

What difference can a student make?

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What can a medical student do for a patient? With no degree, no postgraduate education, and virtually no experience, it's no surprise that other members of a health care team rarely turn to a medical student for help. So what difference can a student make in the care of a patient?

Mr. Scott had been admitted to the medical ICU with an acute stroke. An elderly man, he suffered from several neurological problems, especially with speaking and swallowing. Mr. Scott was receiving state-of-the-art care, being attended by a team of physicians from various medical disciplines.

The lowest-ranking person on Mr. Scott's health care team was newly minted third-year medical student Anup. Anup accompanied the team on daily rounds, listening and learning from what everyone else said, but adding nothing unless directly questioned. But because he was responsible for a

relatively small number of patients, one thing he knew could offer each one of them was his time.

Anup got to know Mr. Scott. And over the course of the first few days of their acquaintance, while the team was subjecting the patient to an extensive battery of diagnostic tests and therapies, Anup realized that Mr. Scott was deeply troubled about something. He was withdrawn and downcast. Other members of the team attributed this to his recent medical catastrophe—what rational person wouldn't feel afraid and blue after such an experience? Anup, however, felt something more going on, and he resolved to find out what it was.

Anup noticed that Mr. Scott hadn't received any get-well cards—or any visitors. Working through Mr. Scott's speech difficulties, Anup learned that he been living alone and had no family or friends to speak of. He had outlived his wife; his children, to whom he was not close, lived in other parts of the country. Mr. Scott's distress, Anup eventually found, was not for his own condition, but for that of his companion Angelina. As Mr. Scott expressed it, the only thing he looked forward to each day was the time he spent with her.

Angelina had cancer. Just a day before Mr. Scott was hospitalized by his stroke, her doctor had shared with him the unwelcome news that her disease had reached its terminal stages. She

had only a few weeks to live. Perhaps the stress of receiving this dreadful news had contributed to Mr. Scott's stroke. He was afraid that no one knew Angelina or could take care of her as he did. Above all, he feared that Angelina might die before he could leave the hospital, and he would never see her again or be able to tell her how much she meant to him. His own illness had struck at the worst possible time, and now he would not be able to say goodbye.

Anup's heart was touched. He wanted to do something. If Mr. Scott could not leave the ICU to see Angelina, why couldn't Angelina, despite her illness, come to visit Mr. Scott? Anup resolved to make it happen.

But at this point, Anup made a startling discovery. Angelina was not Mr. Scott's girlfriend. She was neither an elderly neighbor nor a regular visitor to the senior citizen center near his home. Angelina, Mr. Scott's only regular companion for the past decade, was his pet cocker spaniel.

Anup shared his findings with the rest of the medical team. They were sympathetic about Mr. Scott's predicament, but said that it would be impossible for a dog to visit him in the ICU. Anup took the story to the unit's director, who concurred with the medical team. It was against hospital policy to allow an animal into the unit. Anup



Illustration by Jim M'Guinness

appealed to hospital administration, but they merely repeated what he had already been told. Anup found himself at an impasse.

Then something occurred to him. Mr. Scott's recovery was progressing nicely. Even though he would not be ready to leave the hospital for another week or two, he would soon be able to be transferred to a regular nursing unit where he could receive visitors. Anup called the veterinary hospital and asked if the staff would be willing to bring Angelina to the hospital. He then presented his plan to the members of the medical team, who reluctantly consented. The next day a kindly

veterinary assistant brought Angelina to the hospital lobby. Once she arrived, the medical team transported Mr. Scott to meet her. He and Angelina spent thirty minutes together, the old man tenderly embracing his ailing companion as tears rolled down his face. A few days later Angelina died. A few months afterwards, Mr. Scott died as well.

The medical record says nothing about Anup's contribution to Mr. Scott's care. He did not perform Mr. Scott's initial assessment, order diagnostic tests, formulate his diagnosis, or develop his care plan. Anup possessed neither the expertise nor the authority to direct or even implement most of

his care. His work generated no revenue for the physicians or the hospital. Every time Anup even signed his name, it required a co-signature.

Judging strictly by the medical record, we might suppose that this third-year medical student made no important difference to the patient. But to Mr. Scott, Anup's curiosity and compassion made all the difference.

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