Introduction: This week I share with you the writing of another medical student, Natalie Sorial, UMass Chan ’24-25. This is another reflection from the prompt: Review your essay from your application to medical school, and as you reflect on it, also think of a time you felt valued by a clinical team you rotated with. Her mentor Lisa Gussak encouraged her to send it.

I love how our students hold a mirror up to our health system. So too, this piece is a reminder about how humanism can wane if we are not careful.

Filling in the Cracks

By Natalie Sorial

The reality is, I did not often feel valued by clinicians in third year. While this may sound initially negative, it actually makes sense. What do I truly have to offer at this stage of my training? A positive spirit and finishing up some notes or scut work? Sure, but realistically — not much! If anything, taking on students can feel like additional work for clinicians just trying to make it through their workday. So, did I feel valued by my job? Not much. In fact, I felt invisible most of the time.

But strangely, this did not bother me. Actually, I found myself thriving. And I think I realized it gave me the unique space to silently fill in the cracks that our healthcare institution inevitably causes. Patients are so frequently left vulnerable, emotional, or
confused about what is happening. Practitioners are either overworked or burnt out; I notice them unintentionally neglecting the simple emotional needs of patients, understandably focusing on the big picture of their clinical wellbeing. But it was in these pockets that I found myself adding value. And honestly, it didn't even need to be validated by the patient for me to know that I was useful. I felt valued by adding emotional support that I want each of my patients to have. Some safety in the midst of the scariness of the hospital.

There were many moments like these in my earlier rotations during the year. I had a 70 y/o Jehovah’s witness patient who somehow developed hemolytic uremic syndrome. In the hospital, the residents took it as a learning opportunity to place a nasogastric (NG) tube. There were 5 attempts made at placing the NG tube. It was traumatic and unethical. The patient was clearly alert enough to understand things although she was altered enough to not be verbal. She was coughing up blood, and the tube would come out of her mouth. She was shaking with anxiety. And yet, none of this seemed to be recognized by the residents, who were no doubt focused on getting a tube in with the hopes of being able to administer life-saving antibiotics to her gut.

During all of this, I found both the patient and her nearby daughters severely emotionally neglected, purely secondary to the clinical urgency and focus from the residents. I found myself speaking up during the procedure, explaining to the patient what we were doing and why, and holding the daughters’ hands as they attempted an NG tube again. The patient notably stopped shaking after I explained what was going on, making me feel it was worth the potential interpreted overstep the senior resident could’ve felt by me taking more charge of her patient as she focused on the procedure.

The NG tube was ultimately unsuccessful, and as the patient deteriorated and refused platelets as per her religious beliefs, we began the steps of changing her to comfort measures only.

In the few days before officially switching to comfort measures only, the patient began having encephalopathy and some seizure activity, and many teams were surrounding her trying to work on various things. All of this was in the emergency department, and there was no place for the family to be. As we were in the room getting various lines and tests in, I noticed a man silently sitting outside of the room, at the end of the hallway. A chair was pulled up between storage shelves for blankets etc., with just enough visualization of our room. He was invisible as nurses ran past him and chatted casually nearby.

I pulled a chair next to the man, and learned he was her husband. They had been married for 50 years, and shared 6 children together, 4 of whom were flying across the country now to make it to the hospital to see their mom. He was a man of few words, not visually emotional, but clearly scared. He shared the memories he had with his wife, and the lovely barbeque they had just had a few days prior. We silently sat together for an hour and shared that space together until his daughters arrived.
In a few days, my patient passed, and I never saw her family again. The family never expressed to me a ‘thank you’ or shared ‘how they valued me,’ but I knew, what I did in that space made a difference. It is in those vulnerable spaces that I find my greatest meaning and feel at my highest value. What makes things valuable isn’t what people express to you, or how your ego may be stroked (or encouraged!) for someone recognizing your actions. What makes something valuable it its ultimate impact.

In reflection, I think that is part of why I love obstetrics so much. Yes, women’s health matters to me. But my most favorite parts of medicine are when I can emotionally support patients and families. For some reason, support from a person that patients deem as part of the healthcare team provides a very strong reassurance. Perhaps it’s the level of power that comes with our position. Labor is one of the consistently most emotional experiences a patient can go through. Fear, pain, joy - so many strong emotions happen from just one life experience. I love the opportunity to not only provide care for the patients' bodies and physical health, but to be present in such a vulnerable experience for them as childbirth. To provide emotional support, guidance, reassurance, communication - all of it.

So, in end, I feel so valued. Not because of anything that has been outright said to me, but because I know I fill the space of vulnerability. And I fill it well, and I absolutely love it. I did read through my med school application, and it's really cool to see how that theme even pervaded through my personal statement and my global work up to that time. It's really sweet to see how I've been able to hone in on that and choose a career that I believe will allow me to do so every day.

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