AN HONOR AND A PRIVILEGE

THE STORY OF A MEDICAL STUDENT | **BY THOMAS CONLON**



The following is an edited version of Thomas Conlon's graduation address. Conlon (MD '06) served as president of his class and delivered the speech at May's graduation ceremony.

You did it … with hard work and support from friends and family, the University of Pittsburgh, one of the finest medical schools in the nation, opened the door for you to attain your dream. And there you are, day number one. You are amazed by the diversity of your classmates—not necessarily in race or gender as we are so ingrained to take note of—but rather their dynamic personalities, how they carry themselves so differently but with such presence.

And you sit down in your sparkling new white coat and hear Dean Levine discuss the honor and privilege of medicine. You're hardly able to keep your jaw from hitting the floor. The painted portraits surrounding you, the cameras flashing from proud parents above, the oath taken. Your dream is realized. What an honor and privilege it would be.

And first year rolls on, and you're finding that, while you were a star in college, you are struggling to remain at average here. Or maybe you're at the top of the heap, and nobody can imagine the strain of living up to continued expectations. And you're finding that you aren't talking to your friends from home as much as before because, well, frankly, they just can't understand. And you're in a long-distance relationship, which is strained because you know that for every hour you aren't studying that likely means another point off your test, and you can't afford that. But of course your boyfriend or girlfriend doesn't understand that. Or you go home to your spouse and, though you thought it would be a welcome thing to have something outside of the medical world, you find you're becoming more detached. And your parents call, but they don't understand the world of medicine, or conversely one of them is a practicing physician and keeps telling you that she "understands." But she's not here, and she doesn't know.

The end of second year comes, and you have to sit for boards. Mr. Levitt has warned you of an eight-week schedule of insanity, which you scoff at and discard for your own schedule. That turns out to be 10 weeks of even greater insanity. This one test determines whether you can be an orthopod, a neurosurgeon, whether you can match where you want. The test comes and goes. Immediately afterward you drive out to a friend's cabin in the middle of nowhere, and you sit with a fishing rod between your legs and a glass of milk at your side, finally able to feel as though you've escaped. That's when it hits you: You don't really know if you like the person you're becoming.

In third year your clinical rotations begin, and you don't know the computers, and you're not answering the attending's questions right, and you've got to go into the patient's room right now to get a full history and physical to turn in by morning, and you sit down at the bedside, shuffle some papers, look at your watch then lift your head up—and your eyes meet. Looking back at you are the eyes of a male, a female, a white collar, a blue collar, a no collar, a broken hip, a stage-four cancer, a 10-year-old, a 100-year-old. And *wham.* You only knew vaguely this feeling when applying to medical school. You tried your best to put it into words when asked, "So why do you want to become a doctor?" Here it is, and words don't suffice. Those eyes read of fear, of realized mortality, of experience. They want your help. At that moment, you recognize your responsibility. And you're partially stunned because you want nothing more than to embrace it—the whole thing. At that same moment, you gain some understanding of the first two years, how they provided you with the intellectual and emotional framework you'd need.

It's 4:30 in the morning and you wake up and you're tired but ready to roll. And you hop on the bus and you look at the worn faces of the janitors, the security guards, the line cooks, and you realize the difference between people who go to work and what you get to do. And you get off the bus and the driver says, as always, "Have a nice day," 'cause that's what they do in Pittsburgh. And you get off and, even though it's Wednesday and summer and 4:45 in the morning, blurt out, "Go Stillers," because that's what they do in Pittsburgh.

And you walk into the building and, as a potted plant is to someone with pica, so is that morning cup of Joe to you that you're brewing in the conference room. And you're in Children's and you watch as 2-year-old Sally, who came in with a septic joint, waddles with her back to you, her little hand completely engulfed by her father's massive paw, she in only a diaper. And you can't help but smile. And you're at the VA, and there's old man Dawkins with his IV pole and his back to you in the hall, gown on, but he is in neither diaper nor any sign of undergarments, and again, you can't help but smile. And you're on ortho rounds, and you just benched 250. And you're in surgery and you—cut that fascia really well (or whatever gets you surgeons excited). And you find that attending who loves to teach and does it in such a way that you actually learn, and you really want to go home and read to continue the conversation at another level.

And it's 5:30 p.m. and you're getting out a little early because it's short call. All your patients are tucked in; you're thinking about dinner; then your pager goes off. You dial the number and on the other end of the line you hear, "This is UPMC quality control. We have a report of inappropriate touching of one of our elderly female patients and would like you to swing by our office immediately." Your stomach drops. You try to figure out whether you even have an elderly female patient in your care when you start hearing childish giggling over the other end of the phone. "Real funny … Thomas." It's the standard happy hour page, the bat sign that someone had a rough day and needs to unwind, and you wouldn't mind a quick glass of milk yourself.

As your friends roll into the bar, you remember you have to call one of your buddies, so you stand outside and get in touch with Joe—one of your closest pals from college. He asks about school, and you tell him that it's brutal, torture, all the words you've used in the past with him during your infrequent conversations. But he knows you love it. And for the first time in months, you stop yourself midsentence and ask—for real this time—"Joe, how the heck are you?"

