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## Listen

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# LISTEN

ARIEL SASSON

The story of medicine is one of oscillations. The sharp rise and fall of the QRS complex on an EKG, the surge and suppression of luteinizing hormone during the menstrual cycle, and the systolic peaks and diastolic troughs of a cardiac cycle are just a few manifestations of the human body's fluctuant pulse. As students of medicine, we have been taught that such vacillations are a marvelous mechanism to instill order and balance. Any disturbance, however minute, that interferes with the body's pulsating rhythms may be deadly. Blunt the influx of sodium across cell membranes and you disturb the heart's electrical impulses. Smother the smooth rise in cortisol every morning and you perturb the body's means of arousal. The awe-inspiring equilibrium that our body's machinery creates is part and parcel with its polarizing processes.

But there exists another form of oscillation in medicine, a roller-coaster ride which is not always so restorative. And that is the emotional journey that the physician undergoes when treating patients.

The first pediatric patient I encountered on rotations was a 1-month-old baby girl. As we set her down on the exam table, her arms flapped excitedly and her eyes widened with curiosity, akin to an explorer who had reached a new, foreign land. Gently, we listened to her heart and lungs, tested for newborn reflexes, and examined her eyes for any congenital anomalies. She was accompanied by her mother, who watched us intently as we performed every maneuver, and questioned us incessantly as we listened to every heart sound. Eventually, we concluded our physical exam.

We then turned to the expectant mother and, with an assured smile, proclaimed that her daughter was perfectly healthy. The mother beamed with delight and showered us with praise, and proceeded to embrace her baby with warmth and affection. Perhaps this was the essence of medicine, I thought to myself as we exited the room. With nothing but a pair of ears and a stethoscope, we bless patients and their families with a clean bill of health. In doing so, we hand them the keys to a life of limitless potential, a world of opportunity. At that moment, I was convinced that medicine was a wonderful medley of highs, health and happiness.

This rosy conception was violently shattered several months later. I was assigned to care for a 59-year-old female with cancer. She had been diagnosed with an aggressive lymphoma. The cancer had spread, peppering her lymph nodes with pernicious cells. As I entered her room, I noticed how profoundly weak she was. Her bony arms trembled rhythmically, like the thin branches of a tree on a windy winter morning. Her eyes longingly fixated on the window, a conduit to the beautiful outdoors she had once ventured in. With a quiet, quivering voice, she began to tell me her story. She had been a healthy woman. She had been a woman who dabbled in artistic endeavors, such as crafting creative decorations for local churches and schools. She had a loving husband and a beautiful family. She was, in all respects, a normal woman. When she was diagnosed with cancer, her life of normalcy dissolved. The hospital wards became her new home. Chemotherapy coursed through her veins, delivering potent "poison" which

weakened her and left her bed-bound. Her blood counts plummeted, rendering her victim to recurring infection. And as her physical health waned, her mental fortitude diminished, leaving her clinging to a thin thread of hope, the last fraying strands holding her life's tapestry together. With every word she spoke, my heart sank further, as I finally came to terms with a sad reality. Medicine was not purely a game of success, but rather a mixed bag replete with both satisfying successes and demoralizing losses.

Ever since that realization, one question continues to echo loudly within the corridors of my mind. How does a physician balance the emotional highs and lows that are inherently part of the practice of medicine?

The answer begins with listening. We must listen to both the joyful new mother and the tearful cancer patient. And we must listen to their stories equally, with the same level of focus, openness, and empathy. If our process of listening to others is consistent and true, we can ultimately achieve an inner sense of satisfaction in our work. Whether the outcome is desirable or not, we have ensured that the patient was truly heard, and that is the hallmark of an outstanding physician.

As I wrapped up my conversation with the cancer patient, I asked her if she would allow me to listen to her heart. Her response brought tears to my eyes.

"I think you already have."