Pro Re Nata

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nce he was gone, I could barely move. I had been running around for a year without stopping, and then succumbed to a sudden paralysis. It wasn't quite vertigo, but my whole world felt off, my perspective unrecognizably altered. Lying down didn't feel better, but I stayed there anyway, at least for a while. After a few weeks and with his voice in my head I got back up. The world did not yet feel better, but I walked back into the hospital; unsteady and unsure, but present. I was told I could cry as needed.

I learned to be a doctor in a unique juxtaposition. I was a student, running around donning a short white coat, auscultating and palpating patients in the same hospital where I was also a daughter, kicking up my feet at the bedside, beside my dying father.

Best known as "Dad" to me and my 6 siblings, he was Lenny to everyone else. Often, he was Lenny to me too. Lenny was a gray-haired man with subtle dimples, kind hazel eyes, and now, temporal wasting. To other third-year medical students, however, he was another hospice patient with multiple myeloma, too chatty for efficient rounds—schmoozing was as natural as his heartbeat. Quick-witted and eased by humor, he had a rotation of old jokes he would recite to anyone who walked into his room. To other third-year medical students he was an elderly man. Perhaps they could practice empathy with him. Another box checked.

Lenny spent 372 days on hospice (yes, we renewed their services twice). Because we were already veterans to the hospice care system, the purgatory between illness and bereavement was familiar. Our very first run was 20 years prior when my mom had terminal breast cancer. She told us then that living and being scared were not mutually exclusive. When you're 6, you don't fear death in the same way, so living with its imminence felt simpler. From what I remember from the fog of those days, I wasn't thinking about the future. I wasn't concerned that she wouldn't be around for graduations, relationships, kids, advice, pandemics, or just to provide an anchor when my world felt chaotic. When you're 6 you don't realize how much you need your parents. At 25, you think only about how much you need them.

For Lenny, living without fear was hard. So we feigned a new normal, trying to appreciate life's

lighter moments—birthdays, haircuts, restaurant outings—without darkening them, knowing quite well they would be our last.

When he was an inpatient, he reserved his couch for me, and I came by before rounds and between surgeries, each time greeted by the inescapable aroma of impending grief that characterized the palliative care unit. For a while, Lenny didn't feel like he was dying, so we acted like he wasn't. Death is what happens to other people's fathers, not mine. My dad and I are just visitors, here for radiation. We chatted about what other third-year medical students and their fathers discussed: speculation into future careers. It was the lightest piece of reality I could muster. Lenny thought I would go into pediatrics. He wouldn't be around for my final decision: Surgery. Outside of the palliative care unit, I played doctor, but with him, for just a little while longer, I played daughter.

Lytic lesions peppering his skeleton, Lenny spent his final months in the hospital bed transplanted into our home. Unable to shake the grave reality of my future, I saved my tears for my drives from our house-turned-hospice-suite back to my life and home as a medical student. I learned how to function as both a clerk and a caretaker at high capacity with a globus sensation and a heavy heart. My father died in January of my third year of medical school, 3 days into my pediatric clerkship.

It was through this lens that I learned to care for

Lenny taught me everything. He taught me what it was to connect. He taught me to listen, to understand the needs of people. He taught me important skills in communication, such as how to say difficult things in clear and caring ways. Through his laissez-faire approach to single parenting, he taught me independence and to think through challenges. He showed me how to stand up after falling down, to look toward a positive future no matter how grim the present seemed, and to never spend time asking, "Why me?" I think they now call this resilience.

There were, of course, notable omissions in his lessons: cooking, punctuality, cosmetology, to name a few. His dinners rotated between frozen, takeout, and breakfast-for-dinner. Looking back, I can see how he also tried to be our mom. Still, he never bought the right conditioner; he discovered only through trial

and error that lice couldn't be vacuumed from one's hair, and he habitually forgot one of his children in any number of places. But when it came to a broken heart, GI upset, a flat tire, good news, bad news, or problems of any size in our lives—he was our first call. He showed me genuine kindness and insurmountable strength. In our penultimate conversation, he made me tell him, and he made me believe, that I would be alright.

My father taught me how to live, and in his final lesson, one he learned from my mom many years prior, he taught me how to die. He taught me how to grant people the freedom to die: that death is not failure, it is not a battle lost. He showed me that losing one's physical independence does not mean losing one's dignity, losing one's future is not missing out on the present. He taught me that it was OK to be sad, but not for too long. He didn't like it, but he allowed me to cry. He pointed out, through my tears, how much I was learning about life and about death. And in the midst of it all, he reminded us, his children, even forced us, to keep laughing. Despite the hours I've spent before world-renowned professors, physicians, surgeons, and scientists, my dad was undoubtedly my greatest instructor in medicine.

Released from my cocoon of grief and now a resident, I'm aware of how far removed I am from the

patient experience. It's a relief to be able to empathize with others' hardships without succumbing to the grasp of my own hurt. Truthfully, when looking through a thick cloud of fatigue toward a long list of unchecked boxes, sometimes I struggle to feel empathy at all. There are times when I feel a shell of my former self. But I habitually revisit the grayhaired man with the charming smile and a fondness for Car Talk's Click and Clack. I visit the daughter at his bedside too. And I realize that before discharge summaries and trauma surveys metastasized to my right brain, I had already gained my most important insights on being a resident: to stand up—even when your ground is unsteady and your world upsidedown, to find context, to laugh often-and to do so even in the face of despair, and, without hesitation, to cry PRN.



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