they seemed very busy. 3 people said good morning to Lívia. 15 people touched his mother's belly. 12 people heard their mother's heart. 1 person said things about cancer, 1 person responded, 1 person said they didn't know, 17 people just looked at the situation. Lívia was afraid of cancer, but no one asked her about it. 20 people came out of the bedroom door. Lívia called her brothers. Something about

cancer was said, but no more was understood than that word. The 5 brothers cried that day.

Another day began at the public university hospital's study center. A week has passed since bed 13 remains occupied by that same lady. What's her name? Don't remember. It's the one of the children who doesn't understand anything – a student says. Another person says: I don't have the patience to explain the same thing so many times, why do have a different person to accompany you every day? Why not leave just one? By chance, have you ever had a Deep Venous Puncture procedure, Heitor? Would you like to try it on the patient in bed 13? – said one of the resident doctors to a student. That would be a lucky day for Heitor. Colleagues envied him.

Today Luiza was her mother's companion. Luiza was the youngest of 5 siblings, illiterate, worked washing clothes, her work was late and she would have to explain to her bosses that her mother was sick. When asked what her mother had, Luísa would just say that it was age problems. She didn't know more than that. The brothers seemed to understand less than she did, the doctors spoke difficult words, evidently always very busy and with little time to talk. Luiza simply accepted and went to accompany her mother to the hospital every Thursday. She felt scared, but didn't say much about it, as she wanted to reassure the other 4 brothers who were living in an atmosphere of hostility. Luiza knew that her mother was not well, she seemed not to respond to the treatment the doctors gave her. Luiza didn't know what the treatment was, nor what was being treated, nor why her mother now had some devices invading her body.

20 people in white coats entered the room with bed 13. 5 people wished Luiza good morning. 16 people touched his mother's belly. Luiza asked one of these people: after all, what is wrong with my mother? The answer was straightforward: I don't know either, I'm just a student and my work for the day is already done. The deep vein puncture procedure would begin. 19 people would watch, 1 person would act. 1 person would have their body invaded without knowing why. And Luiza would need to share the news that her mother had received another device that she didn't understand how it worked.

Heitor tried Deep Venous Puncture 4 times, without success. The student Marina was called, who tried 3 times, without success. A resident doctor tried twice and succeeded. The students left frustrated. The resident doctor felt like a savior. The patient suffered the 9 attempts in silence. Sector bosses questioned how good those students who were unable to perform the procedure would be. 20 people in white coats came out of the room, each with their own questions. Luiza and her mother were left with no answers, just the difficult words they

heard during the 2 hours in which the doctors tried to perform that procedure for which they didn't know the reason.

Another group started in the hospital internship. Those 12 people from the last three weeks were now another 12 people, new students. The clinical cases of the 13 beds were presented. One of the students became interested in the case of bed 13 and asked the resident doctors and department heads for the patient's name, but no one registered. It was just a lady, she seemed to be sick with bowel cancer, with children who didn't understand anything because they were illiterate and looked sad. They were considering performing a colonoscopy on the patient. One of the resident doctors expressed his desire to carry out the exam and some students would like to follow him. Another great learning opportunity for those academics.

That same day in the morning, Leonardo arrived at the hospital to accompany his mother. He worked as a bricklayer, was in debt and had just been fired for not showing up to work for 5 days since his mother fell ill. Leonardo tried to explain the need to follow this difficult time for him and his brothers. The boss only asked for the work to be finished, and found someone else to take Leonardo's place the previous afternoon. Leonardo was enraged, sad, without hope. He would like to help the hospitalized mother, but he feels weak. 20 people entered the room. When a sixth person was about to touch his mother's belly, Leonardo lost his patience and asked why so many people needed to do this. He said that his mother was suffering, that she was in pain, that she was vomiting, that so many people there were performing the same exam, it was uncomfortable for his mother and for him, who just watched without understanding. One of the heads of the sector stated that Leonardo was not a doctor, that he could not know what was good or not for a patient. Leonardo said that he didn't really know about one patient, but about his mother's suffering he could understand. Leonardo cried that night. The 20 people in white coats left the room and returned to their homes with a day's work completed.

