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Beautiful Pathology

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One morning in my first year of medical school, I was sitting in a neuroscience lecture on brain masses, when the lecturer began describing images of glioblastomas.

"Here we can glimpse this beautiful pseudopalisading necrosis. Notice how the external bodies line up so smoothly. Next, you can make out this elegant crossing-over through the corpus callosum—We call this a butterfly glioma. It's visually a marvelous phenomenon."

The tone of the lecture rapidly reversed within minutes.

"Glioblastoma multiforme is the most aggressive of all adult brain malignancies. The median survival following initial discovery is a little over a year."

This contrast may appear alarming, but it is not alone—I recall similar stories. For example, in that same week, an elderly woman's rapid deterioration from cirrhosis of unknown etiology was dubbed "really fascinating" in a lecture by a practicing physician. And a psychiatrist's introductory description of a majorly depressed alcoholic patient during a small group session before the patient's appearance was received with several eager wide eyes and bright smiles from a room full of first-years. It's clear that the basic science years of medical school can involve somewhat of a paradoxical response to grim situations, partially because our profession requires a sense of scientific curiosity. Medical school has opened our minds in many ways, one of which is this exposure to the plurality of perspectives on disease.

This divergence in perspective is particularly interesting for us because our profession revolves around healing humanity but requires training that benefits from humanity's misfortune. Our "Convocation of Thanks" day, which honors the families of body donors for the anatomy and embryology course in the first year, illustrates this unspoken truth. Recently, we second-years received similar postmortem gifts when we examined dilated, fibrosed, hypertrophied and infarcted hearts of unknown families' loved ones in a pathology session. As physicians in training, we embark on a lifelong mission to alleviate suffering caused by disease, yet we are thankful to be in an environment that directly gains from the very suffering we will one day address. This paradox is obviously necessary, or else we would never learn to be good doctors.

Hence many juxtapositions of childlike fascination and reactive empathy prevail in the first two years of medical school, but what about the clinical years and beyond? Do we still maintain a positive perspective in the face of ruinous reality? Do we still see the other side of the same coin?

Yes, but maybe for reasons other than professional curiosity or the hunger to learn medicine. Americans with experience working in emergency departments or intensive care units, and even those who are diehard fans of medical television dramas know that healthcare professionals sometimes like to joke around other healthcare professionals. These wisecracks often involve patients with bleak prognoses and are (hopefully) never within earshot of the patients. For many healthcare professionals, this is a way to cope with the emotional microtrauma of working in a place that continually deals with pain, dying, sudden death, and otherwise somber scenarios. This out-of-sight "backstage" blitheness is a natural response to an unnatural shockwave of stimuli. Indeed, we learned in our Behavioral Science course in first year that humor is a mature defense mechanism.

So perhaps our profession is one that permits a plethora of perspectives. Perhaps this flexibility is necessary for the miracles of modern healthcare to happen. Perhaps there can be light in every form of darkness, just as there can be darkness in every form of light. And perhaps that glioblastoma just might be beautiful, like a sculpture or a jazz song, despite the fact that it can mean a death sentence for a patient. And why not? After all, Cardinal Terence Cooke once said that "Life is no less beautiful when it is accompanied by illness, weakness, hunger or poverty, physical or mental diseases, loneliness or old age."