Get Uncomfortable: It's Time to Learn the Selflessness of Medicine

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During my first year of medical school we were required to go to an open Alcoholics Anonymous (AA) meeting, about which I was excited but also a bit scared and nervous. It was an open session, so those attending knew that people who weren't actually in AA would be there to listen. The meeting took place at an undergraduate university so it consisted mainly of students; I was completely unprepared to see so many men and women my own age suffering from a disease that remained largely unfamiliar to me. The meeting took place in a small room in the student union with comfy chairs and couches. There were random books and old club signs scattered around the room, which gave it a welcoming feel, a place where you could relax and be yourself.

Since it was Friday, there were only three students who showed up: the leader of the meeting, a regular, and a third who was questioning whether or not she wanted to be there. The leader of the meeting spent a lot of time explaining what AA is, how it works, his own story of what he went through to finally realize that he needed to be in AA, and what his progress has been since starting the program. Afterwards, the other members shared parts of their stories, and they asked me and the other medical students if we had any questions for them. They were incredibly honest with all of us, and you could tell that they had truly accepted their past and their disease. They were extremely committed to the program and their own sobriety.

Although I can't share details of anyone's story, I can say that it was heart-wrenching to hear their deeply rooted involvement with drugs and alcohol, which caused them to face death, rape, and loss before they "hit rock bottom" and realized they needed help. Some did not even come to that realization themselves, but were instead forced to attend AA by family members. They came to appreciate its saving grace and decided to pursue the program independently.

I was immediately surprised by the overarching religious tone of the meeting and was curious whether it turned a lot of people away. As the meeting progressed, however, I realized that the "higher power" they spoke of did not necessarily have to be God; it could be music, poetry, or anything that would get you through tough times. I learned that AA is based on the belief that you must submit yourself to a higher power in order to truly believe that alcoholism is a disease; unless these patients believed in something more powerful they would never stop blaming themselves for an illness that was not their fault.

The main reason for the AA visit was to objectively assess the quality of these community resources and decide whether we, as future physicians, would recommend them to our patients. I was surprised, and disappointed, by the responses I had heard from my classmates. So many of them were "uncomfortable" with what they had heard and experienced, especially by the mention of "God." They kept talking about how they felt out of place at this meeting, and felt "uncomfortable" around people who were sharing their life stories and struggles, as if they were not supposed to hear them or be there.

That was when I realized that I hate the word "uncomfortable." It truly angered me when I heard that. Listening to these stories can indeed make someone uncomfortable, but fixating on our own feelings and

never learning how to put such feelings aside is unacceptable, especially as a future physician. Our place was to listen to these individuals and hear what they have been through, admiring their strength and human spirit. The stories I heard were beyond anything I could have ever imagined and it made me feel so sad and helpless that I could not do anything to help them. But I was amazed by the will inside of them that forced them to take action and ask for help. These people truly had been to hell and back: One AA member recalled blacking out and waking up to an unknown man on top of her stripping her clothing without her permission; another had once ingested such a toxic cocktail of alcohol and drugs that an EMT barely saved his life. Compared to everything they had been through, I'm sure that sharing their stories with a medical student is far from the hardest thing they have had to do. Personally, I felt it was disrespectful to say that listening to what they had to say was "uncomfortable."

I think what medical students should realize is that as future doctors we are not only going to be helping our patients with their health and well-being, but we will also be seen as a source of support: someone that a patient can turn to in times of need, whatever need that may be. Throughout our careers we will be counseling adolescent patients on sexual education or condom use. We may talk to patients' families about placing their parents on a "Do Not Resuscitate" list or starting Hospice Care. It is never comfortable to notify a new mother that her urine tested positive for drugs and that you are now forced to call Child Protective Services. All of these situations are uncomfortable for us as physicians, but it is still our responsibility to deal with them; at some point we have to move past how it makes us feel and learn to deal with our feelings appropriately so we can provide effective patient care. We too often forget that this profession is not about us; it is about our patients and that may require us to do things that are outside of our comfort zone.