In the conversation that took place at the study center, the son of the patient in bed 13 was just ignorant. They will proceed with a colonoscopy on the patient, without further information for the family, as communication was considered difficult. Students are asked not to speak to that family again, as this could cause further problems. Resident doctors are instructed to prepare the patient for the colonoscopy procedure. The frightened students understand part of the situation as a difficulty in the doctor-patient relationship, but they feel that they cannot do much to help. Resident doctors obey the rules, they do not question what their superiors ask, they just learn how that structure works. The sector's chief doctors

have the mission to teach what they learned more than 50 years ago, they fight to ensure that nothing changes, because that is how it has always been done.

On the day of the colonoscopy, the person accompanying his mother was Pedro, a 48-year-old man, who worked as a waiter and did not go to hospitals, saying that the environment was difficult for him. With great difficulty, Pedro tried to overcome his fear and accompanied his mother, to share the work with his brothers. When he received the 20 people in white coats, Pedro's heart accelerated, he felt like he was going to faint, all he wanted was for them to leave. But on that particular day, they didn't just come from the room. The doctors informed Pedro that his mother would be taken for a medical procedure called a colonoscopy and that he could accompany them to the room where they would perform the exam. Pedro felt deep anguish, but knew he needed to stay strong for his mother.

A great learning opportunity was in front of the academics and resident doctors. Performing that colonoscopy procedure would be very important for them to say that they were good professionals, that they had already participated in something so interesting. Resident doctor Luís was chosen to conduct the exam, and that would be a big day for him. Luís studied all the techniques the night before, read several articles, talked to great professionals about how to proceed in the exam. He was prepared. The resident doctor was already prepared. Luís was seen as the best among the resident doctors, the most dedicated, the one who studied all the time. Luís tried 3 times, but was unsuccessful. The examination did not produce conclusive results. He would need to repeat the process.

Pedro asked his brothers not to let him experience another day of that exam, as his mother was weakened during the preparation, he felt unable to help her and, for him, there was no greater suffering than knowing that his mother would go through everything again. The brothers, as they did not witness that moment, considered that Pedro was just expressing his fear of hospitals and doctors. So, a few days later, Lúcia was at the hospital to attend her mother's second colonoscopy attempt. He no longer recognized her, due to the profound weight loss, the sadness on her face, the desire she felt to get out of there. Lúcia tried to talk to her mother about the importance of the exam, but her mother disbelieved her, saying that greater suffering than that could not exist. The mother didn't want it. Lucia didn't understand her. The doctors just followed a protocol.

As he was considered the best among the residents, Luís was once again chosen to perform the colonoscopy exam on the mother of 5 children, the grandmother of 8 grandchildren, the great-grandmother of 2 great-grandchildren, the aunt of 32 nephews, the sister of 6 other women [...] No, Luís was chosen to perform a

colonoscopy on a patient in bed 13 with suspected bowel cancer. Luís was chosen to find signs of cancer. And it was like that. The resident doctor tried countless times, but once again he was unsuccessful. The 12 academics watched, some felt bad, others wanted to leave the room, but couldn't, they would be considered weak. That day, Luís felt deeply frustrated. 2 academics doubted whether they would like to continue studying medicine. 3 academics discovered exactly what they didn't want to do in the future. 1 academic cried desperately in the hospital bathroom. The 20 people in white coats went to break the news to the family: they would need to repeat the exam. For the third time.

The family hoped that this time things would go as they should. Some of the brothers believed that this exam was the cure for their mother's illness. Some didn't know how to pronounce the name of the exam, but they were confident that it was the best thing to do. Leonardo would return to the hospital to accompany his mother for her colonoscopy. The preparation had already been done once again. Leonardo's mother was nothing but tears and suffering, she had already lost a lot more weight, she couldn't eat and wanted to go home. But a third attempt was necessary, as the doctors informed. Leonardo lamented the fact that his mother's wishes were not being heard, felt that she was close to death and did not believe that his mother's care depended solely on this examination.

