

# Adrift Between Empathy and Clinical Judgment

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*"I used to think that the hardest struggle of doctoring is learning the skills... No, the hardest part of being a doctor, I have found, is to know what you have power over and what you don't."*

- Atul Gawande, *Better*

In 2014, my cousin was in a serious car accident. Young man with no pertinent PMH BIBA s/p MVA with LOC and trauma to the head. This was his one-liner, but this abbreviated bit of medical jargon can never wholly define him. He is so much more than that one succinct sentence.

I froze, in a paralyzed state of shock, the minute after I heard the news. Cherished memories of our lives together began to haunt me: I remembered the times we caught Pokémon as kids and the evenings during which we recited our favorite Arnold Schwarzenegger lines in our marvelously terrible Austrian accents. I remembered when we, as young adults, exchanged stories of our deepest dreams and deep-seated fears. The world knew him as my cousin, but to me, he was my baby brother. Imagining his doctors discussing him as that one-liner, as a set of fractures and contusions, gnawed at me.

One of my biggest fears when I entered medical school was that I would lose my empathy. We often hear anecdotes about how initially well-meaning physicians become disenchanted with patient care. In a certain light, because of these tales, I had grown to view clinical decision-making and compassion as nearly exclusive ideas. Ergo, every time I learned to manage a patient, I feared that my empathy would inevitably dwindle. This culminated in endless discussions with mentors, friends, and family in my many attempts to quell my worries. Regardless, my fear was still actualized in a way.

After a year of medical school, I had learned enough to appreciate that my cousin didn't just bruise the side of his head; he was a person with a set of numbers, trends, which meant something. The plain films of his long bones and CTs of his head painted a picture on what was once a blank canvas. So I asked questions. Lots of questions. It felt as if I was continuing to nurture my clinical judgment through his case. It was then that my being inquisitive made me feel that I had indubitably lost what I'd feared losing all along. I was fraught with regret. Why wasn't I just being there for him? Why was I always rushing to read his vitals and see his IVs instead of reaching for his hands?

The internal turmoil that ensued motivated me to confide in one of my professors. I divulged to him why I felt I was changing, and he communicated that this was only normal. "You're going to start seeing people differently now. At this stage, you won't be able to remove your clinical perspective from yourself, but you'll learn to manage it soon enough," he assured. With my fears assuaged and empathy unabated, I realized that I was asking important questions, questions

that helped prevent seemingly innocuous medical errors from progressing into behemoth catastrophes. I was a voice for my family and for the comatose young man we sat next to, praying, every day.

My persistence as my cousin's advocate provided me with insight into how imperative it is for all of us to serve as patient advocates. And thanks to his strength, to his trauma team, and to the people who supported us through it all, my cousin made it.

After accumulating small morsels of wisdom from similarly enriching conversations over this past year, I grappled with my initial rationale around the loss of earnest commiseration. When we enter this field, our notions of clinical empathy can be nascent, but as our clinical acumen develops, our compassion matures along with it. Through our training in medical school, we students are crafted into outlines of our future selves, but at times, the rigor can inadvertently desensitize us, converting us into machines that respond to clinical cases with a gamut of algorithms and cynicism. But that truly isn't effective. We cannot disregard our humanism in order to simply survive, and we cannot let our compassion trump our clinical decisions. The genuine practice of medicine necessitates that we seam together our intuitive feelings and impartial diagnostic skills for each patient.

Several weeks ago, I rotated through UC Davis's very own trauma service. Every 911 trauma activation reminded me of the patient I learned so much from last year. I saw myself in the faces of my patients' families. I recognized that their faces, riddled with the same confusion and questions I had, hid their worst fears. The one-liner I shared with my team every morning hid within it my patient's life story. I felt compelled to listen for these stories, some of aching loss, abysmal timing, inequity and some of jubilation, because many a time, a patient's life hinges on their physician's ability to strike a fine balance between empathy and clinical judgment. As healthcare providers, we mustn't forget this. We must mindfully practice it, and reflect whenever we deem it possible, in order to allow for a balance amidst a potential dichotomy.

Although we may seem detached as we present one-liners at rounds, behind the scenes, careful clinicians extract the most pertinent details from a patient's story and apply them when planning a clinical course. I have seen surgeons contend with biopsychosocial matters and mull over the abundant outpatient varieties of insulin for their diabetic, impoverished patients. I'd be remiss if I didn't notice when busy residents

spent at least ten minutes purely talking with despondent patients to help mend their lives outside the hospital. We do not always have ample time or limitless patience to provide this level of care, but it makes a difference when we at least try. Our patients notice. Frankly, these patients are also the most grateful for their care and more likely to adhere to their plans—they have better health outcomes.

Shortly after my cousin's accident, someone told me that life's not perfect, but it's good if you let it be. This short but profound epiphany spurred me to think critically about my experiences.

Medical school transformed my entire approach to my family's emergency, and my family's emergency transformed my entire approach to medical school. The fact of the matter is that nearly every doctor, nurse, physician assistant, nurse practitioner, and student will be able to relate. We each have our struggles, and we experience things differently just by virtue of being in the medical field. We might have a difficult time balancing our lives with our feelings, and it can be scary. Don't be afraid. We're not perfect, but that's okay if you let it be. So let it. You are meant to learn something invaluable from every one of your challenges. Everything has a reason, and every patient—every person—can influence you to become stronger. Let them.