

Actions and Words

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Cynical, I am not! But powering through the pre-clinical years in medical school has left room for such a gap. A gap to be filled with inaction from the events that should move mountains. A gap to be filled with memories of the suppressed events for which I have no time to digest. The hours spent memorizing drug classes, learning disease mechanisms, and watching lectures at double speed have left an uneasy feeling. Between the highs of donning the white coat for the first time in a lifelong career and the lows of exams that seem to last an equal amount of time, the joy of medicine is lost to the vicissitudes of practice. I know it. We know it. The goal has always been to not fall into the trap. But as time passed, my resolution was forgotten. The sole focus became my studies: understanding every concept, reading every word, and memorizing every fact. I could feel it creep in, day by day. Yet, the feeling remained unnamed, unaddressed, and unprioritized.

October arrived when I received my first clinical assignment from my medical preceptor. The chilled autumn air reverberated with the excitement of the moment - the moment I could learn to become a doctor! Within the annals of the psychiatric emergency room, I had the opportunity to interact with patients whose lives diverged to differing countries, religions, and cultures across the globe, yet lives which converged within the same hospital corridor in their times of crisis. It was in this corridor that I met a patient named "Mr. Doe". Similar to the resident who accompanied me to Mr. Doe's exam room, Mr. Doe had also received medical training. Or so he said. However, I quickly learned that Mr. Doe's comments about his medical training were not meant to establish commonality.

"I already know you're both not good doctors...International medical graduates are not trained well enough...I won't allow people like you to treat me" were some of the phrases that Mr. Doe fired at us during his subsequent five-minute barrage. While I was initially caught offguard by his comments, the accompanying resident maintained a stone-faced demeanor. We suppressed the inaccuracy of his assumptions, the vitriol in his generalizations, and the inadequacy of his opinions to the back of our minds. Politely, we walked away and continued to work with the other patients in the ED corridor. Both the resident and I finished our remaining shift without ever speaking again about Mr. Doe's comments.

The chilled autumn air of October turned to the cold monotony of December. Likewise, my excitement for clinical medicine was chilled by many more of these kinds of experiences. Repeated disparaging comments about race, gender, and nationality were now met with muted familiarity. In my seldom moments for reflection, I think to myself "This is the way the world is." It's in these moments that I feel disappointment. Disappointed that I was cynical, disappointed that I'd accepted this as my new normal, and disappointed that I could just walk away in such moments. And I was okay with that. I was okay with it.

I re-imagined several ways in which I could have responded differently to Mr. Doe, but each scenario had the same theme. Mr. Doe did not know anything about the resident or me. He did not know our nationalities, what other languages we spoke, or where we received our medical training. Mr. Doe did not recognize years of sacrifice traded in pursuit of a medical degree or our desire to provide him the highest quality of care. Mr. Doe was in distress in our unfamiliar

hospital corridor and the only distinctive features that stood out to him were our last names and the colors of our skin. In an ironic way, I partially agree with Mr. Doe. Our names and the color of our skin are distinctive characteristics that make up who we are. They are part of the narrative that led us to the path of medicine. They could not and should not be erased.

Mr. Doe received the best quality care from my colleagues. The comments he made may have touched a sore spot, but I refuse to continue to give into the cynicism. If I am placed in such a situation in the future, I know how I would like myself to react. I would take the opportunity to pull the resident aside and debrief the situation, even for a second to let her that the experience was shared. Every doctor, medical student, and hospital staff plays a role in bettering the medical community. Acknowledgement and acceptance are the first steps on that journey. If my mouth could speak, I would confidently say to the resident, “You are a great doctor. I want you to know that I am on your side. I hope that you are not pushed to the edge of cynicism, that your empathy for struggling patients grows, that you live many positive moments that will undo many wrongs.” I wish that for her as I wish it for myself.

Biography

Ganaëlle Joseph-Senatus is a second-year medical student at the New York Medical College (NYMC) in Valhalla, NY. She earned a bachelor's degree in Neuroscience with Honors from Brown University. Before medical school, she worked as a Behavioral Care Manager and as a Quality Improvement Team Lead in the Primary Care Behavioral Health Integration department at the Cambridge Health Alliance in Cambridge, MA, where she provided counseling and managed population-based mental health treatment efforts. While at NYMC, Ganaelle was a 2018 Primary Care Leadership Scholar with the National Medical Fellowships, working to improve health screenings and medical care access to the homeless. She was featured as a GE Foundation "Twitter Spotlight" for her work and her interest in health care financing and management. She also received the 2018 Leadership Award from the National Alliance for the Advancement of Haitian Professionals for her past, current, and future work to improve immigrant mental health.