



Where Does the Healing Happen?

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Mornin', Lady Doc," my patient mumbled, as I switched on the fluorescent lights in the dark hospital room. His body stretched long as the bed, arms studded with sun spots and scars. He'd grown up in the rural Midwest, a place where, he said, "folks don't share their problems" and "don't get near hospitals." Due to his post-traumatic stress disorder, my daily medical student prerounding ritual involved my waking him up from the doorway. As he oriented himself, I'd take a deep breath, walk into the room, and pull up a chair.

Throughout a multiday workup for neuropathic pain, he'd grip the edge of the bed, writhing and clenching his teeth, slipping in and out of sleep dictated by the rhythm of his pain. I'd sit beside him as he spit out short sentences: a childhood "rich in my mother's tomatoes" but without running water. The war. Truck-driving: five million miles on the road.

"What music did you listen to?" I asked.

"None," he said.

The next day, I asked him why.

"Scared I'd kill someone," he said.

The day after that, he asked me if I thought I could kill someone.

I paused, wondering how a physician should answer this question. I thought back to when a physician-lecturer had told my class that we would each probably kill a patient someday. That he had. He was trying

to reassure us that everyone makes mistakes. But fear flooded me. In choosing to become someone who could save lives, I had chosen to become someone who could end them.

I said to my patient, "I am afraid of accidentally causing harm as a doctor."

He nodded slowly. Then, quietly, he shared a story. As a teenager, he signed up to drive trucks in the war. His cargo was bodies. One night in the darkness, he saw something coming toward him. So he shot. Shot again, and watched four shadows fall. Then realized. His fear had killed two children, a father, a mother.

His big body convulsed. I clutched his hand.

After discharge, my patient lasted mere hours before calling to be readmitted for the same pain. It was my last day on the rotation. "Did we even help him at all?" I asked my attending.

He looked down at the floor, then met my eyes. "The hospital is the place where we stabilize people and try to set them on a path to recovery," he said. "It's not the place where we heal people."

His words echoed what I'd heard my first day in medicine's other key setting: outpatient clinic. My preceptor had rushed into the staff room, directing me, "37-year-old female, health maintenance exam—Go!" Caught up in the frenzy, I careened

into my patient's room before realizing that I didn't know what a health maintenance exam entailed.

"Um... how is your health?" I asked. My patient started to cry, shoulders heaving. Back pain, headaches, gastrointestinal distress. Working three jobs as a single mom, one child in the juvenile delinquent center. Going to sleep and hoping not to wake. I felt profoundly overwhelmed.

Back in the staff room, my preceptor exhaled forcefully. "Well, now you've put me in a bind!" she said. "We don't have time to address all this, but now we have to. Health maintenance exams are for immunizations and Pap smears, not life talks."

She continued, "It's the worst part of this job. You go into medicine to help people and... you just can't heal them in a 20-minute visit."

But if healing doesn't happen in the hospital, and if it doesn't happen in outpatient clinic, where *does* it happen? How could I reconcile the idealistic vision that drew me to medicine with the truth that I may not be present to witness patients heal; that I may never know how, when, or whether they heal?

At night, when each day's clamor quieted, I would wonder what had

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happened to my patients: whether that single mother was still working three jobs and passively suicidal, whether the veteran returned home and experienced release from the pain. No one teaches you how to live in uncertainty, not knowing how a patient's pain and story ends. Had doctors made any difference in their healing? Had I?

Then, one night, I awoke suddenly with searing neuropathic pain. Bedridden for weeks, I could barely participate in life. Imaging tests looked normal, but my body screamed. I sometimes thought of what this experience should teach me about my patients' plights. But I did not have the energy to empathize.

Slowly and nonlinearly, I started to heal. I shuffled into the kitchen and realized the pain had stayed in bed. I stepped outside into springtime and could bend to touch a crocus. I returned to my clinical rotation and was able to give my patients, instead of my body, my attention.

My healing happened away from my doctors' eyes. Yet they shaped my path—even in brief clinical encounters without clear answers. There

was the physician who listened without negating or trying to manage how I felt. She acknowledged that she believed my pain even though she couldn't pinpoint its pathophysiology. Instead of saying, "Yes, you are in pain, *but* it will get better," she said, "Yes, you are in pain, *and* it will get better." The word "*and*" validated my experience rather than dismissing it. She let me spend less energy defending my symptoms and more energy moving forward.

Another physician asked about my goals. I told her they were to keep up with the pace of inpatient rotations and to dance at my wedding. I could not yet walk easily across a room. I worried she might think I'd set my sights too high. But she smiled and said she thought we could get there. The word "*we*" eased my sense of isolation that had grown with the pain.

I think back to the veteran's question. At first, I worried about harming a patient through misdiagnosis or medication mistakes. Now, I also wonder about the power of word choice and compassionate, engaged listening. Brief conversations and small words—*and*, *we*—matter.

The veteran and the single mother are among many patients who have invited me into their stories. *And* I may never know how those stories unfold. Yet then I recall my own healing. Like the crocus I bent down to touch that spring day, my healing emerged from a dynamic, teeming soil of interactions. A seed communicates with sunlight and earth, bacteria and decay, spring's first warmth and elements we'll never be able to see or measure. Then, a flash of purple appears in our peripheral vision. An unfolding that is easy to miss if we insist on looking straight ahead.

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