HEALING ARTS

Materia Medica

I'm Sorry and an Unexpected Response

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“**A** hem!” She cleared her throat. Dr. C and I sat up straight, much like the hairs on my arm. He leaned in close and asked in a quivering baritone, “Lucy?” No response. Her eyes were still closed. We continued to wait.

My mind wandered to the beginning of my day. *Scrub, scrub, scrub*. Two minutes on each side, the suds interspersed with the hairs on my arm. *Rinse, rinse, rinse*. Gown. *Check, check, check*. Time-out. *Drape, drape, drape*. The entire scene was painted a cold, dreary, mechanical blue. A third-year medical student at the start of my surgery rotation, I was enjoying the comfortable monotony of the operating room. The repetition, wariness to deviate from algorithms and the rigor of checklists all sought to approximate perfection in the treatment of patients. It was a place where the rules were different—the only place in the hospital where people walked through doors backwards. No one passing by our room to an adjacent OR would have noticed that five fingers were left uncovered. “Trigger finger release.” *Check, check, check*. “Scalpel.”

Lucy's left hand was now bandaged and splinted in a curious position, with her index finger daintily extended like Michelangelo's Adam in that holy chapel, her other fingers folded into her palm. Standing at the foot of her bed, Dr. C and I couldn't help but look at it, pointing at us, accusing us, screaming at us. Lucy finally stirred. Her eyes were open. She turned her head slowly and exchanged glances with me but fixated on Dr. C's sunken face. In a raspy whisper she queried, “How did the surgery go?”

My mentor for the past year, Dr. C motioned for me to join him as he walked to her side and held her pale, delicate right hand in his incongruently large left hand.

“I'm so sorry, Lucy.”

Thus began Dr. C's explanation of how he had betrayed her trust in the chamber that forbids imperfection; he had operated on the wrong finger. Showing the kind of humility and grace that can only be taught by demonstration, Dr. C said just enough to ensure she understood the gravity of what he had done, but not so much that she heard nothing he said. He then sat back down and waited, continuing to hold her hand in his own.

Check, check, check? We followed every protocol designed to ensure mistakes like these will not happen. I watched the entire

surgery. Start to finish. But I wasn't only there to observe; I was there to learn, to inspect, to reflect, to challenge, to metaphorically dissect every step, to be the voice for my unconscious patient. How could I have allowed this blunder to occur on my watch? I was overcome with self-reproach, indignation and disappointment. I recalled my first day of medical school when blind optimism led me to believe that doctors could avoid a moment like this, if only they were careful enough.

With a wrinkle forming in her brow, Lucy opened her mouth to speak. Sweating profusely, I sat in anticipation, fighting the urge to walk away from this room, from this moment, this mistake, hoping I could leave my guilt behind. I knew I had to stay. I sat. I listened.

“Thank you,” said Lucy.

Despite mentally rehearsing my reactions to countless imaginable responses, I wasn't prepared for this one. Dr. C did not respond. Nor did I. The silence continued to build until it became so uncomfortable that Lucy spoke again. She began asking dozens of questions, none of which I heard. I sat stunned, waiting for her to reveal pure, unbridled, justifiable rage. That moment never came.

At home that evening, the day's events replayed in my mind. Dr. C once shared with me the adage that doctors *cure sometimes, relieve often, and must comfort always*. Today, I learned this is true even when we are the ones who cause pain. I had witnessed a great doctor fall subject to the most human of all mortal attributes: error. I had also witnessed that same doctor triumph over the most contemptible of all mortal attributes: cowardice. In doing so, he made himself entirely vulnerable to his patient, as she had been to him earlier that day, allowing us to numb away all signs of life short of a heartbeat to carry out our intervention. In offering her the truth, he opened himself to the scrutinizing eye of her moral judgment and any repercussions it dictated.

Weeks later, I saw Lucy in the clinic again with Dr. C. Her wound was healing and an indelible scar was forming. After the visit, I lingered in the room to ask her a question that had been brewing in me since that fateful day; I asked her why she thanked us.

She smiled at me. “I wanted to be angry. I really did. But that's not how I felt. To be honest, those were the first words

that came to mind." Lucy reached out with her left hand, now freed from its splint, and grasped my own hand. "Be honest to your patients and don't hide from your mistakes. Own them. Have the courage to own them. Your patients will respect you for it. You'll respect yourself for it."

From answering multiple-choice questions to forming well-reasoned differential diagnoses, medical students are constantly challenged to perfect their practices. As in the operating room, we are expected to master everlasting and steady precision in patient care in a way that is intolerant of nonconformity. Despite our valiant endeavors and venerable

intentions, we will make mistakes. I will make mistakes. But in these moments of error, I will remember my mentor's example and my patient's words.

The corners of my mouth rose gratefully to smile back at her. "Own them," I repeated softly.

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