

The Thing With Feathers

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*"Hope is the thing with feathers
That perches in the soul,
And sings the tune without the words,
And never stops at all,"*

—Emily Dickinson

"They need to let him go," Tommy's nurse said to me as I passed by. She continued, "I just keep asking my Grandpa to help him out." With that comment, I paused my stride. She explained, "My grandfather recently died, and I have been praying to him today. I can't stop thinking about hiking together when I was a kid, how his big strong hands held onto mine and kept me safe. I know that Tommy is going to die, and I just want Grandpa to reach out and help him across; I want him to know that peace."

I needed to finish rounding, but her words anchored me to the floor. "You know," I ventured, "I know 3 sweet dogs up there who can't wait to give him some kisses." We stood together for a couple more minutes, and then went on with our work. When I later caught the kind eyes of a gentleman wheeling Tommy's colorful, quilt-covered body bag away, a chilling awareness hit me—a child has died.

After my shift, I slipped into my ritual for decompression: a solitary trudge home where my mind settles from mechanical whirl to welcome quiescence. That night, my process was different; my mind was not buzzing around unfinished tasks. Instead, I envisioned within myself an empty room, a quiet space set aside to support the gravity of this child's death.

Now a third-year resident, I have lost count of the number of deaths I have seen. I remember visceral details: the futile feeling of my whole body's weight pressing a cold elastic chest, clumsily counting "1 and 2 and 3." I recall groaning when woken up from a precious half hour of rest to correct lab orders on a comatose teenager waiting to donate her organs, and I recollect how, in my sleepless delusion, I resented this young woman whose hopeful family continued to hang pictures of a beaming prom queen above her bed. Within these accumulated moments, I have learned how to come to the bedside, lay hands on a

patient, and make a diagnosis. But I have also gradually learned that connecting to the human lives within these bodies I had treated is not a guaranteed part of my training.

There is a difference between the green intern who grieved Tommy's death and the seasoned resident who deflects her grief to the petty placeholders of resentment and dissociation. This difference answers to many names, such as "burnout," "callousness," "self-protection," or even "resilience." Whatever the name, it encapsulates the forces that seem to have molded my heart into a hypoplastic rendering of what it was when I entered residency, prompting me to ask of my training, "Where did the humanism go?"

As it turns out, I learned the answer to this before I asked the question, when I enrolled in the Healer's Art course during medical school. The course was designed by Dr. Rachel Naomi Remen to combat the "hidden curriculum of medical education," discerning the reality that medical training unintentionally prioritizes our intellectual learning over our emotional growth. Remen's course invited us to explore the medium through which human experience is shared: the medium of stories. In this course, I journaled about long conversations with a swollen veteran on dialysis about his grandchildren, and shared intimate secrets with my colleagues about my aspirations and fears as a medical student. In these exercises, we unearthed the power that human connection has on our development as physicians. Upon completing the course, we received a gift: a soft, fleecy heart to keep in our white coat pocket during the workday, a tactile reminder of the fuzzy human inside the hardened trainee.

Now a resident, I have lived the effects of a hidden curriculum and know that resisting it is not as simple as carrying a fleece heart in my pocket. Training is a brutal gauntlet of long hours and unending tasks. To keep patients safe from one hour to the next, a trainee must adeptly pick up the most essential doctoring skills: interpreting a blood gas, noting a physical exam finding, ordering the correct medication. I am not surprised that I have efficiently honed these skills, as they are the basis for the feedback I am given and ultimately how I am assessed as a physician-in-training.

Less practiced is the skill of making space to sit, listen, and share stories. The reality of my job often

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involves being called away from the bedside to attend to a sicker patient, a worried family, or, most often, a bureaucratic task. It makes sense that in those moments I do not find the space to acknowledge the lovingly sewn quilt covering a body bag or to wish my patient a peaceful passage to the other side. I still carry my fuzzy heart with me, but when I search for it, my hands are redirected to silence a beeping pager. Now nearing the end of my training, I recognize that I have grown immensely in my ability to interpret data, triage a to-do list, and ultimately practice clinical medicine. But I have lost touch with my healer's art along the way, leaving a void in the space where my professional joy once lived.

I attribute this phenomenon to a systemic conundrum: the fount from which this joy springs is the art of being present at the bedside. However, even the most well-intentioned training system struggles to teach, support, or sustain that art. As trainees we are conditioned to achieve, and there is no validation or feedback in those raw, vulnerable moments with patients. Unlike the Socratic teaching to which we are accustomed, humanistic education is an independent endeavor. The impetus is on us as learners to foster the joy. My lab coat does not come with a presewn pocket for my fuzzy heart—I have to create that space.

Furthermore, to willingly share our patients' profound emotional burdens is no easy feat. On most days, a soft, hopeful heart is the heaviest cargo, and it is exhausting to carry. If you allow yourself to listen, it sings incessantly. It is inefficient, stealing your breath in tender moments. It appropriately weighs you down when things are dark.

But the burden of this soft heart carries a silver lining. Once you take that difficult first step of pausing your stride, shifting your framework, and taking your seat at the proverbial bedside, what awaits you—if you are open to it—is a soothing balm, one of a nurse's memories of her grandfather, yours of your dogs, or a joint prayer for peacefulness. Feeling the slightest bit more whole, you might even venture in and take off your coat. Stay awhile. Hold a baby, hold a hand, and hope to hold your fuzzy, feathered heart open again.



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