2021 Hope Babette Tang Humanism in Healthcare Essay Contest

Second Place Medical Student Essay: The Motherhouse

Ran Davina

“How many of you went into medicine because you wanted to cure disease?” The teacher asks. A few students raise their hands, scattered here and there across the auditorium. The teacher pauses, raises a brow, and says, “Alright then—how many of you went into medicine to make people feel better?” Like flipping a switch, a sea of white-clothed arms raise, some hesitant, the majority bold.

It is our first year of medical school and our first introduction to palliative care, a field centered around making people feel better, even when (or especially when?) feeling better is not getting better. Palliative patients are patients we cannot cure, only comfort. My hand waves alongside all the others, but I am acutely unprepared for the elderly patient smiling up at us from center stage, haunted by the knowledge I am looking at a soon—(so soon! Oh God, so soon)—to-be-dead woman.

She looks so alive.

And yet, “Two bladder cancers, a lymphoma, and a partridge in a pear tree,” she responds when asked to detail her many life-threatening diagnoses. “And now I am finally dying from it.”

Beside her sits her palliative care doctor, and together they share a genuine smile. “It gives me the same joy to aid in death as it does to aid in birth,” the doctor states, chin up, shoulders back. Pride. It is clear they mean it. I cannot relate at all.

Even if this doctor is comfortable, even if this patient is comfortable, I, surely, am not. A quick, snappy death seems if this doctor is comfortable, even if this patient is comfortable, I, surely, am not. A quick, snappy death seems if this patient is comfortable, I, surely, am not. A quick, snappy death seems if this patient is comfortable, I, surely, am not. A quick, snappy death seems if this patient is comfortable, I, surely, am not. A quick, snappy death seems if this patient is comfortable, I, surely, am not. A quick, snappy death seems.

Why do I find it so much easier to deal with death after the fact than I do watching its slow, looming approach, like the shadow of a cloud creeping over my face? I think of cupping water between my hands, the spaces between fingers that I cannot hold tight. I think of sinking slowly into silk-soft sand, unable to wrench myself out as I am pulled down deep into a warm, close dark. I do not know what death looks like or feels like, but I do not expect it to be bad, not really. But I miss feeling alive. Even in this lecture, I miss feeling alive.

Listening to this patient’s journey, I am grateful everyone’s attention is on her and not on me. I take a long drink of water to cover my face, hoping to hide my watery eyes. I am not alone. It is not long before the patient is crying, I am crying, and my classmates to the left and right of me are crying too. It is just so goddamn sad, watching a fellow life-lover missing it too.

“The doctor did tell me, ‘I still have radiation up my sleeve,’ but I decided it wasn’t worth it.” The patient turns her face up, and her features come into sharp relief, harsh classroom light catching on her nose, her chin, the soft look in her eyes. “Look at all these wonderful people. All these people who are going to be doctors, and make people feel better. I’m going to go as long as I can, as hard as I can, with as much heart as I can, with doctors like you—all of you.” Somehow mortality shifts indefatigably closer, a solid yet ungraspable thing, baffling in its clarity.

“We’ll observe how the burdens braved by humankind
Are also the moments that make us humans kind;
Let each morning find us courageous, brought closer;
Heeding the light before the fight is over.
When this ends, we’ll smile sweetly, finally seeing
In testing times, we became the best of beings.”

—Excerpt from “The Miracle of Morning,” by Amanda Gorman

More than 270 essays were submitted. A distinguished panel of judges, including esteemed health care professionals and notable authors, reviewed the submissions. Three winning essays from medical students and three winning essays from nursing students were selected, along with 9 honorable mentions. The winning essays will be published in consecutive issues of Academic Medicine and the Journal of Professional Nursing in the fall/winter of 2021.

The contest is named for Hope Babette Tang-Goodwin, MD, who was an assistant professor of pediatrics. Her approach to medicine combined a boundless enthusiasm for her work, intellectual rigor, and deep compassion for her patients. She was an exemplar of humanism in medicine.

The Arnold P. Gold Foundation is a nonprofit organization that champions humanism in health care, defined as compassionate, collaborative, and scientifically excellent care. This Gold standard of care embraces all and targets barriers to such care. The Gold Foundation empowers experts, learners, and leaders to together create systems and cultures that support humanistic care for all.


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when the patient speaks of palliative care it does not sound like giving up. It sounds like fighting. For a month, a year, a day of joy and comfort.

"Thank you," she says, voice gravelly with tears, "for thinking I have anything to say worth saying."

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Three years later I am thrust prematurely into a hospital caught in the throes of a deadly pandemic where death is all around me. I open the door to my last patient of the day, exhausted in more ways than one.

“Sister?” I intone loudly, like every time I have entered. There is no response, like every time I have entered. And the same image unfurls before me, again and again: a devout and elderly nun, skin paper-thin and parchment-yellow, lying motionless in a bed in the center of the room, eyes closed, lips loose. The entire room is shrouded in darkness save for a single bulb above her bed shining down like a heavenly spotlight.

I am no Christian, but I am certainly a spiritualist, and more than that, an art historian. The resemblance to the Death of the Virgin Mary iconography is striking. A feeling of hushed awe settles over my shoulders every time I see it.

Today, when I approach her, the Sister says in her melodic voice, softly but clearly, "I am not ready to die. I still have so much to do."

I have known since day one: She is going to die. It is inevitable. At the start of next week, we are sending her home on comfort care to pass away in her Motherhouse. It will only take a day or two, tops. I have not had time to feel it yet.

The Sister is delirious, slipping easily back in time, telling me in detail of the child she is teaching, the parolee she is helping, the small, kind woman she is hired with—me, I soon realize, a magically displaced me that follows her a near-century back in time to a place where together we do great things.

Someone said to me once that listening to elders locked in times past is a both great honor and exceptional privilege. That in everyday life we so often neglect to ask about our elders’ pasts, to bear witness to all that they have done and learned and loved, and miss out on deep and hard-earned truths. But memory loss, delirium, dementia allow us to see it all played out before us in real time, without having to find the right questions along the way.

"Thank you for thinking I have anything to say worth saying," I hear in my mind. I think of all the death I have seen since I heard those words. I think of my worry and discomfort and fear. It is still there, in truth, but now there is more: experience, and gratefulness, and a readiness to care.

I place my hand on the Sister’s shoulder and listen.

Editor’s Note: The patients’ names and other details have been changed to protect patient privacy.

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