When you get home, you check the alarm to make sure it's set for … oh, four hours from now and turn on the radio to make sure the volume is high enough. Then you are reminded by the sports commentator that yes, it's true, the White Sox really did win the series and are world champions. And you can't wait to wake up tomorrow.

Doctors, sharing this with you has been the absolute highest honor and privilege. ■

JIM BURKE

DISTURBING DEVIATIONS

JUST ANOTHER DAY IN THE FRONTAL LOBE

BY KATRINA FIRLIK

Katrina Firlik (Res '02) is a neurosurgeon practicing in Greenwich, Conn. In her recently released memoir, Firlik recalls stories from her days training at the University of Pittsburgh, including the scarce details she was able to learn of "Mr. Doe"—a patient who died within 24 hours after entering the hospital with multiple traumas. She admits he was someone she might have otherwise forgotten but for a drop of blood a bad cut on his scalp left on her white coat. The drop served as a reminder of the man the rest of her busy week. She writes, "If every patient left a stain, a resident's life could very well become an unbearable mess. A stain every once in a while, though, can probably help keep us human. That realization must have been one reason I kept a journal during my training. I knew I would otherwise forget along the way, partly because there was too much to remember and partly because I might want to forget." The following is another memorable "stain" Firlik shares in her book.

I had the privilege of working with stellar pediatric neurosurgeons whose reputations brought patients in from all over the neighboring states and beyond. We saw the most complex, most bizarre, and most tragic of cases. Because modern medicine has become so good at treating every symptom, I was continually amazed at the children who were able to survive so long with so little brain function, with mothers, fathers, and hired help attending to every need and hauling around what amounted to miniature ICUs in their minivans. I became comfortable with conflicting emotions, thinking both "How touching!" and "How strange!" at the same time.

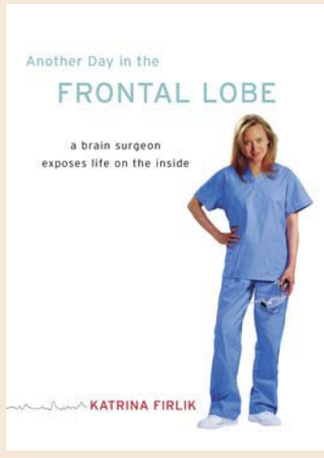
I had to perform a spinal tap on a child who had been neurologically devastated at birth. While I had the needle in his back, his mother mentioned that it was a good thing that she had forgotten to bring his Passe-Muir valve (an insert for a tracheostomy that allows a patient to talk). She explained that, this way, he would remain quiet through the spinal tap. I expressed some surprise that he actually had a Passe-Muir valve. I knew that his brain was not capable of speech or even thought. "No, you're right, he's completely nonverbal," she confirmed, very matter-of-fact and even smiling, "but he does make noises." This was not the first time I made a mental note to avoid making assumptions.

At one point, late into my senior resident year, I was rudely awakened to the fact that I had become perhaps too jaded in dealing with the tragedies of neurological devastation. I had become overly accustomed to our clinics, going from exam room to exam room, one featuring a mother waiting quietly while she casually suctioned her daughter's tracheostomy, another featuring a 12-year-old boy whose legs were so rigid and contorted that it was nearly impossible for his mother to change his diaper.

I walked into yet another examining room after checking the patient's chart. It was a brand-new consult: 18 years old, cerebral palsy, spasticity. Okay, okay, I've seen this before, I just need to get a good history before my attending walks in. Efficiency is key. I looked at the patient for a second: very skinny, special wheelchair, arms contracted, head support in place, mouth hung open. It was clear I wasn't going to get the story from him, so I turned to the parents, my back toward the patient, and started to take down the history. The mother's account went back 18 years, recounting her pregnancy in detail. She was helpful but a bit long-winded, so I jumped in after a few minutes with some pointed questions. As a rule I make an effort to let people finish their stories before I butt in, but sometimes I have to break my own rule. There were a number of other patients waiting, and I didn't really need to know all the specific dietary details.

As I sat, dutifully recording the list of medications, allergies, and operations, my mentor walked in. I cringed. I was hoping to have at least the history done so I could present him with a nice summary. He sat down on the examining table, the only seat left in the cramped room. After introducing himself, he surveyed the compact scene—the patient, the parents—and then focused his gaze back on the patient. After what seemed like several, almost uncomfortably quiet, seconds, he looked the patient in the eye and asked: "So, when did you graduate from high school?" The young man's face lit up like I had no idea it could.

My mentor had noticed something I'd missed. The patient was wearing a large high school ring, so large that it looked a little silly on his bony finger. His body, far more than his mind, had borne the brunt of his cerebral palsy. He was a proud, beaming high school graduate. His mother pointed out the specialized computer, attached to his wheelchair, that helps him communicate. For the remainder of the visit I sat in the corner, duncelike, humbled by the enormity of this ring. ■



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