Learning as a Resident in the world of Medicine

Maxime Coles MD

An internship and a full Residency program in our native land, was not sufficient to prepare us for what was going to come during the training sessions in our adopted country. We were spoiled by this nice familiar atmosphere as a “little doc” cherished by family and friends which allowed us to reach emancipation. We become mature in our own way. After the internship, we fashioned our life around the world in which we were living in. It was certainly, the way I remembered back home,” Mom” being so proud to loudly claim that nobody else will ever take care of her, except her own son. For her, I was the best doctor in the whole world and I just became a graduate at the State University Hospital of Haiti (School of Medicine).

I was a first-year resident in the Orthopedic department, when Mom fell down at home and broke her left ankle and her “little doc” was the only person she would allow to take care of the injury. I was so happy that a surgical treatment was not necessary because she would have not been pleased to hear from me, that I was unable to perform the surgical treatment because she was my mother. Mom was my best supporter and nobody else would be able to say anything wrong about her son. I was her pride and joy (la prunelle de ses Yeux”) or the apple of her eyes. Having Mom behind, provided me with the strength necessary to do the impossible until I faced my own challenge in training.

I left our State University Hospital in Haiti, with a confidence built during my three years of an Orthopedic training in an accomplished residency program. It had a sense of pride that I would never trade for anything else. I became a content and accomplished orthopedist in my own country. I would not change anything if I had to repeat it again. Dad become my friend and he will open all the

doors to facilitate my way in life. He was an accomplished a tailor, but a warrior who wanted each of his kids to use the platform that life has not permitted him to reach as an Orphan who lost his parents at the age of 7. He counted on his older brothers to help him get an education and learned his way to survive. He knew how to fight and he inspired me and demonstrated to me that nothing was offered freely to anybody. You have to find ways to earn everything.

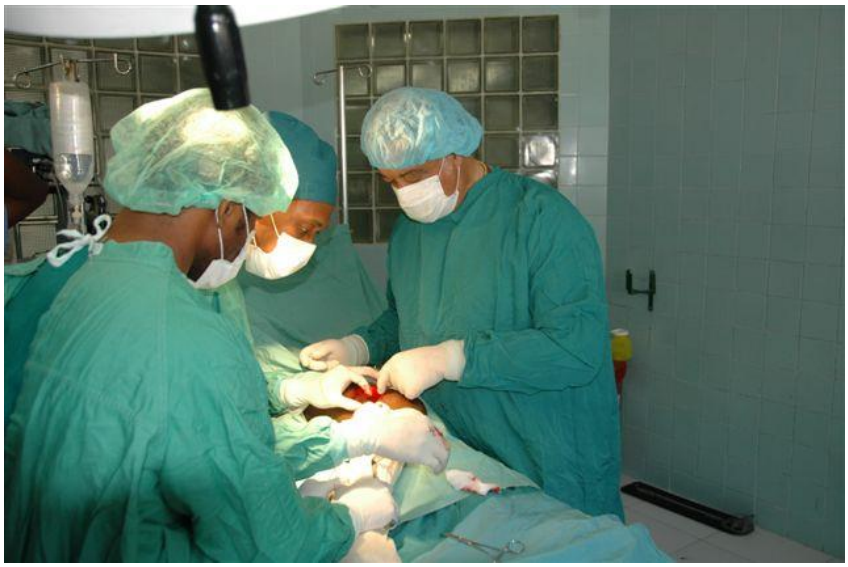
I may have expressed words harshly but it would have been too much to pause and let a moment pass, in order to hold space between us, in a silence. The words felt cold, and they spilled from me without emotion, it was because I could not hold and retrace the vision of a father looking over me. After receiving my Medical Diploma and see him, silently, giving me the keys of a car like to tell me that the mission was accomplished. It was his way to welcome my internship. It becomes evident that my mission was to perform in the best of my ability.

My classmates and I participated in a robust training, armed at promoting compassion and empathy. What we learned in the classrooms, was applied to the patient's care. We learned how to control our emotions in applying the four pillars of Medical Ethics with attentiveness, responsibility, competence and responsiveness. We were taught about holding eye-contact, displaying facial expressions and delivering tender loving care (TLC). We tried to face our patients, calmly at any moment in the respect of the person. We delivered care, to support the patient's claims and validate their needs. Certainly, we directed our attention toward the patient and viewed them as a whole person with dignity. As a physician, we applied the principles of Hippocrates, in honesty and confidentiality, in the respect of the human life. We were told to stay calm and I am proud of my medical education and hope to be able to follow the same principles for the remaining of my life.