When we learned about interpersonal violence, how to screen for it, and the appropriate courses of action, it really hit me that as a future doctor these tasks will be my responsibility. Patients are going to look to me as a source of help and protection, even if I am unfamiliar with what they are experiencing. I guess I had never seen my doctor that way because I am fortunate enough to have never been in a situation in which I needed that type of help; most of the visits I have with my primary care physician are just annual physicals and I usually have nothing to report. But what is so easy to forget is that the majority of patients will not be like me. It may be unfamiliar or "uncomfortable" to hear stories from patients about abusive partners, or substance abuse, but that is just something that comes with the job. If we are too scared to face what makes us uncomfortable, then how will we ever help our patients?

When I was in high school, during my first week of freshman year the whole class was called into the auditorium for a lecture from the principal. We were 400 confused, eager, and anxious freshmen too focused on how to get to their next class on time to understand the significance of any wisdom this man would tell them. Most of us were expecting a "Welcome to high school, the next four years will be hard but awesome" speech; instead, my principal said something to me that never made sense until now. He said, "Get uncomfortable." I always thought that he should have told us to get comfortable, especially since we would be there for four years and should have a sense of community. But I realize now the value of these words, especially for a medical student. Get uncomfortable now because this is the time to learn how to handle such situations, make mistakes, and develop appropriate communication and coping skills. Learn to appreciate what you are unfamiliar with because this is the field that will throw discomfort at you every day, and it is your responsibility to handle those situations with grace and tact. You cannot choose your patients, or your experiences; all you can do is learn from the present in order to make the future successful.

Soon after that small group meeting, we had another in which we talked about spirituality and how it plays into medicine. Our professor asked us, "If a patient asked you to pray with them, would you?" The

majority of my classmates said they probably would not because it would make them “uncomfortable” due to their personal religious views. It reminded me of this moment in a Scrubs episode, where the main character, JD, had just experienced the loss of his first patient. And I still remember the most amazing thing he said: “As I stood there and looked at his body, all I could think of was how selfish I was; thinking of how difficult this must be for me.”

If you are not a religious person or a patient’s ideology seriously conflicts with your own, I can understand feeling uncomfortable and declining to pray with that patient. But is it the worst thing in the world to just bow your head and stand silently and respectfully if it means that it will build rapport with your patient and their family, or if it means that your patient will heal faster? Too often we are quick to say no to something that is out of our normal routine and don’t think about how positively it will impact our patients. Religion is often a charged, sensitive topic; nevertheless, medicine is a selfless field and we have to be willing to try new things, to put ourselves in uncomfortable or new situations, and to put our patients’ wellbeing ahead of our own.

This summer I read a book by Dr. Danielle Ofri called What Doctors Feel: How Emotions Affect the Practice of Medicine, and she starts her book with a pertinent anecdote: she recalls how she had volunteered to be a rape crisis counselor and had received her first call to come help a young woman who had just been admitted to the hospital. She explained how she had waited for this moment, and how anxious she was to help this young woman. Then, when she finally saw her, she was completely taken aback: the woman was homeless, battered, unclean, and there were cockroaches crawling out of her hair. Dr. Ofri recoiled and pretended to be busy with paperwork, unable to approach her patient because she had gotten scared and felt “uncomfortable” being near the cockroaches. She admitted, “This was my patient, after all. This was a human being who had just been violated in the most horrible manner. It was my job to go there and help her. This was what it meant to be a doctor. Yet all I could do was cringe behind the desk.” Finally, a nurse’s aide noticed the patient and gently approached her, helping her to the showers, supporting her and making her feel warm and safe. The entire time, Dr. Ofri just hid and watched someone else do her job for her because she was too scared and uncomfortable to do so. She recalls, “I sat hidden behind the desk, awed and humbled…I sank back in my chair, realizing how much I needed to learn about medicine.”

In order to avoid repeating Dr. Ofri’s experience, we must learn now how to handle these situations, so that when we are real doctors with patients’ lives in our hands, we can face discomfort with confidence and knowledge. Medical school is not just about learning facts—it is also about learning how to talk to difficult patients and handle awkward situations. We go to AA and face uncomfortable truths now so that we can learn the necessary skills to do so in the future, when it truly counts.

Dr. Ofri is right: there is still so much that we all must learn about medicine and now is the time to do so. So please, I urge you all to do one thing:

Get uncomfortable.