

## Only a Woman

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We walked towards the patient's room as if we were on a movie set- the three of us trailing on the white coattails of our attending, with the wings of our own white coats flapping as we kept up with his brisk pace. Even though I was still starkly aware of my own inferiority and the cliché of the moment, somehow that walk finally instilled in me a sense of belonging within the medical profession.

*Reflecting back on the very first role I had been given in a hospital, I appreciated how far I'd come since then. As an undergraduate I volunteered long days and nights in an Emergency Department, watching, like a hawk, procedures that I couldn't yet understand and memorizing obscure terms that I was bound to forget.*

Even now, as a medical student, I entered the patient's room filled with uncertainty. The patient, on the other hand, was alert yet calm, recognizing the manifestation of her sickle cell anemia all too well. After spending almost an hour collecting a detailed history and physical exam, we left the patient to discuss our findings in a conference room down the hall. Once there, the tables turned, and we were the ones being questioned – what do we think caused her symptoms, why was she prescribed those medications, how would we follow-up with her in the future? Even though the extent of our knowledge was limited, talking through the responses helped us piece it all together and understand how we could apply what we had learned in the classroom.

Then came a question that stumped everyone: “Did anyone notice anything in the room that might give us a clue about the patient's

pulmonary condition?” There was only silence. We each thought back to the scene, scanning our memory of the room for any machines or medications. As the attending allowed the silence to linger longer and longer, I became engrossed in the mystery of the question.

*I remembered how I would watch physicians solve these mysteries in the Emergency Department. During one night shift an older woman had checked herself in for a headache and some minor alcohol intoxication. While being interviewed, she claimed she had just been out with friends and had too much to drink, denying any alcohol dependence or abuse. The doctors wondered why her friends hadn't come with her. Had they seen her hit her head at any point in the night? Did she need to stay in the ED all night, or was there someone who could take her home? As she began dodging questions, claiming to have had surprisingly little alcohol for her condition, and refusing to cooperate- one of the women attendings asked to see the patient's purse. The patient had been clinging to it tightly and refusing to set it down or let it out of her sight. Inside, there was an entire handle of vodka along with multiple plastic water bottles filled with alcohol. Only then did the patient and the physicians acknowledge that a different conversation needed to take place.*

Just as the ED physician had used her own frame of reference to assess the patient's unusual attachment to her purse, I then considered the present sickle cell patient, who had also a large

purse sitting close at her side in the hospital bed. Could that be the clue to the patient's lung disease? Is it possible that she had asthma that required her to keep an inhaler close at hand, or a severe allergy requiring epinephrine to prevent anaphylactic shock? We had been so focused on the patient's immediate medical history that we'd mistakenly forgotten to ask specifically about allergies or asthma. Ending the long silence, I was the first to offer up an answer to my attending's question- "Is her purse the clue? Could it be--"

I was cut off mid-sentence by the attending's deep and boisterous laugh. After comical glances at my two classmates, he told me, "I don't mean to be sexist, but only a woman would have noticed the purse." Sure enough, he had not been referring to a clue hidden in the purse. He finally revealed that there had been a ventilator tucked away in the background of the room. I instinctively smiled, but felt my confidence deflate. His words echoed in my head... "only a woman..."

Unsure how to proceed, I remembered the way a mentor had suggested to approach these situations- "Don't worsen the situation for yourself; prove them wrong instead." Even though I wanted to fade into the background, I took a moment to compose myself and resolved to answer every other question that I could correctly and without doubt or hesitation. As I did this, however, it soon became apparent that my answers, no matter how correct, no longer mattered. The instructor would only acknowledge the responses of my colleague who coincidentally, while assumed male by our attending, identified as non-binary.

The continuous rebuffs seemed relentless until the favored classmate chose to respond to a question by acknowledging my own correct answer, "As Mackenzie just said, the EKG seems to show QT prolongation." The realization that my answers could still be useful even when ignored by some reminded both me, and my professor, of my own value. There is never an easy or obvious way to respond to these situations, but it becomes much easier with allies.

Even now, my classmate and I both struggle to navigate the positive and negative roles our genders play in the professional realm of medicine. Would the world be better off ignoring gender and treating everyone as equals? Or

acknowledging and appreciating the benefits afforded by a diverse spectrum of gender? Right now, these questions seem more intricate than we can untangle at the beginning of our education, but I believe the answers will become clearer with more voices in the room.

## **Biography**

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Mackenzie is a second-year medical student pursuing a joint Medical Degree and Master of Public Health. She was born and raised in Lexington, Kentucky, moved up north to the Big Apple to attend college at Columbia University, and then went all the way south for medical school at the University of Miami. While she always tries to keep an open mind, her heart is set on practicing psychiatry and revitalizing the role of humanities in medicine.

