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Essay

Closing the Distance

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“Good morning Mrs. Woodman!”

My greeting was met with a blank stare coming from steel blue eyes.

“I’m the medical student on the team. How was your night? Did you sleep well and eat breakfast?”

The frail old woman sat up straighter in bed, still providing no response. Almost immediately, as if he had heard me from out in the hall, her husband swept into the room.

“Oh hello Mr. Woodman, it’s so nice to meet you. I’ll be taking care of your wife while she stays in the hospit—”

But I was cut off midsentence as he hustled past, urgently searching for something without even stopping to look at me. I glanced back towards his wife and she, too, was consumed with his quest, showing little interest in what I had to say. My words were lost on the elderly couple and I had no idea how I was going to get a history, much less a physical exam out of this meeting. So far, my first inpatient assignment was going incredibly well.

I sighed and bowed out of the room, making a mental note to return after lunch. At that moment a specific line in her chart caught my eye and it dawned on me. There, at the bottom of a long list of complex medical problems were the words: CONGENITAL HEARING LOSS.

Mrs. Woodman was deaf.

And judging by his reaction, so was her husband. They weren’t ignoring me. They were looking for the electronic sign language interpretation device. I turned on my heel and knocked once again, entering and heading straight for the cupboard where the monitor was stored. I wheeled it out from its hiding place and called the translating service. Instantly, a look of relief washed over Mr. Woodman’s face while Mrs. Woodman settled back against her pillows, looking intently at the screen. Receptive smiles replaced their disconnected apprehension and we had a long, productive conversation.

We discussed everything from her medical conditions spanning decades, to the comical confusion occurring minutes before. In short, she was being treated for a crisis of Addison’s

Disease which had caused her to have dangerously low blood pressure and an acute kidney injury. Mrs. Woodman improved day by day, and each time I entered her room, I made sure to sit down and explain every update carefully as well as answer all her questions no matter how long it took. Sometimes the video quality was so poor that it was hard to see the translator. Sometimes the connection failed altogether. Sometimes we had to wait long periods for an in-person translator who was tied up helping another patient elsewhere in the hospital. But every inconvenience was worth it to see how engaged they both were in her care, and how pleased they looked to know everything was going to be alright.

The most memorable part of caring for Mrs. Woodman was not her critical diagnosis or my meticulous plan to treat her. It was how quickly the barrier of language which stood formidably between us melted away to foster interpersonal connection and solidarity. I still think about how I would feel if I was the one in a hospital gown, waiting anxiously to hear my results, unable to express my concerns or understand vital information from my healthcare provider. To know that I was able to put her at ease without exchanging a single word was one of the most gratifying feelings I have felt as a medical student. The entire experience reinforced my awareness of how much we as human beings crave to be understood.

I hope to keep this awareness with me throughout my career and life—even when conversing with someone who might not have trouble speaking or hearing in the traditional sense. It can be exceedingly difficult to fathom another person's state of mind, or to fully recognize the internal conflicts they could be struggling with. This creates distance between everyone from healthcare workers and their patients, to family members and friends. Still, maintaining a priority to understand one another and making the effort to accommodate each other's needs can help close the distance between us.
