Lessons From Our Learners

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Feature Editor

Editor’s Note: Submissions to this column may be in the form of papers, essays, poetry, or other similar forms. Editorial assistance will be provided to develop early concepts or drafts. If you have a potential submission or idea, or if you would like reactions to a document in progress, contact the series editor directly: William D. Grant, EdD, SUNY Upstate Medical University, Department of Family Medicine, 475 Irving Avenue, Suite 200, Syracuse, NY 13210. 315-464-6997. Fax: 315-464-6982. grantw@hscyr.edu.

Requiem for a Resident

John E. Halvorson, PhD

Even before her illness, Liz was a teacher. Perhaps we didn’t think of it so much then, but just the way she was, was instructive. We were aware of her fine academic record, strong endorsements, and desire to be a rural family doctor. Following a month’s rotation with us as a fourth-year medical student, we were beginning to know her personally and gladly found that our compatibility resulted in a match for our residency program. From the start, her presence was stimulating: for her energy, for being so pleasant to be around, and for her intellectual brilliance. She obtained in-training exam scores as an intern well above what most third-year residents achieve.

What Liz taught us was how to live, in the face of death, whenever it may come. From the first blood test, suggested by a fellow resident when Liz was so pale, through several courses of chemotherapy and a bone marrow transplant, Liz sought the best advice and was willing to try every reasonable possibility for cure. She did battle, courageously and tenaciously. She endured hair loss several times, joking about how fortunate it was that she had such a beautifully shaped head. She had eggs harvested and stored for later use to have the children she desired.

While Liz battled and planned optimistically, she also lived actively in the present, knowing that there may be no future. She talked with and e-mailed friends. Friends? We were her family, and she was ours, perhaps more so than her traditional family. She supported us as much as we supported her. She and Jeff, the soulmate with whom she planned the rest of her life, planted and tended their garden, took walks, and were in her beloved mountains and desert as often as possible. In the residency, we held a place for her return whenever that might be.

Somehow, losing someone so young (29) and capable seems more tragic. Also, coming from our midst made the lesson of life’s uncertainties and our vulnerability all the more poignant. For many of our residents, the loss of someone close was a new experience. These young medical warriors were gearing up to do battle with disease, aging, and death as the enemy—but not part of our camp. The closeness of Liz made this life experience profoundly personal, the reality of intrusive disease and ultimately death no longer a medical matter that could be held at professional distance.

Prompted by seeing the marginal edge to which she clung to life and the uncertainty of her future, many in our program appreciated with renewed awareness how fleeting and fragile life is and looked inward to discover or reaffirm what is important in their own lives.

Other feelings were stirred too. Neither life nor death are simple. Several close friends were angry at Liz. In following her heart, she had sometimes disappointed, even hurt, others. She was not perfect. Some found that it is difficult to support someone who is suffering when one
has mixed feelings about that person, eg, anger or disapproval. Guilt can emerge as if one should not have those feelings. A dying person does not become perfect, mixed feelings are not always resolved, and unfinished business may remain undone. It was a burden for some to know how to respond to Liz and her condition when they had not been that close before. What do you say, what is expected, how do you appear to others in your response? There can be a concern about proper etiquette and protocol; one does not want to appear uncaring. Yet, one may not feel moved to care so deeply in the circumstance of not knowing the person well. Perhaps it is not wanting the added burden of another’s troubles or not being personally ready to tackle one of life’s big questions. Liz’s condition was thereby a teacher, raising un-avoidable issues that required attention.

Now, life goes on for the rest of us. One resident recently commented, perhaps somewhat apologetically, how the residents find themselves thinking less often of Liz. A life is over, and the living get along without the one who died. Just as we feared. Or perhaps as it should be. Where is the meaning of a life? A death? What can we learn from it?

What Liz helped me relearn is that life is fleeting, uncertain, and wonderful. Live it when you can. I hope this is the lesson our young physicians have learned from Liz too.

The following, Liz’s favorite poem, was included in all her e-mails during her last year:

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YES
It could happen anytime, 
tornado, earthquake, Armageddon. 
It could happen.
Or sunshine, love, salvation. 
It could you know. 
That’s why we wake and look out. 
No guarantees in this life. 
But some bonuses, 
like morning, 
like right now, 
like noon, 
like evening.


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