That morning, the medical team was ready to receive the patient from bed 13 again. The examination would be carried out by one of the sector's chief doctors, a reference in colonoscopy. It would be a great learning opportunity. More academics were even called. After all, it would be a unique moment for them to learn how to do a colonoscopy. In the auditorium, where they watched the exam, around 30 people were able to learn about an exam technique, they learned how to do a colonoscopy, perhaps. The exam was a success. The patient from bed 13 suffered cardiorespiratory arrest 30 minutes later. It's time to learn how to fill out a death certificate. Another great learning opportunity at this university hospital. One of the students was invited to train his ability to communicate bad news and talk to the patient's family from bed 13.

The brothers were informed of their mother's death on the afternoon of that day. A very young doctor, whom none of the brothers had met during the days of hospitalization, came to give some news. It was student training. The grandmother of 8 grandchildren, great-grandmother of 2 great-grandchildren, aunt of 32 nephews, sister of 6 other women, her death was announced by a tenth period academic who did not even know the reason for her death. He had recently arrived at that hospital. The important thing was to complete the task, even if I wasn't prepared for it, even if I didn't know how to do it. The family didn't

understand. The academic tells this story and is amused by his audacity. Bed 13 is empty, there will be less work the next morning.

I come from a poor family, from the interior of Brazil, who depends on the public health system in my country. Therefore, when my grandmother fell ill, her care was provided at a public university hospital. The presentation of the story I told is based on the real experience that my family lived during my grandmother's hospital stay. The facts and names were purposely modified and interpreted under my eyes at this time, therefore, they are not extremely truthful to reality.

I am one of the granddaughters of the patient in bed 13, who remained for around 45 days without a clear diagnosis, without an explanatory conversation with her family, without the necessary reception and died after insisting on a medical procedure that would not change her prognosis in any way. Today, as a medical student, I know how to write this way. At that time, just a high school student, I couldn't say what had happened to my grandmother. When I began my medical studies and spent years at a university hospital, I began to understand what actually happens behind the scenes of care. All the time my mind works to discover why they treat patients in such an impersonal and distant way, often contributing to the anguish of family members and the patient himself.

I believe that my experience of loss alerted me to the context of my patients' suffering. Every family that finds itself without answers reminds me of mine. Every elderly person who is hospitalized and is about to die reminds me of my grandmother. Every time my fellow students are interested in carrying out unnecessary procedures on patients, just for their own benefit, I am reminded of the fact that complications from a procedure can often contribute to a person's death. Each of my experiences with patients is marked by the feeling of loss I carry. But not only that. I understood that knowing the story of the person I care for is an important step in getting closer to the reasons for the suffering of that patient and the family members who accompany them. Often, pain or illness is just part of something much larger, which is the result of a lifetime. Each person's experience with their illness is unique and reflects their choices, their place of birth, their profession, their family and their way of looking at life.

The current medical structure works with the disease as the protagonist of care and fights it as if it were more important. The absurd amount of classifications, protocols, names of medications and pathologies challenges us to memorize each piece of information as if becoming a doctor were directly related to our ability to memorize. We are questioned for not remembering a subject taught in the first period of college, for example, when we get closer to graduation. But we are almost never encouraged to reflect on the factors that involve the health-

disease process, such as lack of money, a precarious family context, the difficulty of active listening at home, loneliness, the challenges of a society immersed in a model of production exacerbated, among others [...]

My choice to approach this story, despite having lived it on the other side, that is, as a member of the patient's family, is precisely the fact that having lived this experience has brought me closer to my patients during my graduation, in a way completely different and unique in my trajectory. The student-patient relationship I try to build is based on what I wish had happened to my grandmother and my family when they were in that situation. Therefore, my incessant attempt is to work on a student-patient relationship based on listening, the exchange of reliable and explanatory information, the understanding of both sides and the exercise of empathy.

"We don't know the patient's religion, her hobby, how she feels about hospitals, what she likes to eat, nor what she did in the other 90 years she wasn't hospitalized there."
Firstly, I would like to highlight the importance of truly knowing the case of our patients. We must question, for example, how that disease is seen by the patient and their support network. As students, we can truly listen to what ails that family unit, trying to understand how our presence can be useful for them and what we have to contribute or reduce this suffering. More than learning what is written in books and articles, the presence of human beings around us awakens us to feelings that can only be experienced through the practice of empathy, for example. If we are not interested in listening and understanding the context of this problem and how it has affected people's lives, we will not be able to offer true comfort to our patients. We will continue to apply protocols without patients participating in their own care, making these human beings invisible and depriving them of being active in their healing process.

