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A Doctor's Beauty

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My mother is a “beautician”, the suffix -ician denoting a person skilled in the prefix, beauty, or more simply a hairdresser. Growing up my kitchen always smelled of ammonia and hair bleach, and my kitchen sink was used as a makeshift shampoo bowl. My mother pierced my own ears at four months old; her hair was a different length, style, or color, every other day. But when my brother was diagnosed, she stopped dying her hair and no longer wore high heels. This may sound frivolous, but if you knew my mom, you would understand the gravity of this change. I was ten when this happened, old enough to understand the situation surrounding me but young enough to automatically be deemed an undiscerning child. I sat in the hospital for months observing, watching my mom and my image of beauty washed away from the despair of not being able to save her child. That is when I discovered a different type of beauty; the beauty in a doctor's care for their patient.

Once again I found myself in a hospital, this time at the age of 21, brushing the hair stuck to my mother’s sunken, diaphoretic face with my fingers. I managed to remove the hair-tie wrapped around my ponytail and tied her long, black, ammonia-scented hair behind her neck. She would not let me remove her makeup or jewelry. My family, unwilling to make medical decisions when my mother lost her heartbeat, legally deemed me her healthcare proxy. Now in control of my mother’s care, the beauty I found those years ago in the hospital, the doctor’s care for their patient, revealed itself to be a complex responsibility.

Instead of the familiar odor of ammonia and hair bleach, the “hospital smell” of purple top sani-wipes and medical sterilizers was a new comfort. I was now working in an emergency room with the title of *medical concierge*, an elegant name for scribe. This meant that I shadowed a doctor during their shift, filled out their electronic health charts, took care of patient and family

satisfaction, and often was audience to the physician's aloud decision making. Though the ER was small, there was an overabundance of sounds, responsibilities, smells, situations, names, and people to acclimate to. As soon as the overwhelming novelty of the situation wore off, I was confronted with a new obstacle; I saw my mom in every patient I encountered. In every COPD-diagnosed cigarette smoker who could not breathe without an O2 tank, in every drug seeker with a list of charts in Meditech that could fill a book, in every overdose patient brought in alone with no family or ID, in every flat line, in every patient with no health insurance, in every weeping mother fighting with their child, in every domestic abuse sufferer accompanied by police protection, I was looking at her face.

Staring at the raindrops flying across the train window mirroring the tears across my face, I couldn't find a solution. Was it okay for me to be crying after a shift? That day I decided with resolve, I can cry when I need to. When applying to medical school you are asked the infamous question "Why do you want to be a doctor?" and from personal experience I know that many applicants' responses are based off of a familial experience. A sick family member is why someone turns to medicine. So how do doctors translate compassion for their loved ones to effective patient care?

The dilemma is a moral tightrope; imbalance could mean life or death. One side of the balance is a stranger, a body on a stretcher that is simply your job. Too far to this side and you treat someone as an object, poking and prodding like a piece of meat, beyond insensitivity to a place of sociopathy. On the other side is a being just like you, your family members, or your loved ones. Too far to this side and the nervous shaking in your hands, tears and blurry eyes, rash

decisions, or emotionally charged risks could also result in saying goodbye to your patient. Keeping this necessary balance is constantly strenuous.

Each physician I worked under approached this balance with a different strategy. Maybe Dr. Anonymous' calloused responses were his defense mechanism, to keep on his tightrope. Some doctors had rehearsed introductions and interactions that were repeated like scripts, others made jokes to the ER staff, a few focused on monitors and reports rather than patient testimony, and several kept patient interaction minutes to a bare minimum. Were these coping mechanisms that proved to be effective? Or were some of these doctor's strategies contributing to their burnout? The correlation between low empathy rates and high burnout has been statistically confirmed (Oriol et al., 2017), but this is a correlation and not causation. It also has been statistically shown that "U.S. physicians" show a rate of burnout "more than twice that among professionals in other fields" (Dzau et al., 2018). And further, "Of all occupations and professions, the medical profession consistently hovers near the top of occupations with the highest risk of death by suicide" (Andrew, 2017). But burnout does not afflict all; those with the right strategy can succeed.

The initial push to medicine for each doctor, or future doctor, is their strength and their vulnerability. All doctors accept the Hippocratic oath to adhere to ethical principles of a medical code. A line from the earliest Hippocratic Greek scroll translates to, "In purity and according to divine law will I carry out my life and my art" ("Greek"). For someone in the medical profession, care for their patients is their life, their art, their beauty. I adamantly believe that taking the emotional, vulnerable, human connection out of medicine is dangerous. Crying on the train ride home did not discourage me or deter me from returning for my next shift. My need to

cry eventually subsided, and the feeling of walking a tightrope became a much less intimidating balance. I learned that seeing my mother in every patient humbled me, and made caring for every person in the hospital natural. Perhaps the cause of physician burnout is losing this vulnerability, forgetting what or who inspired us to pursue medicine, and no longer seeing your patient as someone beloved.

Works Cited

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