

World Changing

Like many physicians, I can tell you the exact moment when I decided to become a healer. It involved an experience with a man in Uganda dying of AIDS in a house made of mud crumbling back into the earth. It involved a 21-year-old me as an undergraduate anthropology researcher, helpless in my confrontation of the agony of death. It was a powerful, pivotal moment that changed my life, a tangible whisper that ignited a deep sense of powerlessness that ultimately pushed me away from public health and onto the path of medicine.

Becoming a physician was not easy. I struggled to learn the details of the physical world and pass the MCAT examination, learning and relearning the same things over and over again. After almost failing my first medical school course in anatomy, I invested myself entirely in learning the language and culture of medicine. I excelled in my clinical years and graduated medical school in 2010 as an empowered and passionate person.

The details of my intern year come to me in memories built from a complex matrix of sensory experiences, all linked to difficult-to-define emotions. I remember the nights on labor and delivery—the shocking sight of life emerging, the intensity of the immediate moment of disconnection and transformation of one parasitic being into another. I remember the moments of death and the way they defined the essential and ultimate vulnerability of a person. I remember the constant vibration of a pager and struggling to communicate medical orders across the uncomfortable space of frustration and physician authority. I remember feeling like a fraud every day. I remember the loneliness.

Midway through my second year of a 3-year residency, I sat down for a meeting with my mentor to discuss my future that was scheduled as part of my efforts to test boundaries and explore possibilities for professional growth. I had emerged from intern year relatively and proudly intact—proactive, energized, and curious. My mentor did not greet me or look at me but instead immediately asked me about a particular patient. As he repeated his name, I searched my memories for his face, confused about the introduction of this patient's name into the narrative of my future.

Like all of my memories from intern year, this patient assaulted me through a series of vague flashbacks. He was alone in the hospital room. He had a sweet smile. The room smelled like urine. The cardiac monitor was flashing. It was a long, lonely 24-hour call in the hospital. I was tired. I wrote progress notes about his care one morning. I implemented a team plan. I ordered a couple of labs. I signed the discharge paperwork. He had no visitors, and he took the bus home alone.

"Well," my mentor said nervously, looking through this patient's record, "he died 12 hours after you discharged him from the hospital. You are being sued." We spent a few minutes discussing my future as a doctor, but I was deafened by disbelief. In an instant, the

future was terrifying. As I left his office, my mentor called after me, "You are the type of person who is going to change the world." Instead, this was the moment when the world of medicine changed me.

Like all physicians who are sued for malpractice, I started receiving letters from lawyers. I was not permitted to discuss the case with my colleagues. My involvement was the result of care that I provided during my first inpatient intern service month as part of a hierarchical team of competent and compassionate physicians. I started my first block as an admitting senior resident after receiving my first letter in the mail, the details of the case against me including allegations of neglect. Every decision that I had to make in those first few weeks was threatening, fraught with feelings of failure, fear, and anxiety. I was forced into a silence of shame, alone and vulnerable. With each letter that I received from the lawyer, my heart ached, the accusation of neglect repeatedly reconstituting as a tangible knot of resentment, anger, insecurity, and profound sadness. I spent thousands of hours during my last 2 years of residency reconciling the privilege and responsibility associated with caring for patients with the overwhelming fear of making a mistake.

I was deposed during the last month of my residency. This is when I had my first clinically defined panic attack—3 years of anxiety cascading out of me in frantic tears and quick, shallow breaths. The fear was overwhelming as I faced the moment of exposure, the moment when the world recognized my failure as a doctor. I didn't just feel like a fraud, I actually was a fraud. I felt stupid. I felt indignant.

I graduated residency several weeks later feeling profoundly disempowered.

During residency, I gained an appreciation for the practice of medicine and the patience required to teach it. But I graduated into darkness from the most personally lonely period in my life with feelings of inadequacy, a fear of failure, and the crushing weight of disappointment—in myself and in the world around me. I was overwhelmed by the responsibility. I again psychologically returned to that mud house in Uganda—I attempted to find myself there, to reconnect with that sentinel moment of awakening, and found myself unable to do so.

Six months into my postgraduate research fellowship, the malpractice case settled 2 days before going to trial. I was conditionally dismissed, my relative freedom from the professional weight of settlement dependent on silence. I was told that I should be grateful for this outcome in which I was legally used and rendered mute. I was shattered and left to pick up the professional and personal parts of myself that were destroyed.

I have spent a long time trying to process the meaning of this experience, trying to quantify how it affected my ability to learn medicine, trying to deconstruct and reconstruct an identity as a healer around a

persistently eroding sense of self. When I read back through my sporadic journal entries about this experience, I am struck by the words that I used to describe what I was feeling: decay, smothered, overwhelmed, angry, insecure, exposed, eviscerated, cowardly. The vulnerability inherent in these words is violent and traumatic. This was not a person who was going to change the world.

During my medical training, I spent almost a decade rewiring my brain to think and react quickly and concisely, pouring my creativity and passion into the spaces between the stress of medicine. I started this journey from a place of deep insecurity and disempowerment, and I am still where I started, walking in place. I have judged myself harder than anyone else ever could, and I have found myself to be guilty. I am guilty of neglecting myself and surrendering different parts of myself for different patients. I have given all of myself to become a healer, and I have not learned how to heal myself.

What I have shared is a very personal narrative of the dark emotions, the depression, and the burnout associated with this process and how it has affected my perspective of what it means to be a physician. Experiencing the emotional violence of a malpractice suit dur-

ing the formative years of my professional development as a physician has been my new awakening. As I struggle to move forward through this new awakening, I am grateful to be part of a profession that recognizes and illuminates the extraordinary diversity of the human condition. On a daily basis, I am both inspired and humbled by the sacrifices made by my fellow colleagues. But, at the end of every day, I experience a deep sense of mourning and an overwhelming compulsion to walk away from this profession and from the person, the doctor, whom I have become. I am not sure where to go from here or how to use this extraordinary experiential education in my future, but I know that I need to feel empowered again. I need to feel like I am walking forward and that I might, just might, be able to change the world.

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