

# Quill & Scope

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Volume 2 *Volume II*

Article 16

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2009

## Colors

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### Recommended Citation

Platt, M. (2009). Colors. *Quill & Scope*, 2 (1). Retrieved from

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## Colors

Mike Platt

“Red!”

“And that?” I pointed to a school bus as it made a left turn onto the gridlocked Chicago street. The three-year-old standing next to me took a moment to appreciate the surprisingly picturesque view the hospital window afforded. After spotting the bus, he immediately regained focus.

“Red!” he shouted, with even more conviction than before. Aside from a lucky guess on a Dodge Viper, his quick-triggered responses had yet to earn him any points in our recently improvised game. At the very least, I thought, I’m witnessing the makings of a very cautious driver. A few of my early corrections were met with an immediate “No! It’s red!” punctuated with the concrete conviction that only a three-year-old can muster. One couldn’t help but admire his persistence. He didn’t let his limited knowledge of the landscape inhibit his motivation or enthusiasm for it.

It was my first day as a volunteer at Children’s Memorial Hospital. My responsibilities were simple; rotate around the cardiology floor and play with patients. Overall, it’s a gig that looks great on a resume or to “casually” throw into first date conversation. It’s also a job that may just scare the bejesus out of you. Although I’d been there for over an hour, the boy was one of the few I had the courage to visit.

A few months earlier, my pre-med advisor informed me that, as a senior, I needed more clinical experience on my resume to have a shot at medical school. After expressing my earnest but unsubstantiated interest in pediatrics, she informed me of the volunteer program at Children’s. It was a marriage made in AMCAS heaven. The selection process entailed the standard application and interview, as well as the opportunity to highlight two of my biggest strengths: not being a pedophile and not having tuberculosis. About a month later, I strolled into the hospital for my first day ready to save the world, one game of Connect Four at a time.

However, when I arrived on the floor, I suddenly realized that this job would require more initiative than I had anticipated. And not the same type of “gunner”-esque initiative that seems ingrained in most pre-meds. It was the type that required me to swallow my pride, approach a patient in front of a team of well-trained staff and announce, “I have Candyland! Bet I can beat you to Gum Drop Mountain!”

Instead, I decided to play my own game: wander haphazardly around the floor for an hour. I’m not being facetious; I literally did laps around the nurses’ station until no less than three employees asked me if I was lost. I briefly considered seeking their counsel, hoping they would say something to quell my anxiety. Then I imagined how that would look. “Aww, the private university kid is too afraid to talk to sick kids. How sad for him!”

Every so often, I would make an effort to enter a patient’s room. Before I could get both feet inside, machines would start beeping, a nurse would rush in behind me, or I simply got too

anxious. Each patient's room represented a great unknown that I simply felt unprepared or unworthy to face.

Finally, I came upon a young girl, no more than two years old, sitting in a high chair in the doorway of her room. Despite the frenzy of nurses, stretchers and frazzled volunteers rushing past, she remained focused on the Fisher Price playset in front of her. She seemed entranced by the series of different colored mallets, cranks and buttons that lacked any semblance of engineering logic, but could nonetheless entertain a child of her age for hours.

I knelt beside her and asked if I could play along. She didn't reply. She did, however, grab the patient census out of my hand, rip it in half, and attempt to eat it. She would attempt to eat a lot of toys I brought her every Friday, yet still with a giddiness that, over time, became refreshingly familiar.

On my last day six months later, I made a point to say goodbye to her. Before I approached her room, I ran over in my head how it might go. She starts crying the moment I walk away. I can hear the wails as I take a step onto the elevator. I glance at the buxom, strikingly beautiful woman standing in the elevator and say, quite dashing I might add, "I'll catch the next one." I turn the corner and blow one last kiss to the little girl. She stops crying and miraculously utters her first words, "Bye, Mike!" The nurses' station erupts in applause. Ten years later, I receive a bouquet of flowers in the mail. Attached to it is a note with only the words "Thank You." The woman from the elevator, now my wife, asks who they're from. I claim not to know. But I do.

In reality, I knew better. She most likely forgot who I was the second I walked away. She might have even soiled her diaper; a fitting tribute perhaps, but not one that makes for a particularly harrowing story.

Indeed, it's far too easy to view the road to becoming a doctor as inspiring some sort of dramatic narrative; one that will ultimately conclude with us waking up one morning, grabbing our stethoscopes, and accurately diagnosing all of the ills of the world. However motivating that tale may be, it ignores those moments of doubt, of fear - of waking up at 4AM in a panic the night before an exam realizing you have no clue what the distal convoluted tubules do - that all of us face along the way.

When this happens, it might be best if we acknowledge our shortcomings, our insecurities, our subservience to the vast, seemingly infinite, landscape of medicine. Then pause, look out the window, and appreciate all of the colors slowly coming into focus.