Rediscovering What Is Never Lost

Nathan Furukawa, MD

(Fam Med 2011;43(8):589-90.)

I was a student observing at the national referral hospital in Uganda when I found her comatose with a GCS (Glasgow Coma Scale) of 8, wearing an expressionless look of resignation. She was a young HIV-positive woman who was admitted 1 day prior for a headache and dizziness but was now on the brink of death. She looked no older than me, and yet, instead of not ing the tragedy of a woman's youth cut short, the first thing I opted to do was question my attending about the prevalence of tuberculous versus cryptococcal meningitis in patients with CD4 counts below 200. A prolonged discussion ornamented with medical parlance and prevalence studies ensued until we moved on to the next patient.

Later, I happened to peer back into the ward. To my surprise, I saw one of the younger students who had been rounding with us still at the prior patient's bedside. He was holding her hand, muttering words of kindness, and staring in deep contemplation of her inevitable fate. It was a beautiful moment of solidarity, and it reminded me of the compassion I had hoped to bring to the profession. But at that moment, I realized I was not the one at her bedside. I had been unfazed by her impending death, and this prompted me to question if I had, at the mere beginning of my training, become desensitized to the reality of others' hardships.

Whether it was the magnitude of the suffering or the unfamiliarity of my environment that evoked this nuance, I nonetheless found myself restless and fearful of its significance. It implied that my values of empathy and kindness had been dampened, and I was not who I had hoped to become. My initial approach of denial could only quell my inner voice temporarily. Eventually, I had to confront myself and concede that I had developed a sense of entitlement that had distanced me from patients. It was a painful recognition because it fostered doubt in my sincerity and entailed acknowledging my regret that I had missed many opportunities to connect with others on a deeply human level.

It took courage to be self-critical and accept my shortcomings, but in the process, I discovered that it helped me be more perceptive to the conditions of those around me. As I became aware of my privileges and reflected upon the experience of living among the poor, I began to comprehend the extent of the distress surrounding me. This marked an inflection point, a dramatic change in my thinking and behavior in an effort to rekindle my lost empathy, and I henceforth approached my interactions with patients in a more meaningful manner, striving to be more attuned to their experiences. Gradually, I retraced the old path that I had originally traversed in order to find my passion for medicine.

This journey led me to a Voluntary Counseling and Testing (VCT) outreach into the rural depths of Uganda. Compressed shoulder to shoulder in a Land Cruiser filled with the VCT staff, we progressed further down a winding and increasingly bumpy dirt road. Massive trees and maize draped into the road obstructing our view, yet we blazed forward until we arrived at a remote school consisting of several mud huts with grass-thatched roofs where we would counsel and test over 150 individuals.

As the sun was setting, we were packing up to leave when one villager arrived and begged us to visit his brother who was too weak to make the journey to be tested. We embarked on another lengthy journey until we arrived at a simple clay house. The man who emerged appeared terribly emaciated with a grossly edematous right leg impairing his ability to stand. Somehow, we all intuitively knew the result before the diagnostic test definitively read HIV-positive. The patient was counseled and referred for treatment, and just like that, we were back on the road. Staring back at...
him, I became conscious of the sheer tragedy of the situation. Among the stunningly beautiful sunset and children running around laughing sat a man whose world had come crashing down around him. While treatment was available, he could not access the nearest health center in his condition without incurring a large expense. I knew it would be an inevitable struggle to provide for his wife and two children.

In contrast to my initial encounter where my empirical approach blinded my empathy, I felt immense sorrow for this man and his family. I similarly felt guilty because while his suffering had offered me such a profound moment, all I had provided him in return was further uncertainty. I experienced frustration at the disparity present in the world and impatience with the slow progress of justice. But as the silhouette of that man still sitting in shock faded into the distance, the culmination of my emotions served to catalyze the revival of my purposeful desire to fight for the day when I could look back and be assured that this man’s pursuit of happiness would not be hindered by his disease.

In that moment, I had fully retraced my original journey toward the study of medicine. I was reminded of how being attentive to the experiences of our patients helps to keep us grounded, humble, and dedicated to the care of others. My passion was reinvigorated, and I was empowered to channel the profundity of my experiences into the art of being a compassionate provider in solidarity with those I serve.

By virtue of our profession, we all have this underlying devotion to healing and service. Unfortunately, the grueling demands of the profession can often cause us to lose sight of our original aspirations and principles. Our everyday is surrounded by significant events, but it is up to us to overcome desensitization and rediscover our empathy and enduring commitment to others. It is a worthwhile challenge that we must all constantly undertake to stay connected to the true focus of our profession: the well-being and dignity of those we serve.

CORRESPONDENCE: Address correspondence to Dr Furukawa, University of Washington, 3002 Harvard Avenue East, Seattle, WA 98102. furukn1@uw.edu.