But in reality, every day is different and we need always to improvise the ways we deliver care. Work on the computer, answering e-mail and consultations, reviewing laboratory studies and radiographic studies to understand better the sickness of the one you are treating. At the end, you are the one to assess and pin a diagnosis in treating a patient in the best of your ability. In a proper delay we have a method of treatment. You will have to deal with your decisions, review your notes and keep your charts in order to satisfy the Insurance companies and the hospital administration on tests ordered or on the length of stay in the hospital. The work of a physician is complex and the more you care about one patient, the more you need to fill up paperwork.

At the end, we need to be satisfied for a job well done, while helping a patient claim back his/her health. Nobody will care for you while you are performing such duty as a physician but the patient and his family may find time to reach you bac for saving a family member. We always reserve an extra-minute for a discussion with a patient in spite of our fatigue and a long day in performing work. There is no incentive for caring too much for a patient. So many have voiced that “Medicine” brings the dignity and the respect given to a minister of God because of the character almost religious that a physician is exemplifying as a special mediator between God and humankind.

The reality is much brutal, working with a constant state of fatigue and dealing with the life of patients, has forced the legal institutions at supervising the residency programs, and limit the number of hours a resident can be forced to be on duty. Some believe that such law may have limited the abuses we endured. Others see a lack of training with such restriction. We have met numerous residents experiencing depression at a higher rate than the general population. Suicide is also a common cause of death among medical students, residents and also attending physicians. If we have always believed that such problems were directly related to a physician burnout, it is certainly the time to admit that such problems may have originated during the hardship of training. In their approach to a so important problem, the responsible of the residency programs have provided aromatherapy, mental health support, counselling, the stress balls etc.…Hospitals have multiplied activities like tennis, ping-pong, soccer or golf tournaments between medical professionals to change their mind on the daily stress of the medical practice.



It becomes evident that no matter what is offered to the practician or the resident eager to perform in the field of Medicine, it is difficult to alter the reality of a system. Built for efficiency, patients are admitted to the hospital with a well determined diagnosis and treated according to different protocols. They are discharged after treatment in the best efficiency. You remain in the front line, overloaded with the reality of every day of work.

It looks at time, that we are losing sense of the reality of things. We wanted as physicians, to go to Medical School to make a difference in this world of inequality and many times, we have asked ourself the question: Did we do enough to ease suffering? We were bought to this world of competition where productivity and efficiency has to be judged by the profits made by the hospitals

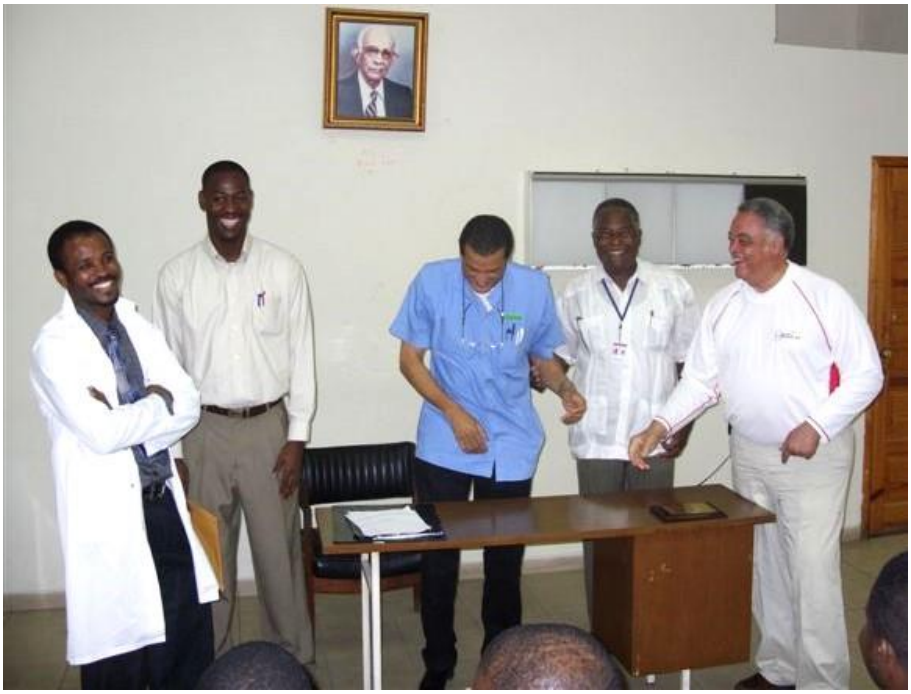
and the healthcare systems under which you are acting. Hospital CEO are always in front of the game eager to monitor the best decisions in the interests of the institution.

