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### Complications of PPRM: Preterm, Premature Reality of Medicine

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## Complications of PPRM: Preterm, Premature Reality of Medicine

*Diana Kirschner*

I moved closer to my mother as we lay together in triage bed four. It was a wonder how we both fit on that bed at all. I had insisted on being as close to her as possible even if it meant having my back up against the cold guard rail and the side of my body stretched out in itchy hospital sheets while tangled up in IV lines and EKG leads.

Two weeks earlier, mom had undergone an elective foot surgery to fuse her fifth tarsal-metatarsal bones in hopes that it would relieve her osteoarthritis. The surgery was “unremarkable” as health professionals would say, which to others translates to “nothing to worry about.” Indeed, nothing worrisome did occur until two weeks later, when my mom was at the tail end of her two-week bed rest. My dad had been waiting on her hand and foot, no pun intended, as she recovered at home. One day my dad, a lawyer, came in to the bedroom with the Lovenox injection that he gave her daily, jokingly announcing, “Nurse Ratchett is here!” My mom laughed, a warm, hearty laugh that was followed by a bout of coughing and shortness of breath. It was the first “remarkable” thing that happened since the operation.

Nurse Ratchett was worried that she was getting pneumonia, so he insisted they go to the Emergency Room. This was when I got a phone call, as I was living far away at the time. Mom was admitted to the hospital that night after a chest X-ray showed not a pneumonia, but a mediastinal monster. By the time I arrived, fresh off the red-eye from the West coast, she had already gotten a biopsy of the mass. We waited four hours in triage bed four, among the unfamiliar smells and sounds of the Emergency Room, for the results that would change our lives forever.

It was Cancer.

I moved back home to be with my parents and to take care of my mom as she battled through the first few months of aggressive chemotherapy. Of all the things I had done as a premed student, being in the hospital with my mom turned out to be the best preparation for medical school, which began five months later. It wasn't your average First-year student schedule. I attended class in the morning and then spent the afternoon and evening in the hospital with my mom. At times it felt like a curse, an emotional roller coaster that went upside down. Nevertheless, I'm thankful because the whole experience helped me define my personal and professional goals with respect to the doctor-patient encounter. I was blessed that my mother received some good old fashioned TLC, on top of the new medications like 5FU, 6MP, and MTX. Her physicians served as great role models to me, and they helped me define the type of doctor-patient interaction that I strive to emulate.

Now that I am a third-year student, I have the ability to interact with patients one-on-one, discussing the intimate details of their health and diseases. It is frustrating that although you must memorize treatments, doses, and side effects, you cannot technically write prescriptions for patients. However, I found a way.

When my mother was sick and times got really tough, I sought the company of my friends. The most comforting thing anyone ever said to me was “Wow - That sounds really tough,” to which I responded immediately with, “Yeah, it does!” That simple gesture my friend extended to me normalized and legitimized what I was feeling, which made me feel instantaneously better. So, when a patient tells me their chief complaint, now, before I gather anymore information, I look him straight in the eyes and say, “That sounds really tough.” In that moment, I dispense empathy, and I am able to prescribe. I am writing for “Legitimab” and “Zelnormalize,” and it is immediately effective, both for the patients and for me as a doctor-in-training. No matter where I go or what I do, these “drugs” will always be on my personal formulary, at no cost, and with unlimited refills.