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Mijo

Cesar Rodriguez

I wore my white coat. There's a difference – haven't done that in a while, but I felt the occasion necessitated it. I was shadowing in the inpatient hospital service and I've definitely noticed most students on service wear their coats. I drove my usual 20-minutes to school, which to be honest felt weird; I was supposed to be on break. I arrived on the 4th floor at 8:45 AM.

Of course, I walked to the wrong door – definitely should've gone to bed earlier last night. The very nice attending physician introduced herself with a tired smile, honest yet experienced. I met the Nurse Practitioner on service, who then proceeded to ask, "Shall we continue with the list of patients for today?" I noticed a printed handout of the list of patients tagged under "MY PATIENTS – DR. X" and proceeded to pick it up and take my pen out, figuring it was worth taking notes on what the two of them discussed.

Forty-five minutes later, the three of us were walking to the Intensive Care Unit, and I somehow ended up carrying the Palliative Care pager in my white coat.

"Have you ever answered a page?" asked the NP.

"I don't even know how to read them" I responded.

"Fantastic." She handed me the pager. "Time to learn".

We walked into the ICU and I remember thinking – I don't think I've been in UMass' medical ICU before. To me, it was beautiful and yet daunting. I love critical care medicine and being in the temple of intensive care made me nervous: what if I ended up not liking it? I pushed away that nervous fleeting thought as I settled outside the door of the patient we were here to see: a Spanish-only speaking grandmother, near the end of what I knew must have been an amazing life-journey. Her code status had recently changed to DNR/DNI, and the team was hoping to send her home with her daughter soon.

"Do you speak Spanish, by any chance?" the Attending had asked me back in her office.

"Yes, I do."

"Great news," she responded. "We will benefit from you and not having to call interpreters all day."

I remember being amazed at the level of confidence this attending had in me after we had only known each other for the better part of 40 minutes: is this what it feels like to be a rotating 3rd year medical student? (My brief answer as a first year, in my head was, alas, probably not.)

To my amazement (and in retrospect it shouldn't have been that surprising), the first thoughts that went flying through my head were: "What was it my father did with every patient he met when he took sign out back in the Colombian ICUs?" Then I remembered and I emulated him.

I stepped inside the room to see a frail woman, with an oxygen mask and an old Red Sox shirt, sitting up with her bed raised. The Attending pointed to the right side of her bed in a gesture that

I interpreted to mean, I want you to be the one directly interacting with her, in front of us, so that we do not interfere. I stepped there, put my hand on the bed and asked my patient “Señora BUENOS DIAS” in the loud voice I had heard my father use thousands of times. She opened her eyes.

I looked at her, brown eyes tinged with grey – yet the expression I saw in them was not of sadness or tiredness, but of engagement.

She mumbled something I could not hear. The Attending egged me to move closer. “Señora BUENOS DIAS,” I announced again. This time came a reply, “Buenos días mijo.” I instantly smiled as I was transformed momentarily to countless days in the heat of Colombia, where as a child I played and my grandmother answered me with those same exact words. Mijo. Is this what every physician feels, I wondered? I posited that an innate connection with some patients is inevitable, and I hope to cherish these moments for the rest of my career.

“Señora, somos los médicos – ¿cuénteme, como amaneció?” I asked, inquiring how she had woken up.

“Muy bien mijo,” she replied.

I looked back at the Attending for guidance and she mouthed – ask about nausea, vomiting, trouble breathing, and pain. I asked about N/V/SOB and was met with comforting negative answers. I then moved on to ask her, “tiene dolor?” At which point she replied with, “Dolor? No yo no tengo dolor, ustedes ya han llegado” which thematically translates to, I have no pain as you three have arrived. I couldn’t help but smile – my attempt to keep back the tears I knew were coming. I proceeded to ask, “me alegra saber que no tiene dolor. ¿Cuénteme, necesita algo?” to make sure she did not need anything.

At this point she responded with “how could I need anything, did God send you?” and I froze. What had my parents taught me to do in these instances? And automatically, I heard their voice in my head – always use your patient’s faith in their favor: this isn’t about you, it’s about them. I replied to my patient, “si señora.” (I marveled at the automatic response that any good Hispanic has learned from their mother: the answer is always “yes, ma’am.” It’s never just yes). At this point, I turned to leave but the Red Sox shirt tilted back as she looked at me and made a gesture to grab my hand. I looked at the Attending, who nodded, and I let my hand be taken by a pair of beautiful, calloused, sun-damaged, but ever-so gentle hands – what kind of experiences had these hands seen, I wondered? She took my hand, placed it on her chest, and stared at me. I looked back, feeling her shallow respirations.

She smiled and said to me, “yo no tengo dolor, porque ustedes están aquí y Dios me los mando.” Through the tears I translated it to “I have no pain because you are here and I know God sent you.” I replied with the only word I knew, “amen” which in Colombia we use a lot to mean “so be it.”

We left the room and I couldn’t help but notice that the Attending was smiling – that warm and comfortable smile I had seen 90 minutes ago. What was she smiling about? Should I ask? While contemplating first whether I should ask and second how to do it, she asked me how that

experience was for me (mental checkpoint: are all Attending's this involved in their student's emotional processing?), and I told her it was very personally moving for me. She nodded and smiled again – "I'm glad" – she said, and pointed us in the direction of our next patient on the inpatient wards. The show, after all, must go on.

We saw many sick patients that day. I cried one more time when we had to inform a young patient that his colon cancer metastasis was spreading faster than the team had hoped. Instead of months to years, his wife and his two kids were looking at weeks to months. I learned of dosing regimens for opioids and of using steroids to help with pain. I finally learned how to answer a page and did so on two occasions: turns out you have to hit the green button and then dial back the number and just say, "Palliative Care team returning a page."

At the end of the day, albeit emotionally exhausted – I was happy. At first, I couldn't help but shake the fact that it seemed weird to be happy after delivering copious amounts of bad news throughout the day. Is this some sick macabre reality of the physician? My answer to that is no. I was happy because I felt that everything we did that day we did for the benefit of our patients. I saw the team relieve pain, engage in difficult goals of care discussions when no one else would, and have tough conversations about mortality with a family to better prepare them for the inevitable. I also, for the first time while wearing my white coat, got to use my own culture and language to engage with a patient. I was transported, temporarily, to my home country and really, to one of the very pillars of what makes me, me. Not only did what I bring to the table help our patient, it was valued, respected, and in fact sought after by the Attending. Just like in the beaches of Colombia, I belonged.

When I got home that afternoon, my own mother welcomed me with "Mijo, como te fue hoy?" Mijo. My son. I soon started crying as I told her of the grandmother with the Red Sox shirt. Through the tears I repeated to my mom what the Attending had told me at the end of the day:

"Any doctor can deliver bad news. The special ones can deliver the bad news in ways that will make a difference to our patients."

I woke up early the next day, drove in, and this time made sure I went to the right door.