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Family Medicine

NARRATIVE ESSAY

# Tears Roll Down

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As much as we may try, as providers, to remain objective about our patients, there may come a time when we are confronted with something that provokes intense responses, unexpectedly impacting our lives and rising above mere intellectual meaning. Whatever impacts us will vary for each provider and provoke different emotions—sadness, jubilation, anger, fear, or others. How we handle these moments is greatly influenced by our emotional intelligence, defined as the capacity to be aware of, control, and express one's emotions and to handle interpersonal relationships judiciously and empathetically. Like all other skills in medicine, emotional intelligence is developed throughout training and career.

My moment arrived during my third year of medical school. I was assigned to an internal medicine office. Two hours into the morning, my preceptor turned to me, slapping a chart against my chest, and said, "You got the next one!" I held it there, a shield hiding my pounding heart. Perfect—a gentleman with hyperlipidemia! I was entirely prepared to discuss vascular disease, risk calculators, prevention and medications. I knocked on the door, entering with a purpose.

An impressive man waited, distinguished looking with a distinctive light in his eyes. We exchanged pleasantries, then dove into his history. At the previous visit, his cholesterol was elevated. He had agreed to 6 months of lifestyle changes. His recent laboratory results improved significantly. On the inside, I admit to a little disappointment, feeling the wind taken out of my sails. What could I offer this patient who had already improved? However, I congratulated him on such fine work, thinking to make friendly conversation for a moment and leave.

He was married with three children, two living nearby. I inquired about the third; he paused before he told me she passed away, a distant look in his expression. I told him I was sorry. After an awkward moment, he nodded slightly, staring out the window. I was unsure what to say, so we sat in silence. Timidly, I asked what happened.

He did not respond at once, at least not verbally. I could see by his slight movements, the way he gently straightened his back, he thought of that far away day, 25 years prior. When he spoke, it was in low tones. His eyes were directly upon my chest, but his gaze passed right through me.

She was 5 years old and was daddy's girl. They had visited the petting zoo. She had a fabulous time, an unstoppable bundle of energy. Many times he wanted to sit when she bound down the path to pull her tiring parents to the next wonderful animal. The day was full of joy until it was time to go.

On the way to the car, he noticed she was exhausted and something was wrong. She was more than just tired, she was different. He called her pediatrician who said she had caught some bug but would be better before they knew it. Arriving home, however, she looked even worse. He knew this was bad, really bad. He drove straight to the emergency department. The attending examined her quickly, diagnosing gastroenteritis, some viral bug. She needed lots of liquids and would perk up by the morning.

Reluctantly, he drove her home. She died 2 hours later, in his arms. An autopsy was performed. It revealed nothing, no answers. She was just gone.

As he told his story, he was no longer in the room. He was back holding his daughter's hand as she was in her sun dress enjoying life as only little children can. You could see how much he loved her still. He did not cry but it was obvious after all this time, he was still deeply, profoundly affected.

I wondered what to do. Should I say anything to him? Should I stop him? This was not something taught during my first years of school. It was all about physiology, anatomy, pharmacology, and disease processes. Sure, there was a bit in our classes about showing compassion and listening to your patients, but nothing to prepare me for this situation. Maybe a hug, a pat on the arm, something? Moreover, in our classes we also never discussed personal emotions. Initially, I was not sure why his story affected me so much but upon reflection, I know exactly why. With children of my own who are the absolute center of my universe, I completely and totally imagined the devastation and pain.

He may not have shed tears, but I certainly did. While his soft words drifted over me, I felt my emotions rising. The tears welled up and again I wondered what I should do. Shouldn't I, as a future physician, be objective and unattached emotionally with the patients' experiences? Would it be appropriate for me to cry? Should I excuse myself or at least turn my head? It is a debate I think most physicians have. At some point, something confronts us, touches our soft spot and forces us to deal with that which most affects us on a visceral level.

It is vital to equip physicians with skills to comfort others. Training how to have a human conversation within the time constraints of appointments is a valuable skill that should be implemented for all providers. We should also receive education on how to handle our own emotions. To assume we enter medical school with the ability to navigate all complex social and emotional encounters adroitly is as unrealistic as thinking we all can perform complex surgeries on day one.

At that moment, I had no idea what was right or wrong. I have pondered the episode many times since. I felt it best simply to be there with this person revisiting this heart-wrenching episode. I had nothing to say. I had nothing to offer. I was merely another soul listening to someone tell their story. I hoped it was sufficient. As we sat there in silence, on my face the tears rolled down. The tears rolled down.