"...the doctors spoke difficult words, evidently always very busy and with little time to talk."
A second point to be addressed, seen in a more practical way, is the use of inaccessible language when dealing with patients. It is widely known that medical school is full of specific medical terms and not everyone will know them. Therefore, explaining to the patient and their companions clearly and objectively what is happening is an important part of building the student-patient relationship and, in the future, the doctor-patient relationship. At the end of all the explanations, it is important to listen to any possible doubts that may arise. Making everything clear, making clear the reasons why certain procedures will be carried

out or medications used is part of the success of the treatment, as they reinforce the confidence of both the patient and their caregivers. The art of conversation should be part of the medical curriculum in a more emphatic and necessary way.

"20 people in white coats arrived. Lívia was unable to introduce herself, they were talking loudly, they seemed very busy. 3 people said good morning to Lívia. 15 people touched his mother's belly. 12 people heard their mother's heart. 1 person said things about cancer, 1 person responded, 1 person said they didn't know, 17 people just looked at the situation"

Based on the story presented, one of the biggest questions that haunts me is the medical learning model in the hospital environment. The different people who accompany the same patient, all arranged around the bed, without many functions, just observing and, in accordance with medical education guidelines, learning. However, I believe that there may be more effective ways of learning about a clinical case, which generate less discomfort for the patient and their companion. The fact that there are many people during the medical consultation can even make communication between the caregiver and the person being cared for difficult. In addition to generating a certain insecurity, as it is not known for sure who the person is responsible for everyone else. Without explaining the reason to everyone present, the feeling of invasion becomes even more aroused, after all, the patient is in a situation of vulnerability and suffering, and there are still several people just watching him. The moment of observation already generates great discomfort, but things can get even worse when several people are willing to perform the physical examination on the same patient. At that moment, several hands will touch the same body, giving the sensation that that body is no longer something belonging only to the patient, but rather to several people who will touch it. Therefore, despite it being extremely difficult, in my practice, I use words of comfort to my patients when I examine them, demanding permission to touch their bodies, if I deem such an action extremely necessary or useful for my understanding of the case. The act of being in large groups at patients' beds must be continually guided by the medical education model we have built, and must be questioned whenever possible.

"Heitor tried Deep Venous Puncture 4 times, without success. The student Marina was called, who tried 3 times, without success. A resident doctor tried twice and succeeded. The students left frustrated. The resident doctor felt like a savior. The patient suffered the 9 attempts in silence."

During my medical degree, I was confronted several times with performing invasive procedures on patients. It is a fact that learning and knowing how to perform

basic procedures on a patient is part of medical training. However, the discomfort on my part was a little greater. Whenever a patient was about to go through something like this, I questioned myself about a real need. Sometimes there is fear of possible complications arising in the patient who had been trusting me. Carrying out procedures just to learn does not seem like a good justification to me, I always want to know why, the real benefits and to what extent I am really prepared to carry out that intervention. I believe that a single attempt is important in certain situations, as constant repetition by the student, still in the learning process, can generate psychological stress in the patient. Therefore, my experience on the other side, as shown in the story presented, also awakened me to the understanding that I can be more cautious when performing invasive procedures on patients. One way to deal with situations like this is to ask for help and sometimes ask someone with more experience to lead the action.

"In the conversation that took place at the study center, the son of the patient in bed 13 was just ignorant. They will proceed with a colonoscopy on the patient, without further information for the family, as communication was considered difficult."
One of the characteristics that bother me most during hospital projects are the judgments made about patients and the people who care for them. Often, having someone admitted to a hospital means a break in the structure of a family. There are factors such as the displacement of family members, the need for a person to take time off work, the financial expense of medication, the fear of losing a loved one, insecurity about the future of that family, traumas that may have already occurred for the loss of other people [...]. Anyway, there are many issues that can cross situations like this, causing people to behave in ways that are not always nice towards medical teams. However, what is often observed is the lack of acceptance of this suffering on the part of the team, making invisible the fact that that individual is going through an extremely delicate moment. Judgment behind the scenes of medical teaching ends up transferring a growing intolerance towards medical practice for people who are already exposed to other types of difficult feelings. Therefore, once again, active listening is able to avoid problems like this, understanding the moment that the patient and their support network are experiencing.

