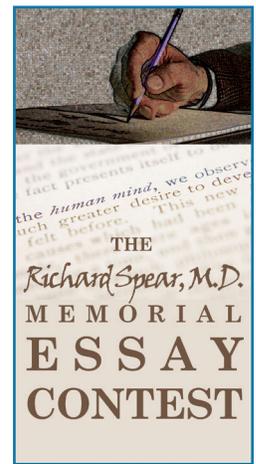


## PHYSICIAN-IN-TRAINING/ MEDICAL STUDENT CATEGORY

# WINNER

2014 RICHARD SPEAR, MD,  
MEMORIAL ESSAY CONTEST



# A LEARNING EXPERIENCE

R. Caleb Buege, MD



The word, doctor, comes from “to teach.” We are, at our basest form, teachers; and yet, I find myself more often than not on the receiving end of education. I suspect this is true of many of us. Why else would it be referred to as the *practice* of medicine if the implication weren’t that we are and should be always learning, striving, improving, pressing and searching? In keeping

with that tradition, I join countless others in the fold as I quietly amass a series of lessons and anecdotes, some bestowed knowingly, some accidentally, some profound and reverent and some decidedly irreverent. What have my patients taught me? Much. For the sake of organization, I place these lessons in one of three categories: Simple, Significant and Life-changing.

### Simple:

1. Never eat more than four servings of hospital jello.
2. Always take one of the cards in the parking garage that reminds you which floor you parked on.
3. Never stand in the line of fire when examining a newborn without a diaper.
4. Never ask, “When are you due?” Really. Just Don’t.
5. Never assume someone is mother, brother, aunt, uncle, dad, grandma, boyfriend, girlfriend, co-worker, mailman or otherwise. You’re bound to be wrong and no matter what the mistake is they will be offended.
6. Never return a patient’s call from your personal phone (unless you feel like getting to know that patient on a first name basis).
7. Never agree to look at a rash on an elevator. You’ll have to trust

me on this one - it can only end badly.

8. Never shoot a raccoon with a pellet gun.

These lessons are acquired, filed and catalogued for future use. I pass them along free of charge to any who may not have had the pleasure of their counsel. Still, other lessons have a bit more substance.

### Significant:

1. Never say never, always or impossible. (Except now. But after that, never say it again.)
2. Never ask if a patient has questions when your hand is on the door handle.
3. Always sit at eye-level, and make eye contact.
4. Never enter a room with preconceived notions. Presumption is the most arrogant form of folly.
5. Every grandmother knows more than you.
6. You’ll never work as hard as your mentors did, and your students will never work as hard as you.
7. Drug reps prove there’s no such thing as a free lunch.
8. Never ask, “When are you due?” I’m serious about this one.

In the end, we are constantly learning because there is much to be learned. The real test is placing these pearls into practice. The result, like this next lesson, can be life-changing.

### Life-changing:

1. Take time to ride your bike.

As a first year medical student, I had the good fortune to rotate

# PHYSICIAN-IN-TRAINING/MEDICAL STUDENT CATEGORY

2014 RICHARD SPEAR, MD, MEMORIAL ESSAY CONTEST

through the Hematology-Oncology unit at Kosair Children's Hospital. Part of a summer externship, I mainly observed the ins and outs of the team, and at times sifted through the sea of acronyms and physiology to glean some small understanding of the cases presented. I wrote everything down: tests, diagnosis, complications, syndromes – all to be looked up later in a private setting so as not to place my complete ineptitude on public display.

I stood toward the back of the group on a Monday afternoon while rounding through the outpatient chemo administration unit. Before visiting the next patient on our list, my attending stopped and craned his neck to look over the group to find me.

“This patient has relapsed AML and failed BMT three times. He's here today for palliative chemo. He's 10.” My attending gives me a small nod with a resigned look, as if to say, “There is a dark side to this job.”

I scribble on my pocket note pad. At least I know what *palliative* means.

Then we come upon our patient. A 10-year-old boy, bald and cushingoid, sitting in a rubber-upholstered recliner with an IV line appearing from the bottom of his shirt. The other end of the line is attached to a bag of yellow fluid strung to a pole nearby. Mom and Dad are sitting in children's chairs next to his, they're cramped in seats obviously meant for the small kindergarten table in the middle of the room. The yellow fluid drips methodically from the bag and into his veins, marking the passing seconds like an old pocketwatch. Mom and Dad sense our approach and look up from their magazines. The boy pays no notice to this group of white coats.

“How are we feeling?” my attending begins.

“Better on Wednesday, but we're back now. I think we overdid it this weekend. But, (there's a long sigh) he usually does better after his treatments. What's next?”

The conversation drifts between a discussion of *when* things should be done and *what* things should be done.

“Counts don't look bad. We could do another round of chemo before another transfusion. I mean, it's going to depend on how he feels and what you guys think is best.”

I'm still watching this boy as he attempts to ignore us. I get the sense that these discussions take place on the periphery of his consciousness all the time. I get the sense that he's more tired than any ten year old should ever be. He glances at his parents and our group with increasing regularity as the conversation progresses,

and I can tell that he is now taking an interest in our conversation. I begin to wonder how long someone lives on “palliative chemo.”

“I know it's a long drive for you guys. How about Saturday? We could have things set up to move as soon as you get here.”

At this, the boy's stoic demeanor breaks. He begins to cry softly through clenched teeth, taking deep shuttering breaths, still staring out the window. Tears come thick and fast, the kind you know have been held back. The conversation is broken and everyone's attention turns at this change of events. I wonder if his circumstance has finally reached its breaking point.

“What's the matter?” Mom asks as she reaches a hand to rub his arm. “You know you always feel better after the treatment. It doesn't mean we have to stay up here all day.”

He works to control his breathing, and time stops.

“Saturday I'm supposed to ride my bike.” He finally manages to form the words. “You said that Saturday my friends could come over and ride bikes.”

At this, he turns away from our group and wipes some tears as he shakes his head and stares resolutely in the opposite direction. The group goes quiet, and I wonder, how many days, how many minutes, how many bike rides does this child have left? Certainly fewer than I. The tragic weight of it all seems to settle around us like deep sand.

In the face of all this pain and unreasonable suffering, he maintained sight of what was important: spending time with friends, doing what you love, being a kid. A Saturday on a bike with friends holds all the promise in the world, and nothing, not even cancer should prevent it. The lesson? Take time to enjoy the little things. Take time to do what you love. Take time to be with friends.

Take time to ride your bike. **LM**

*Note: Caleb Buege is a rising second-year pediatrics resident at the University of Louisville.*