HEALING ARTS

Materia Medica

One Day Later

Eliezer M. Van Allen, MD

Department of Medicine, University of California, San Francisco, CA, USA.

J Gen Intern Med 25(8):882–3

DOI: 10.1007/s11606-010-1357-2

© The Author(s) 2010. This article is published with open access at Springerlink.com

It was fitting that I was barraged with the oversized memories of my cardiac intensive care rotation while shopping at Costco only 1 day after the rotation ended. I had just finished a month as the senior resident in the CCU and had experienced many things. Room after room of patients on mechanical ventilation. Residents probing and prodding, placing needles in veins and tubes in spaces. Nurses turning and charting and infusing. Families crying. The cacophony of computerized monitoring that chimes from each patient's room. The smell was particularly disturbing. In fact, after leaving the hospital post-call on my last day, I spent a prolonged amount of time in the shower hoping to wash away the sanguineous odor that had latched onto my scrubs.

One day later, I was on a plane going home. After leaving the airport, my mom and I went to the nearby Costco to pick up a few things. We entered the store—a massive warehouse filled to the brim with oversized products and people—and began filling our cart with items. However, I quickly discovered that I had a difficult time keeping up with my mom because I was so distracted by my surroundings. I saw a middle-aged man furiously digging through a large pile of jeans, but I felt my intern's chest compressions during a code 2 nights earlier. An elderly woman argued with her daughters about the choice of discount cereal, but all I heard was sharp disagreement between family members regarding goals of care moments before death. The long aisle of supplements actually contained vials of methadone—the same methadone on which a young woman overdosed before we shocked her four times. Did any of the store employees even care that I had just spent 30 straight hours trying to heal people just like them?

Just then, I heard the familiar buzz of the overhead public address system. I immediately clenched up and prepared to run in whatever direction necessary to lead a code blue. Instead, I learned there was a spill on aisle six, but my heart continued racing anyway. Nearby, a customer and an employee discussed a defective television—their language transformed into the grammatically passive monotone that I now speak exclusively: *the television's malfunction was secondary to various in-home comorbidities versus an acute electrical malfunction, in the setting of chronic decline due to parental neglect*.

I know that my anxiety-riddled feelings are not isolated because my colleagues experience similar distress, yet it seems such feelings are rarely discussed¹. Every 2 months, we

complete a round of inpatient rotations and are immediately thrust back into the real world for 8 glorious weeks, ripe with outpatient clinics, weekends, personal relationships and other things we used to take for granted. And every 2 months we spend an inordinate amount of this precious time paralyzed by memories, unable to reconcile our desire for regular human interaction with what we were doing just 1 day earlier. It is not surprising that anxiety, depression, and post-traumatic stress disorder are markedly prevalent in residents across specialties^{2,3}. While most institutions have numerous mental health resources in place for residents to explore these emotions, many residents find it difficult to utilize them within the constraints of massively overburdened schedules. A typical resident's inpatient life leaves little room for mental rest, much less serious mental cleansing. Furthermore, many academic training programs maintain an unwritten culture of work ethic that leaves little or no room for reflection, leading some residents toward maladaptive traits, whether they are malicious interpersonal interactions with colleagues, degradation of personal lives, or even the two dreaded S's: substance abuse and suicide^{4,5}.

A return to non-medical spheres ameliorates these issues, but the transition back to the real world remains difficult. How do I explain to my mom that the fish she is purchasing smells so vividly like the malodorous exudate pouring out of the man with metastatic lung cancer? Do I apologize to the annoyed strangers passing me by as I fixate on their neck veins? I fear that the longer I am in this medical world, the harder it becomes to maintain a sense of attachment to the “real” world.

Even worse, the return back to the real world is, tragically, fleeting. Just as I return to a sense of normalcy, I am whisked back into the hospital with its q4 call schedules, 30-h shifts, and everything in between. My non-medical friends drift to the background, my conversations with my family members become increasingly terse and I again live day-to-day trying to maximize every possible minute of sleep.

One day later, I am still home with my family, enjoying a delicious prepared meal purchased the day before. The abundant food smells delightful, the conversation is easy, and I am relieved to discover I can engage in a conversation that does not involve antibiotics, evidence-based medicine, and discharge disposition. Yet, I know that this adjustment was difficult and will not last. Just then, the buzz of the heater creaking to life sparks palpitations, and I am reminded that even though I have left the hospital, it has not left me.

Open Access: This article is distributed under the terms of the Creative Commons Attribution Noncommercial License which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author(s) and source are credited.

Corresponding Author: Eliezer M. Van Allen, MD; Department of Medicine, University of California, 505 Parnassus, M-987, San Francisco, CA 94143-0119, USA (e-mail: Eliezer.vanallen@ucsf.edu).

REFERENCES

1. **Cohen JS, Patten S.** Well-being in residency training: a survey examining resident physician satisfaction both within and outside of residency training and mental health in Alberta. *BMC Med Educ.* 2005;5:21.
2. **Peterlini M, Tiberio IF, Saadeh A, Pereira JC, Martins MA.** Anxiety and depression in the first year of medical residency training. *Med Educ.* 2002;36:66-72.
3. **Mills LD, Mills TJ.** Symptoms of post-traumatic stress disorder among emergency medicine residents. *J Emerg Med.* 2005;28: -4.
4. **Simson JM.** Alcohol and substance abuse among medical residents. *JAMA.* 2000;284:2874.
5. **Goebert D, Thompson D, Takeshita J, et al.** Depressive symptoms in medical students and residents: a multischool study. *Acad Med.* 2009;84:236-41.