"Students are asked not to speak to that family again, as this could cause further problems."
Doctors are often placed in an inaccessible social position, as if their knowledge cannot be shared. Or, in some cases, questioned. We are inserted in a structure

that strengthens the perception that we cannot make mistakes. When a patient questions any of our conduct, practice tells us right away that that patient is difficult or could cause us problems. However, we forget that we are treating the conditions that this person suffers from. We, as students and doctors, are the party trying to understand specific problems and not the party suffering from a problem. In this way, listening to patients' questions, valuing their complaints and understanding them in a non-hierarchical way brings us closer to a more effective medical practice for the patient and for ourselves, avoiding wear and tear. One way to promote this type of space is to allow the patient to access the professional doctor in a truly human way, recognizing that the doctor is just like him, who also makes mistakes and may not be right all the time, but who is willing to help you with your complaints.

"The important thing was to complete the task, even if I wasn't prepared for it, even if I didn't know how to do it. The family didn't understand."

It takes courage to face our own limitations. During graduation, and even during preparation for the university entrance exam, we are invited to forget our weaknesses and wish we were capable of anything. This feeling of self-sufficiency and shame of admitting that we are unable to carry out certain activities accompanies us throughout the medical training process. It is necessary, therefore, to break this cycle that limits us and contributes to us becoming intolerant towards our patients. We are taught not to recognize our own difficulties. Therefore, we face big questions when we refuse to carry out any medical action because we need to learn and study a little more. This is not always seen in the good eyes of teachers or our colleagues. We appear fearful or unprepared. However, recognizing that our lack of skill can harm a patient is an important part of exercising empathy, as we do not want to be in that other position, that of someone receiving work that could be improved.

The big reason I brought up this story, experienced as a patient-student, is because it became a constant in my medical degree. I realized that what my family was experiencing was just an example of how things worked. One of the ways I found to avoid being contaminated by this structure was to follow the opposite path. With those patients who passed by me, I tried to understand the entire context that led them to the moment of illness. I understand that this exercise is not part of what the university requires, but I felt the need to do it, given the history I have. I was questioned several times about this stance, faced judgment and was told things like "medicine isn't done like that", "you don't need to spend so much time listening to these stories", "your job is just to write this recipe" [...]. I feel

like I experience medical school from two different angles. Now I experience the student-patient relationship through the position of student, preparing to train as a doctor. However, everything that is present in my practice comes from my patient-student relationship, when I experienced the other side and knew exactly what I wouldn't want to do and what I could do.

Dissatisfaction with the medical structure made me question what I was taught and I used this in parallel in my training. I was, for example, involved in building student collectives and associations that seek to improve medical teaching and listen to users of the healthcare system. I believe that it will only be possible to advance in this educational process when patients and their companions are truly heard. We cannot know what is best for a person without listening to them or trying to understand them. While we are building a process of training doctors for doctors, we will be far from those truly interested in improving the care that medicine offers, our patients.

Based on all the questions I decided to address, I think there is obviously no way all students can experience loss, grief, or even be patient. However, medical schools need to offer tools for these students to reflect on their own training process, questioning what they receive. For centuries, medicine was built based on a centralizing and oppressive structure, and only the movement of those who are occupying universities now may be able to change this logic. Promoting acceptance with words of support among your own colleagues can reduce, for example, the need to always be right. Practicing listening in group work can help when patients question some of our behaviors. Recognizing in a classmate a person who is suffering and facing problems is also training to understand the pain of others and exercise empathy. Learning medicine at universities, in a multidisciplinary way and with groups of diverse people, contains powerful tools to create students and doctors who are more welcoming, tolerant and attentive to their own suffering and that of others.

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