2026, Volume 0, Issue 0, 1-2, e-ISSN 1938-3800

Family Medicine

NARRATIVE ESSAY

On Pride Lost

Shelby R. Hahn, MD

AUTHOR AFFILIATION:
CoxHealth - Family Medicine Residency, Springfield, MO

CORRESPONDING AUTHOR:
Shelby R. Hahn, CoxHealth - Family Medicine Residency, Springfield, MO, shelby.hahn@coxhealth.com

HOW TO CITE: Hahn SR. On Pride Lost. *Fam Med.* 2026;0(0):1-2.
doi: 10.22454/FamMed.2026.481101

FIRST PUBLISHED: July 23, 2026

"Native American women take pride in our hair, and now, I have none."

Thirty-six hours later, Donna's daughter called the clinic. My medical assistant handed me the phone.

"I just found my mom on the back porch. She drank a bottle of whiskey and took all of her hydrocodone."

I flashed back to our last visit. I saw Donna, as always, sitting straight-backed, two salt-and-pepper braids falling to her hips. Her stoic face came sharply into focus.

In less than a minute, my thoughts cycled through justification, grief, guilt, then back again. *Her flat affect hid it, but anyone could have missed this. I care about her. She might die. I prescribed that hydrocodone. How did I miss this? This is the cancer. She's in pain. You were trying to help*.

Donna had been down for an unknown amount of time. She was intubated in the field and admitted to the intensive care unit.

Weeks earlier, she had been called to come to clinic to discuss her abnormal mammogram. She smoked, had hypertension, and a history of intermittent depression, but was otherwise healthy.

When I told her there was a high probability of breast cancer, she nodded.

"Thank you," she said. "What now?"

We discussed her likely plan was to include a biopsy, surgery, chemotherapy, and radiation.

I inquired if she was having pain.

"Yes."

She described constant back and chest wall pain, both later confirmed as metastatic disease. You wouldn't have known it. She spoke about unrelenting 10/10 pain with the same tone as someone reading an instruction manual. I gave her reassurance that her pain would be treated, prescribed an opiate, and asked if she had other concerns or questions.

"No."

The next time I saw her, the braids were gone, taken by chemotherapy, and now buried in a field behind her house.

"Native American women take pride in our hair, and now, I have none."

I nodded and quickly responded. "We'll get through this. It will grow back."

"Ok," she said.

We hugged. I refilled her pain medication. She made a 2 week follow up appointment and left the office.

Her hair was gone, but something else had been taken too. I knew it, but I did not yet understand it.

Later, I tried to make sense of what I had missed. I searched for "the meaning of hair to Native American women." I read about pride, identity, ancestry, ceremony, grief. I read the word pride again and again until it no longer felt like a small word.

Pride.

I stopped reading and I cried.

I thought of her words again: "Native American women take pride in our hair, and now, I have none."

Thankfully, Donna survived her suicide attempt. She lived another 14 months, long enough to meet two grandchildren. Long enough to sit across from me again. Long enough for us to talk, sometimes about pain, sometimes about treatment, sometimes about nothing at all.

Her hair never returned to its former length, but it came back very thick and very wavy. One day, she touched it while we talked and smiled a little.

"It feels symbolic," she said.

"Survival."

"Renewal."

"Alive."

She was proud of her new hair.

I still think about the sentence I offered her that day: *It will grow back*. I meant it as comfort. I meant it as hope. But I had answered the smallest part of what she said. I had treated her hair as something biological, temporary, and expected to return, while she was really telling me about identity, dignity, and a visible loss of self. I understood her distress as sadness, perhaps depression, layered onto cancer and pain. Only later did I understand that she was naming something deeper: a cultural and spiritual wound, a part of herself that cancer had taken before death ever could. Donna taught me that patients tell us exactly where the wound is. Not the tumor, not the lab value, and not the scan, but rather, the wound.

If we move too quickly toward reassurance, we miss the grief sitting plainly in front of us.

Now, when a patient tells me what they have lost, I try not to rush toward repair.

I first try to stay there, with them.

 https://doi.org/10.22454/FamMed.2026.481101