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Ahmed Imcaoudene

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Learning from one another in medical encounters

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Article abstract

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HUMANITY. A MEDICAL STUDENT'S REFLECTIONS ON THE HEALER ROLE

Ahmed Imcaoudene

Medical Student, Faculty of Medicine and Health Sciences, McGill University, Montreal, Quebec, Canada
ahmed.imcaoudene@mail.mcgill.ca

ABSTRACT

Detailing the moving story of his interactions with a patient and her significant other, Ahmed Imcaoudene's Goodwin Prize-winning essay on the Healer Role was selected for presentation in McGill University's Physicianship curriculum. It was also read at the 4th International Congress on Whole Person Care on October 22nd, 2021, introducing profound discussions on compassion in healthcare.

KEYWORDS: Patient story; Patient interaction; Compassion; Empathy

In honor of my patient, Ms. F.

On a frozen February morning, my much-anticipated Internal Medicine rotation had begun. Exceedingly caffeinated, I clumsily made it to the conference room, meeting my new team to discuss the various issues of complex patients. Rapidly feeling the impostor syndrome creeping in, my attention was promptly called for by my senior resident:

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“Ahmed, Ms. Sophie F is a 49-year-old woman with myelodysplastic syndrome – a process causing her blood cells to grow in an abnormal manner. Her presentation was concerning for progression to Acute Myeloid Leukemia, a more concerning and aggressive disease, and she was admitted to our floor for further investigations and possible initiation of chemotherapy. Interesting patient, you should see her.”

Sign-out ended, and I rushed to the nearest computer, frantically going through my new patient's chart. After spending ample time parsing through her perplexing history, I finally felt ready to see her.

Room 4. I donned my yellow gown, visor, and gloves, and knocked on the door.

“Come in...”, said a nervous-appearing woman in a blue gown, sitting on a chair near the sun-soaked window. She greeted me quietly with her significant other, Julie, at her side. I introduced myself and sat near her to get a better sense of who she was. To my surprise, my awkward attempts at small talk were rather well received, and we soon progressed to warm and soulful exchange.

Sophie met her soulmate when she was only 13. The two fondly remembered growing up in the 80s, listening to Jimi Hendrix, zipping around in their scooters, wearing black leather coats. They've now spent 36 years together, sheltering each other from harm's way, powering through hardships. My patient was raised by a single mother who died young, in a neighborhood where she was exposed to a myriad of social problems.

As a result, the duo had developed a boundless alliance. Ms. F had suffered from multiple health issues in the context of poor family support. Living with post-traumatic stress and chronic pain with longstanding multiple sclerosis requiring a wheelchair, she had “been through the ringer”.

“I've fought all my life, but I'm getting tired.”, the brave woman expressed as I attempted to imagine the suffering she had underwent, knowing very well I could never truly understand it.

When I examined the patient and updated her with the plan for the day, the pair smiled. I excused myself from room 4, wishing the ladies a nice day, quickly glancing at the clock before leaving: I had spent nearly an hour in the room – time truly flew by.

Over the week, my visits would once again extend, as the accomplices shared antics and recounted life experiences. The medical objectives would always be reached, but a significant portion of the time would be allotted to cordial exchanges. This enabled the couple to be more at ease and helped me comprehend their situation better. Having a hard time getting out in the freezing cold for weekly lab investigations? A CLSC nurse can come visit you after discharge. Hesitating to walk after a history of falls? Occupational

therapy can help optimize your home environment to make it safer. Those conversations were not only therapeutic for both of us, but also helped my patient obtain better care.

"Soul food" is the expression Sophie used to refer to those visits, where smiles and laughter would be abundant – even on darker days with unfortunate occurrences. As a medication-induced, dark-colored rash appeared over the side of her head, she would joke:

"Go easy on the physical exam – the friendly Dalmatian might bite!"

Days passed, and at each visit I could notice the pair's anxiety progressively defuse, even in the face of ambiguity. As her treating hematologist proposed the idea of a new chemotherapeutic drug for a hazy diagnosis, we would share words of encouragement with the lovers. Despite collective uncertainty, hope was our common language. As Sophie's fighting spirit boldened, so did our hopes of a positive outcome.

As we wished her success with the treatment, she declared: *"We're in this together."*

After ten days, it was time for Ms. F to be discharged. She had improved clinically, tolerated her new chemotherapy, and felt ready to go home. Hearing about the imminent arrival of their transport, I rushed back to room 4 and congratulated the duo, wishing them a safe return.

"Hope to see you again – though maybe not in this context!", said a smiling Sophie.

As I watched the couple heading to the elevators, a profound sense of satisfaction spread through me. The success of this hospitalization was not only in the diagnostic and therapeutic progress made, but also the cheerful alliance we had built. I may have not spearheaded the important medical decisions but was genuinely pleased to have contributed to her comfort and empowerment. My daily visits were perhaps not time-efficient, but they certainly felt meaningful.

Four days passed. A new team took over the floor and new patients would come under my care. Yet, despite this wind of change, Sophie would cross my mind as I wandered past room 4, heading to the evening sign-out, where a new admission would be presented.

"Ms. F is a 49-year-old woman recently admitted under us, known myelodysplastic syndrome with multiple sclerosis, who presented to the ER with altered mental status, rapidly progressing to coma."

My heart sank as a CT scan of her brain was displayed on the large screen. Dozens of small lesions colonized her fragile brain – unwanted guests occupying space, extinguishing the warmth of an affectionate spirit. Multiple teams were consulted, none of which could elucidate this catastrophic medical anomaly.

As sign-out ended, I rushed down to the Resuscitation Bay. I donned my yellow gown, visor, and gloves, and knocked on the door... finding Sophie lying senseless and motionless, a slew of medical devices attached to her febrile body. Her faithful lover, still by her side after 36 years, burst into tears.

Few words were exchanged during the encounter. I was unsure about what to say as her tears soaked the arm of my protective gown. There was nothing I could do to save her life, but Julie, nonetheless, appreciated my quiet presence.

Although she was no longer my patient, I visited the couple daily over the week when this gracious person struggled for her life.

“She really liked you. Sophie is glad that you came”, confided her companion.

Sophie had fought throughout her entire existence. This time, however, the mountain was far too steep to scale for the battle-hardened woman. It was time to rest.

I am mournful and heavyhearted, but also honored to have unknowingly soothed one's anxiety during their final moments and eased the pain of their loss for the person to whom they meant the world.

Not through complex medical intervention, but with simple kindness.

Prioritizing wholesomeness.

Sharing a laugh, and the burden of ambiguity.

Lending a helping hand, and a shoulder to cry on.

Taking the time to do things right.

We all define the Healer role through our lived experiences. My relationship with Sophie and Julie has been seminal in shaping this personal axiom...

... one that I will steadfastly pursue with every human being I shall have the privilege of caring for throughout my continuing duty of physician. ■