

## **'Real' Doctors Don't Cry**

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I don't know when it was that I learned not to cry. No one ever told me, in so many words, that doctors weren't allowed to cry. It wasn't written anywhere, but the message was clear from the beginning. Distancing, it was called. A way to maintain clinical objectivity. One could not get too attached to the patient or one would be unable to act in their best interests. The pity is that I bought that. Not consciously, which was all the more damaging to my humanity. It was an insidious repression of my ability to feel and express compassion for another human being. It is apparently still being 'taught' in medical schools. I see no evidence that most doctors are able to empathize with their patients. Not that they are unkind, or neglectful. They are simply unable to show human feelings to their patients. It would somehow diminish them in their role as Physician. If that role is a hierarchical one of Healer, then perhaps their reticence is necessary. If their role is a hierarchical one of Helper, of facilitator of Healing, then the sharing of emotions is essential. Neither patient nor physician can afford to be less than human in the healing relationship, for both suffer and are diminished if that choice is made.

As I look at the faces of patients from my past who still haunt my thoughts, I see their unspoken pleas for my comfort, not in the form of medicines or procedures, though those are obviously essential, but in the form of human caring. In the form of touching, hugging, crying and comforting, laughing, and sharing my humanity with them. These are the things they needed and I needed to give. My inability to do so came from the training, from the role modeling, from the fear of rejection and failure if I were perceived as too involved with my patients. The tricks of distancing myself from patients were learned unconsciously: the white coat, my uniform, that set me apart from the patient; the language of medicine that kept me from speaking from my heart; the emphasis on doing rather than being; the lack of time to find out who the patient really was, and what their disease meant in their lives; and the constant demands on my life that kept me from being in touch with my own feelings, requiring me to repress them in order to get the work done. I learned to survive, and in so doing, killed my humanity.

It seems almost criminal that I could have behaved as I did, yet it was expected, and encouraged. The recollections are so painful that I can barely tolerate them, yet I must ask forgiveness of those whom I did not comfort when that is what they needed. I remember my third-year medical school clerkship in pediatrics. The resident and I were called to the neonatal ICU for a preemie who was just born. His lungs weren't working and he was in dire straits. I can still see his tiny pale body in the incubator, so alone, attached to every imaginable piece of machinery, tubes in every orifice of his body as well as several newly created ones. We gloved and gowned to go near him and poked and prodded and listened, and tested, and read his numbers over and over. It was clear he would die, yet we did all we knew how to do to try to save him. He died during the night, 16 hours old. Never touched by naked skin, never held or rocked or stroked, or kissed. He died alone in a little plastic box, and I never cried until now. It seems unimaginable that I didn't take off my mask and gloves and hold him, tubes and machines and all, and caress his soft baby skin as he ended his brief visit to earth.

And I remember Stella, who lay dying of ovarian cancer, in the last room at the end of the long hallway on the Gynaecology ward. She thought of dozens of reasons to get the nurses

to summon me to her room. Her IV was hurting, her feet were swollen, she was having trouble breathing. Each excuse took me away from my endless list of tasks and taxed my patience. I attended to her kindly, but with the need to get quickly back to my chores. I can see now the pleading in her face, in her actions, for me to sit with her and share her fears and her anger at dying, alone, in the hospital. I can hear the annoyance in my voice when I talked to her, spending as little time as possible in her room. As little time as that was, it was far more than the other residents, or her attending physician spent with her. It was possible to be even less compassionate than I. My discomfort with death was as strong as hers, but neither of us knew that. We could have helped each other. I could have held her hand and promised to be with her when she needed me. I could have cried with her, I could have been there when she died. Instead I asked the nurses to call me when she was gone so I could pronounce her and sign the death certificate. I remember thinking, when I listened to her airless lungs and her silent heart, that I would have more time now to get my work done.

I mourn for myself as much as for them. I mourn the doctor I could have been if not for the system of medical education that killed the humanity in her. I mourn all the students in medical school and residency whose compassion is systematically snuffed out so that they may fit the mold of physician that is still in vogue. I pray that soon there will be physicians who are able to and are permitted to hug their patients, to hold their hands, to listen to their stories, to cry with them. Then I will know that the human race is healing itself and that there is hope for our species and our planet.

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