

Michelle Lee

*When the White Coat Becomes a
Hospital Gown*

It was a beautiful fall evening in New York when I was told I should leave medical school. I was a well-appearing 25-year-old, but the tell-tale symptoms I had been brushing off for months finally imploded. I still remember trembling behind a white curtain as a patient in my own school's emergency room, in pure disbelief as the doctor informed me of my diagnosis. Ironically, I had just studied the diagnosis for a medical school exam earlier that year, but I was genuinely shocked to experience the illness firsthand.

Thus, began the single most transformative year of my medical training—the year I became a patient. I could tell the doctor felt sorry as he patted my arm, but he might as well have been a hundred miles away. My mind was blank and could not gain traction past the fact that I would miss

school. I was near the end of my second year of medical school, and incredulously asked what of my plans to meet up with friends and study a few days later. When he brought up the fact that he wasn't sure when I would be able to return, I completely lost it.

I resisted giving up my white coat as long as I could. With scheduling accommodations around treatment and appointments, I was able to finish the year's exams only a few weeks after my classmates. Although my dean and doctors were uneasy, I soldiered on. I'm still high-functioning, I kept saying, and objectively, I was. But running myself into the ground far past my physical and mental limits, rather than accept my disability, ended up prolonging my healing process and eventually necessitating a longer than intended medical leave.

I had preferred to hide behind a white coat and throw myself into helping others for as long as I could than to face my diagnosis. I feared the depression that would follow if I left school, which certainly did happen and was not pleasant. I had always believed that you could achieve and overcome anything with pure will and hard-work. I was the girl who was the first in my family to graduate college, worked 3 jobs and got into an Ivy League medical school. I was the girl with 10 research publications. I was the girl who developed De Quervain's tendonitis from repetitive hand movements during countless late nights and weekends of research.

This naiveté about hard work led me to learn the hard way that our bodies did have a physical and mental limit, and that medicine was not advanced enough to bring us back on track from certain diseases fast enough, or at all. I was not superwoman, and I was getting myself into trouble pretending to be one.

While I made an excellent recovery during my leave, I also became frustrated with medication side effects, delays, and knowledge gap between doctor and patient. Even though I was a medical student and should have known better, I still got pill esophagitis, an avoidable medication side effect. I

also developed the utmost respect for social workers, who smoothed over the practical and socioeconomic aspects of my health insurance and said "the right thing" more often than my doctor did.

After my leave, I was able to put on my white coat in good health, indebted to my treatment team. My rueful dissatisfaction with medical advances and healthcare system made me run head-first into all that had to be lived for, just as before, but this time more wisely and strategically.

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Unwittingly traversing the five stages of grief through my recovery gave me a mental steeliness that my younger, more excitable self didn't have. I was smart before, but now I was wise. Although I didn't see at the time, that year made me the doctor I needed to become. I also realized that patient advocacy and long-term care were extremely important to me.

Living with a temporary disability gave me the courage to be

assertive and excel in crises. I didn't hesitate to speak up loudly anymore and ask questions anymore. I was surprised to be able to reach patients, sometimes better than fellows, and address their frustrations with misdiagnoses and delays, because I too was acutely aware of the practical issues in medicine.

Doctors were not infallible—they are overworked, make mistakes, and a small delay can disrupt a patient's work or school week tremendously. Part of this dissatisfaction fueled my desire to get a certificate in business leadership and decision to get a joint MBA in the future so I could learn how to improve the inefficiency of our healthcare system.

Feeling strongly about clear doctor-patient communication, I also became a stronger community health and patient advocate. With each and every patient I sit with, I always make sure they understand their diagnosis and medications, and I encourage them to write any further questions if they think of them later.

Looking back, I'm extremely grateful that I had these lessons as a nascent yet-to-be formed doctor. Though painful, these very same life experiences helped develop an additional skillset in leadership, community advocacy, and patient

education I wouldn't have otherwise. It made me into the woman I am today, and the physician I will be tomorrow, and I wouldn't have it any other way.

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