

Preparing the Heart

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HOW TO CITE: Odom A. Preparing the
Heart. *Fam Med.* 2025;57(7):1-1.
doi: [10.22454/FamMed.2025.524393](https://doi.org/10.22454/FamMed.2025.524393)

PUBLISHED: 28 May 2025

KEYWORDS: global health, healing,
medical student

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A fly rested on the forehead of a tiny black hairless head, and nobody swiped it away. The mother offered her to me with sorrow in her eyes. I did not need the interpreter to understand the desperation of the situation. Even as a fourth-year medical student I could recognize the sunken fontanelle, the distended belly, and the listless limbs. Undoubtedly the result of a combination of infectious disease, dehydration, and malnutrition. By her size I guessed her age to be about 3 months. In Swahili the mother stated she was 6 months and was not eating. I unwrapped the baby from the swaddling and quickly noted the fast respirations and paradoxical belly movement as she breathed. My internal dread was affirmed when I listened to her lungs with my stethoscope. Instead of the smooth flow of air, my ears were assaulted with the crunch and crackle of lungs full of fluid.

For the past week my team had been working in rural clinics in western Kenya. I had gotten used to the cadence of patients with malaria and parasitic diarrhea. I became skilled at judging the level of someone's hemoglobin by scaling the paleness of their lower eyelid. I recognized the opportunistic illnesses associated with AIDS and the taboo of stating the cause was HIV. I had 8 years of knowledge stored in my head, and I felt energized by the opportunities to use it.

While my head may have seemed prepared, my heart was most certainly not. In this moment, with this child and this mom, I knew that no amount of medical knowledge would alter the events that were about to unfold. After my quick assessment of the baby, I stepped away to get help from local staff. We needed to begin the likely futile motions of arranging transportation to a hospital. When I returned to the pair just minutes later, I discovered the child had stopped breathing. Quickly I swooped her up and carried her to our attending physician. I laid her malnourished body on the bare wooden table as my friend and fellow student used her first two fingers to administer tiny compressions to her chest. The attending rigged a plastic bag as a makeshift mouth shield and attempted to give her breaths. A nurse from the clinic handed me a syringe of epinephrine. I counted her ribs and listened as the more senior physician guided me to inject it straight into her strawberry-sized heart. We used the resources we had to attempt to preserve the life of this child. It was not enough. Her heart responded with only a flutter of a pulse then stopped its automation. At that moment I became aware of the silence. The room that had been bustling with dozens of patients seeking medical care and students and doctors trying to help was still. There was no crying, only silent tears on the mother's cheeks.

The local staff knew their roles, and they cared for the mother, their sister. I slipped away and found some shade outside the clinic. The building anxiety finally escaped my body through vomit and tears. As I sat there, I also observed the cadence of the chickens and goats roaming symbiotically together. They were unaware of the tragedy that had just occurred. I watched some men bring a tiny coffin to the back of the clinic, no special ordering for the small size. It was as if there was a stockpile of tiny coffins ready for these routine moments.

I had spent years in medical school, with long, grueling days of studying. Where the hours blended into each other and mastery of information seemed to be an elusive goal. All that time and energy culminated in the pointy edge of awareness that the knowledge was not enough. My educational timeline now contained a new branch in which I was just beginning to understand my role as a healer in the journey of others' sufferings. I looked back at the cinder block building and saw that the line of people wanting our help still extended for several hundred yards down the drive. I brushed off my pants and returned to my station.