In the past, I have described enough about disparity where the color of your skin or the weight of your purse dictate the treatment to receive. Often, as physicians, we have questioned ourself if in reality, we have done the best for the one suffering. Other time, you may doubt having made a difference in delivering the “best care” you were trained to offer.

I have witnessed during my trauma practice, at Bridgeport-Yale-Health, young individuals whom reality of life and contacts with their traumatologists have given a new start. I will always remember many of the young gentlemen, involved in the Columbian drug cartel, while I was chief of Orthopedic Trauma at Bridgeport-Yale Health, involved in the care of patients with multiple gunshot wounds. I repaired so many long-bone fractures (Femur-Tibia-Humerus, forearm bones… etc.) and discharged these victims to a correctional facility for their sentence. It may have taken, ten, fifteen or perhaps twenty years to cross again their path, on the streets of Bridgeport CT. Many of them have learned from the experience in the life for the best

I will always remember the ones who found time to approach me in the streets of Bridgeport CT, to hug me, with tears in their eyes and to express with emotion, their appreciation for what I have accomplished for them following their gunshot wounds. They have improved in their condition of living, a little because of my care. Some have become ministers in a designated church, others have created their own family or initiated their own business. I am so happy to have been able to orient then towards a new platform during their” dark years”. I felt honored and privileged to have made a difference. In the same way, I have helped many patients while visiting back my home country of Haiti, during my numerous medical missions, in Port-au-Prince, Cap Haiti, Cayes or anywhere else, and I met patients with the same desire to show their gratitude for services rendered. Indeed, I remain convinced that, a physician is like a priest with the devotion at instilling into his patient that sentiment of being “born-again”.

I worked in so many western or southwestern states in the United States of America, to have witnessed, in many Indian reservations the absence of potable or regular water, not being available for drinking or for taking a shower. I saw native Indians unable to receive adequate care because they did not have a way of transportation to the nearest hospital's emergency room or clinic. I have witnessed one patient with a rattle-snake bite unable to reach his destination at a nearby facility. Healthcare is a commodity for many around the world and it may not always be available especially in third world countries (Global South). The actual lack of physicians in the healthcare system, the dropout rate of our medical students and residents responsible to take over the well-being of the generations to come,



Residents and other physicians have started to discuss issues allowing one to be more available to their patients while they may be paid better. We started to see the political involvement of some state medical societies to ameliorate the conditions. The relation with the insurance companies may be to a point that will require changes in the daily work load of the physician. The AMA has achieved some wins.

A biographical questionnaire pointing toward age, gender identity, mental status and family structure as well as cultural background on one side and a mental status history, education, employment status or financial situation among young physicians and their family were reviewed to try to figure out the rate of dropout in relation to the family of the young physicians. 85% of the respondents were young women where more than half of the group was in the early 30's. Another third of the women, was in the 40's but most were in a long-term domestic partnership. Their physician partner was "emotionally exhausted ". They cited anxiety, depression, traumatic stress in the couple but especially leading to the burnout situation.

In a way, this is why the workflow has been regularized by the AMA as we mentioned above. It is certainly difficult to adjust while in training, although mental health support is nowadays offered as well. Finally, there is a general consent that Mental Health Care should be prioritized in medical school and during training for an intern or a resident or even as a young physician.

I can only remember, as a foreigner, the way we faced in discrimination as newly arrived foreigners in the country. We were placed under intense pressure during the start of our residency programs in the 80's. There were no days where one would not be reminded that he/she was a foreigner. We were told that we needed to perform better than any other young physicians during in-service exams. We were also, constantly reminded of our country of origin where AIDS started and our inability to participate in blood in donation. We gather to the Brooklyn bridge to revendicate our rights and requested the removal of Haitians in the 4H's invented theory.

We have suffered plenty of discrimination and abuse in a system which was not ready to accept us. Our rate of drop-out was certainly not the equivalent of what we can presently appreciate in different institutions. As a foreigner, who benefited from a country of adoption, after being an accomplished physician in our country, we were determined to face adversity in a system unknown to us. May I conclude freely, that the dropout rate for my generation among foreign physicians, entering a residency program, appears to have been only in a state of mind without affecting the one who like me, had a dream to provide care and relieve the suffering individual. Certainly, the notion persists in our culture that a physician plays a priest-role in the society, imposing on us medical responsibilities and expectation of moral expertise. It is then inevitable that a physician will take on some ministerial functions in their medical work frame.

Maxime Coles MD

Boca Raton FL (5-2024)