

When Vulnerability Is the Teacher

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Seeing people spilling out of my patient's room early one morning, I knew he was dying. Or at least more imminently dying than he had been for the past few weeks. As a medical student, I felt I had no place disturbing this intimate moment. But then his wife spotted me, and before I could protest, the room of people swallowed me. There I stood, shoulder to shoulder with his closest friends and family, his wife hugging me. Who was I to be in this position of honor? Then seeing me teary eyed, she squeezed me and said, "Oh this girl, she's going to make a wonderful doctor."

A few weeks earlier an internal medicine resident introduced me to this patient in a preoperative holding area, where he lay wearing a wool hat with blankets pulled up to his chin. Peeling down his protective layers of fleece, I saw his fragile, erythematous skin crying out from beneath, and I tried not to recoil. He slipped his hospital gown off his shoulders and said, "This is mycosis fungoides. Are you ready to learn?" He chronicled how his illness began with a visit to his dermatologist regarding a new "mole" on his foot. A few weeks later he had a life-changing diagnosis. Six months later he would meet me with full body cutaneous manifestations, bacteremia, and a deep venous thrombosis. Each morning I learned to examine him without irritating his skin. When he started chemotherapy, I learned about how we take saliva for granted. When he coded, I learned how to manage atrial fibrillation. When I stopped by to talk, I learned that the cafeteria sells steak and eggs for \$3.00. I met his wife, children, in-laws, and neighbors, and in their stories learned about who my patient was outside the hospital walls. When I heard that he opted for comfort care, I felt that medicine had failed him, and when he saw defeat in my eyes, he encouraged me to use his story to teach other medical students about mycosis fungoides. Eventually our conversations ended, and he managed a wink when I entered his room. His breathing labored, his body

tired, he embraced death. His eagerness for death overwhelmed a twentysomething me.

Over the many years since my encounter with this patient, the mechanics of medicine became easier, but the administrative tasks piled up. As physicians, each day is an endless stream of electronic records and checklists. And I can be the most efficient of the button clickers and box checkers. In order to continue seeing large volumes of patients, a physician needs a certain degree of self-preservation that often comes in distancing oneself from one's work. It can be easier to hide behind our computer screens than to sit among the stories of bullying, food insecurity, toxic stress, racism, and abuse. At that early stage in my career though, my patient did not let me create distance and barriers between his suffering and my service. With his raw, weeping skin, he taught me vulnerability is important in healing and learning.

There's no doubt that when we first met, my head buried in a clipboard full of notes, he saw a future pediatrician trying to pass through adult medicine emotionally and academically unscathed. He persevered as my teacher, turning me into a teacher of others, so that his memorable illness would benefit future physicians and patients. Over time, I was less focused on collecting data and more on collecting stories. I found myself gravitating to his bedside at every opportunity, and my willingness to listen is what ingratiated me to his family, and families to come. So, it was in the embrace of his soon-to-be widow that I realized that, while I might not be able to save all of my patients, some of them might be able to save me.



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