## A medical student: "To be or not to be, that is the question"

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I am a medical student; an average medical student, and this is my story.

Imagine you have followed a single path all your life and for the first time you find yourself at cross roads, with several different paths to choose from and completely bewildered as to which one to chose. The one path you would choose would completely decide your future. It was easier for me to follow a trend and to take the low road where many have trodden before. I never dared to take the high road because what lay ahead was so unclear. Several years later when looking back I could never recall why I chose this particular path. Was it some inborn desire to be somebody, was it because it was a sure thing, was it parental pressure or was it because all believed that a bright student is destined for this? For me it was none of these and when every time I thought of an answer as to why I chose medicine I used to come up against a blank wall.

The first days as a medical student were an exciting time for me. I always loved the fresh scent of the books, mixed with the chatter of new friends over tea. In the beginning I had enough time, but somehow as the days went on I noticed that they were getting shorter and shorter. With the clinical appointments it was always a race against time, where I always ended up a little out of breath. It was always a pursuit, a pursuit of knowledge, a pursuit of good clinical cases and a pursuit of a bigger dream.

Have you ever heard that one person can change how you view things? At a time when my spirits were at their lowest ebb I met someone who taught me what life is and made me realise who I must be.

The first day of a new appointment is a nerve wracking day. First day of the paediatric appointment is exactly that. You find yourself with half a dozen patients to get histories before next day's ward round. That is a day I always wished that I had wheels instead of legs, and another pair of hands. I trust that it is almost every student's guilty wish to have a couple of recovering patients who with luck might be discharged before next day. As my name is in the second position in my clinical group's list I always had the 'pleasure' of getting an acute side bed which meant butterflies in the stomach for a few days as I never could take the patient's history in one day. With the patient too sick to talk and the mother too distraught, to scrape some information it meant several trips, valiant attempts and a sneak peak at the bed head ticket.

That patient for me was a boy of four years and a mother who was a tad uncooperative in the beginning. I still remember him after almost two years. Not because he was a good clinical case, but because of the beautiful soul he possessed and what he made me realise.

He was Vinokash, a boy suffering from type II Spinal Muscular Atrophy which is an invariably fatal hereditary disorder. With the muscles getting atrophied he was unable to walk (in fact he had never walked). Due to the weak respiratory muscles he was having frequent hospital admissions with lower respiratory tract infections (now admitted with the same complaint), meaning that the time left for him was little. The mother was hanging to a slim thread of hope unwilling to accept the inevitable.

When I met him I realised that quality life is not measured by the length, but by how you live. He had a bright smile on his face every day and talked endlessly even with all the tubes pumping oxygen. He used to sing hymns and could reiterate verses from the bible (from memory) and prayed each day, not for him but for others. He would talk about his favourite wrestler, his younger brother, his church. He talked of his hopes of becoming a priest.

To me this child was a marvel. There he was in his cot with matchstick limbs, his chest straining for each breath, being so optimistic. Here I was, so lost between what I am and what I wanted to be.

He was there all throughout the three weeks of my appointment and many a conversations I shared with him and the mother. Without realising he became not just a case for me, but a person with a name and not just a social history but interests and hobbies. To this day I believe that the medical student is the closest person to the patient, his or her confidante. We are drilled in how to build a good rapport, but is it only to take history of the patient and to get consent to examine? I believe not.

When looking back I now realise what a medical student is. He is not just a history taker but a link

between the patient and the doctor. You are what you wish to be. You can be distant or near; you can relieve patients' fears and clarify their doubts. You can be the bridge connecting the patient to the doctor and nurse, their friend; not always to take but also to give some as well.

Vino was discharged on the final day of our appointment. Happy goodbyes were exchanged and the mother noted my number. One week later I got a phone call at 4.15 am from the mother and the first words were "my boy went to heaven..." with painful sobs she thanked me. That is when I realised why I had chosen this path; gratitude of someone whom you have helped to tip the balance of life and death.

This is a true story word to word. It is not about me, not about Vino but about what a medical student is. Through all the ups and downs, the disappointments and achievements, what he is. You are what you wish to be...