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*Lara Slesnick*
*University of Texas Health Science Center at San Antonio*

# On the Other Side

As medical students, we are taught about pain. We know from lectures that the microbe Streptococcus will cause a sore throat, while Rotavirus will cause abdominal discomfort. However, as young and healthy medical students, we never really experience pain. Most of us have never undergone childbirth, or broken a long bone. For me, the closest thing I experienced to pain was breaking my right fifth toe, or maybe my two shoulder surgeries after 20 years of competitive swimming. This is why, after years of learning about pain from working in the Emergency Department, to helping patients through painful dermatological procedures, I thought I knew pain.

The first time I really and truly experienced pain, was after a sneeze at a potluck at my house. A searing pain at the base of my skull exploded out of nowhere. My body tensed and my neck automatically craned my head up to the sky, as if I was saying a silent prayer. However, the pain receded quickly and I shrugged it off as a fluke. I knew I had been stressed, as we were in our Mind, Brain and Behavior module, and hours of staring at myelin stains had left my neck aching. However, episodes of the searing pain continued. Every time I sneezed, coughed, yawned or laughed, my eyes would water with pain. The time that it took for the pain to recede grew longer and longer, and eventually never went away. The headaches were debilitating; every cough became misery. My hands grew weaker and weaker, and eventually I could not hold a pencil to take notes in my classes. The words on the PowerPoint slides slowly became a muddle of watercolor gibberish, one word spilling into the other.

After an appointment with my primary care physician and two MRI's, I was sitting in a neurosurgeon's office. He calmly explained that I had a cyst in my spinal cord due to a rare congenital skull deformation. For most, this congenital anomaly was silent, mostly picked up on scans by accident. The cure?

Neurosurgery.

There are few times in a person's life where he/she comes face to face with his/her own mortality. As medical students, residents and physicians, we slowly learn to look death in the eye daily as we treat our patients. Whether it is a woman with COPD, or a man with metastatic testicular cancer, all physicians face death. However, how often do we face our own death? It seems to be easier as an 89-year-old with end-stage renal disease, congestive heart failure and diabetes.

As a 25 year old, I had never even considered my own mortality. I had been absolutely sure I would die at 79, as most individuals in the United States do, after having a successful career as a reproductive endocrinologist, and 3-5 children of my own.

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So here I was, in a neurosurgeon's office, as he spoke to me about the procedure. As a medical student, I knew about the surgery. In fact, we had learned about it the month before and I had chosen the correct answer about it on my final the previous week. Nevertheless, the surgeon explained the procedure using skull models, his finger, the scalpel, bone saw, and suture. He rattled off statistics about success, chance of infection, and cure rates. I asked questions about survival, adverse outcomes, hospital-stay length, and, vainly, the amount of hair I would lose. The visit concluded, but it seemed like my new reality was just beginning.

My blurred vision, markedly weakened grip strength and debilitating headaches made it nearly impossible for me to continue the grueling hours of medical school. Driving became difficult, such that I could not see stop signs well enough to feel comfortable behind the wheel. With that, I could no longer attend class even when I wanted to. The deans of my school gently told me the only solution was to take a full year off from medical school, and through tears, I agreed.

My whole life had changed in a matter of six weeks. I had gone from a half-marathon running, healthy medical student to a sedentary, medical patient who could barely bathe herself. All I could do was sit at home with the TV in the background as the train of thought roared in my head. 'What if this isn't causing my symptoms? What if I become paralyzed or the surgery doesn't help?' It was as if a part of my core identity was being stripped from me by my illness.

However, as I processed my diagnosis, condition, and surgical plan in the weeks prior to neurosurgery, I came to the following conclusion. Without a doubt, the outcome of the surgery aside, this experience would make me a better physician. Every struggle I had overcome, every struggle that I had yet to conquer would help me relate to my patients. As I faced my own mortality, I came to the realization that most of my future patients would, at some point, come to this exact same impasse where I was standing. My patients would look me in the eye and tell me that they were no longer who they used to be, simply because they were ill. Before, I would've had a genuine sympathetic answer for them; and now I have an empathetic emotion with which I can connect with them. Even though this conclusion did not make the infection risk decrease or my surgeon's hands steadier, this regenerated me. I grew slightly braver.

It was with this newfound bravery that I grabbed my small bag of comforts to make my ICU room feel like home. I shut the car door, took a deep breath and walked in.