A PIECE OF MY MIND

Advice for a Student Starting Medical School

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I sat at my desk trying to write a letter to Madeline, the daughter of two close friends. I have known her since she was born and mentored her on the path to medical school acceptance. My intention was to write a letter to Madeline as she embarked on her medical training. I imagined coming up with something to inspire her. However, all I could think to write was some combination of the pithy statements that fill the addresses at white-coat ceremonies or the conclusions of personal statements.

"Congratulations, now you have a chance to combine your love of science and desire to care for people. Go forth!"

On the verge of giving up, I realized that a drawing, a gift from a patient that hangs in my office, pretty well summarizes three pieces of advice for those embarking on a career in medicine. It is a simple, yet beautiful piece of art: charcoal on paper, a hand and arm fading out just proximal to the elbow.

So, Madeline, let me tell you about the patient who gave me this drawing.

I met E during the my second clinic of internship. It was 1993 and E's primary concern was that he was infected with HIV. During his first visit he told me his story. After he graduated from high school in a small northeastern town he moved to New York City to work on his painting and escape a town that would never be comfortable with his sexuality. He spent much of the late 1980s in New York, worked on his art, and had some risky sexual encounters. In 1993 he left New York, moved to Boston, and got assigned to me, a young intern, as his new doctor.

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After taking his history and doing his physical exam, I recommended HIV testing. "Not going to happen," was his reply. My argument for early diagnosis and initiation of "cutting edge" HIV therapy went nowhere. Here, we first wrote the script that we would reenact for the next 3 years. I would see E every three months or so. We would sit and talk for the 30 minutes of the visit. I would take care of any pressing concerns. I would recommend HIV testing. He would say, "No." By my final year of residency we would both smile when I made the pitch. We had become friends during these visits. I considered these visits fruitless.

I continued to care for him after my residency ended. In November of that next year, he paged me one morning. I could hear his breathlessness over the phone. He told me he had been feeling badly for a week and was now too short of breath to make it through a shower. I met him in the emergency department and presented his history to the emergency department resident. In rapid succession he was diagnosed with *Pneumocystis carinii* pneumonia and HIV.

This story has a happy ending. E was diagnosed with HIV at an opportune time. His pneumonia was treated and he was started on a regimen including the newly released protease inhibitors. His immune system recovered, his health improved, and he has continued to be a productive artist. Almost 25 years after we met, he still occasionally sends me photographs of his most recent work.

So back to the drawing: what are its three lessons and why should you care?

Lesson No. 1

Often, the most important service we provide a patient is not what we think it is.

While caring for E, I thought I was failing him. How could I let this man's disease progress, untreated, for years? But really, unknown to me, I was forming the therapeutic alliance that would enable him to reach out to me as a trusted confidante when he was ready, or forced, to face his illness. This lesson remains with me in practice. I am reminded of it every time I need to abandon my own agenda to best meet the needs of a patient. When you arrive at the clinical years, you will be caring for patients before you have much medical expertise. You will probably not make the diagnosis that has eluded the more senior members of your team (though you might and you should try). You will, however, have a great deal to offer your patients.

A few years ago, while I was attending on the general medicine service, I admitted a man who was not only terribly sick but hated us doctors with an unusual passion. Once he was stable enough to exercise his own will he asked to sign out of the hospital. If he had done this, he would surely have died. The third-year student on my service spent hours with this man. Even though this student would barely speak with me, she broke through with him. He remained in the hospital for a couple of weeks and left with a management plan that has kept him alive for years now. The third-year student saved his life not through great clinical acumen or medical knowledge but through caring commitment to the patient.

Lesson No. 2

Much of what you are taught is wrong.

This second lesson might be the most important at your stage of training. Your most committed and brilliant teachers will often teach you things you will later learn are wrong. And when I say wrong, I mean wrong. And not wrong at some later time, just wrong. There was a general internist where I did my residency whom

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Section Editor: Preeti Malani, MD, MSJ, Associate Editor.

I worshiped. He was a great doctor, a committed educator, and a smart, well-rounded guy. He brought my interviewing and physical examination skills to a whole different level. He taught me how to manage chronic pain and how to counsel patients on sensitive issues. I am indebted to him. I also now recognize that some of what he taught me was wrong.

One thing he taught was that getting too close to patients was dangerous. He told me to never accept gifts from patients. He had pretty robust arguments for this advice, supported by personal experience.

Six months after E's admission, I took a new job in a new city. When I told E that I was moving, we hugged and he told me that he had a painting he wanted to give me. Remembering the advice of my mentor, I told E that I could not accept it and insisted that I pay for the painting. I am embarrassed telling this story. Here was a person attempting to say a heartfelt thank you with a nonmonetary, personal creation and I refused his gift. I was thrilled, years later, when I came home to a large tube containing the drawing that hangs in my office. E had given me a second chance to accept a gift—in a way that I could not refuse.

Someone once said that as we get older more of our patients become friends and more of our friends become patients. I have learned to welcome this as a part of my job and understand the careful nuance these relationships demand. I also know that much of what I am taught and much of what I teach is probably wrong.

Lesson No. 3

Keep a sunshine folder.

At the beginning of my career, my division chief suggested I keep a sunshine folder, a folder in which you stash thank you notes from patients, commendations from your chairman, and other small accolades. A cynical New Yorker, I scoffed at this idea. I remember finding the name "sunshine folder" especially distasteful. Nevertheless, on a day of weakness, I started one. E's drawing is essentially an item from my sunshine folder that hangs on my wall.

Why do you need a sunshine folder? Because medicine is hard. You will work hard. The stakes are high. Things occasionally go badly. There will be poor outcomes when you do everything right and, even worse, when you fall short. On good days I tell myself that this aspect of medicine is wonderful—we can never become overconfident. Whenever I feel like I am really mastering the art and the science of medicine I am sure to be reminded of how endlessly complex it is to care for people. To paraphrase Osler, there may be a finite number of diseases, but there is an infinite number of ways that they present and an infinite number of ways that we, as humans, react to them. The sunshine folder is there to brighten your spirits on the difficult days that lie ahead.

So Madeline, three simple lessons. I hope they are useful. I hope this letter will live in your sunshine folder. I hope it will inspire you to do the best you can for your patients, and I hope you will not, someday, decide that my advice was wrong.

Published Online: August 6, 2018. doi:10.1001/jama.2018.11225

Conflict of Interest Disclosures: The author has completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

Additional Contributions: I thank the patient and Madeline for granting permission to publish this information.