

A Mani', A Pedi', and a Lesson of Humanity in Medicine

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The brand–new interns were nervously starting their first weeks on the inpatient service. Just a few weeks prior I had been a resident as well, but now I was nervously starting my first weeks as hospital attending. The interns were busy becoming accustomed to things like what desktop icons got them to the electronic medical record, where the closest bathrooms were to the rounding room, and how to survive their new role of physician. I was busy battling my own combination of exhaustion and self–doubt, drowning in the fact that there was so much more medicine I needed to fit in my head if I was to survive my new role as attending. I was ready to teach what I perceived to be most important, unaware that I was about to be taught a lesson in humanity that would impact my own teaching from that point forward.

The team huddled around a small table in our cramped rounding room to discuss the morning's events. We talked through a couple patients for whom I threw in a few attending–worthy teaching pearls when the time came for our intern, Dr H., to present. Her patient was a middle–aged woman with the unfortunate diagnosis of stage IV metastatic cancer. The patient was dying and transitioning to hospice care. The intern reviewed the patient's medical history and daily plan changes. I prepared to pounce with attending knowledge when Dr H. began to tell the team that she spent extra time talking with the woman that morning and asked if there was anything we could do to make her happy. The patient had mentioned that she really wanted to have her nails done. At this point in her presentation the intern looked at me and asked, "Is this something we can do?"

None of my time studying algorithm branches and preparing teaching pearls to assume my role as attending prepared me for that question rooted in genuine compassion for another human being. This brand–new intern, who should have been overwhelmed with the challenges of residency, the hospital system, and a fire hose of medical knowledge, found time to make a pure, human connection with her patient to find out what would bring happiness in her final days.

So, could we do it? I guess as the attending the decision fell on me. I had no idea if we could. But seeing how this new intern found a way to make a connection with a person she barely knew and uncovered something that could bring her comfort, I knew we needed to try. I was not the one who remembered what was most important in that moment; Dr H. knew it was the human being lying before us.

The intern took it from there. Through the rest of the morning Dr H. coordinated an outside nail stylist to visit the hospital to give her patient a manicure and a pedicure. She did this while balancing her other patients, fielding pages, and juggling her barrage of other intern tasks. She did this because it was what her patient needed.

When I rounded on the patient later that day she showed me her new nails and smiled, a smile I still remember to this day.

I think about this often and where I was emotionally going into those inpatient rounds. I was so unbalanced, lopsided completely toward work and skimping on my own home life and self–care. But that's what I thought it took to be successful in our field. That's what it took to not be an imposter. I had committed to fitting the role of attending and by doing so, ignored my own humanity as well as many of the human aspects that originally drove me to pursue medicine in the first place.

I return to this moment when I inevitably cycle back into fatigue and exhaustion or begin to dance with my own self-doubt. In the years since, I've found meaning not only in showing my residents how to treat others as human beings, but also in attempting to teach how I navigate the health care system without losing my own humanity. When I am not well with myself I find it hardest to connect with others' human needs.

My intern, Dr H., ended up teaching me one of the most important and unexpected lessons I can recall learning in my medical career that morning on rounds. She reminded me why I got into the field and what is most important for me to pass on to future generations of physicians. Her ability to look beyond the patient chart and find what was most important for the human being in front of her is family medicine.