

This is Where We Belong

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“The hangman climbed down and stood ready, holding the lever. Minutes seemed to pass. The steady, muffled cry from the prisoner went on and on...”

Flooded with knowledge in the first two years of medical school, I entered my first clinical year with ‘hopes soaring high. Pretentious, yet highly enthusiastic, the thought of actually being exposed to real patients made the dream of my metamorphosis from just an ordinary guy to a doctor, seem very real. However, my first day at the surgery clinic made me realize what my seniors had been telling me all along... “Be prepared to feel like scum”, they had said. I disproved them. From where I stood at the end of that day, the scum appeared much higher.

From describing a lump, to finding out if the patient had an enlarged liver, to doing a per-rectal examination, life for most of us was a never ending series of embarrassments. For example, a colleague of mine on one of the ward sessions described the spleen of a patient to be grossly enlarged. After making sure that my colleague had confirmed his finding, Dr. X enlightened us with the information that the patient had a splenectomy done four weeks back. Here is another example. While doing his first per-rectal, a friend of mine got totally confused. He did not know what to do with his finger that was now inside the patient’s rectum; the patient himself screaming out in every conceivable manner. Dr. T observed my friend for some time and said bluntly, “If it takes you less than a minute to do a PR, that’s examination. Otherwise, its admiration.”

Another unfortunate fellow, who was being taught to do a per-rectal exam, was asked by Dr. Z to “follow” him. By this, he meant that once Dr. Z himself had finished, the student was supposed to go ahead with the examination. However, misunderstanding on the student’s part resulted in the student’s finger going in a bit too soon, that is while the doctor’s finger was not yet out. Appalled by this, Dr. Z exclaimed, “This is a patient... and you are an animal”.

The worst part is when you are supposed to keep a straight face when a student does something highly stupid in front of the consultant. For instance, there was this time when a classmate rotating with me through surgery was asked to examine an enlarged testis. Unfortunately for him the glove he was putting on got stuck midway on his hand and would not go in any further. More unfortunately, when he tried to pull it, it refused to come off. So now there was this consultant whom we all dreaded and had nightmares about, a patient tiaked waist down, his attendant and two students, one of whom had a glove stuck on his hand, all standing in a 8 x 6 room, thinking what to do next...

“We looked at the lashed, hooded man on the drop and listened to his cries-each cry another second of life. The same thought was in all our minds: oh kill him, get it over with quickly, stop that abominable noise”. (‘A Flanging’ by George Orwell).

Before my neurology exam, I was speed-reading the chapter, in which there were questions that were to be asked to a patient while doing his higher mental function test. These included asking the patient to “name” objects like his watch, etc. Misunderstanding what the author had tried to say, I took the patient by surprise when I asked him, “Sir, what do you call your watch?”