Emily Macphail Class of 2017 Cumming School of Medicine

Winner, Poetry Award, 2015

Hands

I've been told that there are certain patients who will never leave your mind, regardless of how long they've been out of your care. And there are definitely patients who teach you lessons that are not learnable in a classroom, a podcast, or a textbook. Kahya was one of those patients.

Second year, addictions medicine program elective, final day.

I've been on an elective in addictions medicine for the past week. Though short, to call it intense would be an understatement. It's now our final day, and we're spending it with the patients. This morning they are scheduled for Wellness Group, and a guided meditation is on the agenda. My student partner and I join the women, pulling the thin, institutional pillowcases over flat pillows and unrolling neon yoga mats, slightly worn from years of heavy-duty spray sanitizer.

I kneel and then lie down, attempting to get comfortable as my spine presses against the hard floor through the padded plastic. I feel a finger hesitantly touch my shoulder and look to my left to see Kahya, my patient "buddy" stretched out on her mat. She rolls her slight body a few inches closer and asks if this is our last morning. When I nod my assent, her voice lowers to an intense whisper – "I need to talk to you after this. Before you go."

As the voice of the recreation therapist guides us into the meditation and the canned sounds of birds chirping over the rush of what is presumably a mountain brook spill from the aged stereo, I let my mind drift, reflecting on what I've seen over the course of the week. The flood of thoughts and emotions come with a pressure that reflects that of the recorded water flowing in the background. From the immediate enveloping and welcoming of the newest patient at the start of the week, to the gentle but firm calling-out of detrimental behaviours and attitudes in group, to the candor with which Kahya shared her darkest moments in group last evening and the outpouring of warmth and support that her "sisters" (as the program calls them) provided afterward, I have been struck by the fellowship and kindness that the recovering women show to each other.

At the same time, despite the clinical staff's clear caring and desire to help, even in this supportive environment I was equally struck by the somewhat veiled flippancy present when patients were discussed in rounds. It was not an attitude of adults caring for equals, but more in the vein of adults caring for children, or at least for a group evidently considered "the other". While the women accepted their fellow patients at face value,

trusting first, the staff were the opposite: an inherent level of distrust pre-empted patient actions – untrustworthy until proven otherwise. It was an interesting dichotomy, particularly with the background knowledge that many of the staff had at one point gone through addiction and were in recovery themselves. The threshold between "recovering" and "in recovery" clearly signalled some shift, however tangibly imperceptible, from a space where one was a patient first, their words ever in doubt, to a place of being a full person again, able to speak and be heard as valid, without justification. Although magnified in this environment, I pondered how this validity had already shown up in so many of my clinical encounters, whether via preceptor distrust of a patient's words, or the ever-so-subtle nuances of the language in which we are taught to chart – "*reports* pain", instead of "*is* having pain", as though even their subjective experience is at risk of being a falsehood, subpar to clinical observation.

The recreation therapist's voice pulls me back to reality, and as the meditation ends, I open my eyes. Artificial nature sounds are replaced by chatter as the patients gather up their mats, stripping pillowcases and replacing supplies in cupboards. I scan around the room for Kahya, spotting her at the same instant that she finds me. She glances towards the therapist, busy packing up at the front of the room, and, satisfied that we have a few moments, pulls me over to a corner.

"I want to tell you what to look for in your patients. You're going to be caring for people with addictions and you need to know the signs."

I thought that I did know. The entire week had been focused on learning what addiction is: its symptoms and presentation, its causes, how to treat it, what different treatment modalities and philosophies exist, how to access resources, et cetera. We've heard patient stories, lectures from staff, had question-and-answer sessions. But. I don't know everything. Just as every person is a bit different, so is every patient. I focus back on the petite woman standing in front of me.

She holds out her hands, palms down, fingers splayed. Her nails are trimmed and manicured with a pale shade of peach, impeccable but for the slight chips at the edges where her anxiety has caused her to peel off shards. A plain wedding band and thinner band with a square diamond glint on her ring finger. These are hands that pushed her two children on the swings, hands that wrote a novel, hands that cared for her dying mother, hands that crocheted blankets for her friends, and hands that squeezed those of her own patients in reassurance and comfort. They're strong hands, skilled hands, gentle hands. But they're also hands that display evidence of her addiction. Fine track lines from her intravenous drug use snake along their surface, some paler and faded, others still blatant.

"*This* is what you look for." Her voice is steady. "I hid it from five doctors. FIVE. I wore gloves; I sat on my hands during appointments; I put on bandages; I kept my hands in my pockets. Make sure you see your patients' hands. ALL of your patients, not just the ones you assume are potential addicts – I was a professional, middle-class, a mom. I was hiding it, but at the same time, I wanted my doctor to find out. I *needed* them to ask; I *needed* them to

see it and offer the help that I couldn't reach out for. Gloves in the summer aren't normal. Even things that seem normal might not be normal. Pay attention to the details!" She looks up at me, her intense blue eyes rimmed by metal-framed glasses.

I nod. "I'll look. I'll pay attention. In everyone. I promise." I like to think that I would have picked up on these things, but maybe not. The excuses roll through my mind: clinics are busy; you have focus on the presenting complaint; someone else should have picked it up too; in some patients it just wouldn't be necessary. But those aren't acceptable. I'm responsible for my patients. Busy isn't an excuse. Assumptions cause harm.

The room has nearly emptied now and the other student is lingering in the doorway waiting for me. I turn back to Kahya. "Thank you." I mean it. It's not only a thank you for the advice she's just shared, but for the trust that she's placed in me, for the openness in sharing her story and struggles, for being the person that she is – even if that person is one who felt pain so deeply that the only solution she saw was medicating it away. She seems to understand that my thank you goes deeper than that moment. She reaches out, embracing me, and I return the hug. A final tight squeeze of her hand, and I say goodbye, retreating down the hallway with my colleague.

Second year, family med clinical experience, day one.

My patient this morning is a thirty-two-year-old woman named Sarah. According to the appointment schedule, she's here because of fatigue and persistent low mood. That's all I know.

I walk into the exam room and sit down, pausing a moment before I greet her to take in her expression, her posture, her choice of attire. As Kahya and her story flashes through my mind, I remind myself why I'm here. I'm not here to "fix" a patient – I'm here to connect with a *person* and help them to heal. I let my eyes linger on her hands.

***