On this side of the bubble

ABSTRACT

I was told by many people that medical school would be a transformative period in my life. As I began my medical education, I started to grasp what this meant; medical school was not only an exhilarating academic experience, but a positive social one as well. However, my classmates and I soon realized that we were trapped in a bubble, one which separated the world of medicine from the world at large. Experiencing strain in some of my personal relationships, I tried to explore how the medical bubble could affect our lives not only as future physicians, but also as friends, family, and spouses. It is my hope that an awareness of the bubble will help those in medicine develop and maintain relationships with both their patients and those in their personal lives.

My mother and her family come from a long lineage of physicians, and, prior to the establishment of formal medical education, Chinese herbalists. I myself was abruptly immersed into medicine with a diagnosis of Kawasaki’s Disease at the age of four, which left me with sequelae that now require a lifetime of follow-up. And as I continued through my secondary and postsecondary education, I found myself at the bedside of patients, out in the field as a first responder, and at the lab bench at several research institutions. With these experiences in hand, and under the tutelage of countless physicians, scientists, and nurses, I thought I had grasped what it meant to commit to a life in medicine.

But, despite all of the advice and counseling, no one warned me about the bubble.

Last August, I, alongside 167 others, donned a neatly pressed white coat and became part of the newest class to enter the Perelman School of Medicine. Each of us had a uniquely individual path to medicine, where clinicians, patients, and senior medical students imparted their wisdom to us. Most of our days were taken up by our chosen profession, and when exams drew near, our commitment of time and energy extended into the night. In this manner, we were pummeled with a deluge of medicine, a torrent of information that would continue throughout the year.

The routine of my first year of medical school was both exhilarating and exhausting. I relished the comradery that existed between me and my fellow classmates. Our common goal and passion bound us together despite our disparate backgrounds. I truly enjoyed the material that we were learning, appreciating both its importance for my future education as well as the fascinating complexity of the human condition. The transformative experience of medical school led me to wholeheartedly immerse myself in what it had to offer. Only after some time did I realize how I had begun to become lost in it.

The realization came in the form of a letter from a longtime friend. Under the unremitting Philadelphia spring sunlight, it sat fading, unopened, upon my kitchen table for nearly a month. When my friend was able to reach me over the phone, she asked if I had read her letter:

Not yet, I’ve been busy, I lied. I may have been busy, but not nearly to the extent that would warrant ignoring a close friend. Her response, tinged with pain, was curt,

I understand that you’re busy, but I put a lot of heart and effort into what I wrote to you, in keeping connected with you…. The least you could have done was to take the time to read it.

It took a while for me to come to understand why I had ignored my friend’s letter. Some days, amidst the responsibilities of class and life, I simply forgot it existed. On others, when I sat next to it and whiled away time on my phone or with a book, I convinced myself I would read it later. Those excuses, however, only forestalled the truth—I felt as if the letter were from another world, a message from a past that I had left months ago. Part of me feared what the letter might have contained—a personal story to which I no longer felt a connection, inquiries to which I had no inclination to respond. So, through inaction, I was able to protect the idea of my friendship. By not seeing what was written, I was able to circumvent the harsh reality that my time in medical school had caused us to drift apart.

I was not the only medical student to feel as if the undercurrents that governed our lives had changed. We joked that we had forgotten how to interact with “normal” people. Some of us struggled with the difficulties in meeting and connecting with people outside of medicine. A few colleagues voiced concerns of strained relationships with families, significant others, and friends. And when breaks in school occurred, it seemed, in some ways, a return back to reality, whether it was time spent at home with family or on a beach on faraway shores. We were all caught in the same bubble, one where academics and students resided within, and the rest of the world outside.

The bubble drew new boundaries in our personal lives, and we, from the inside, watched as it tested and even broke our bonds with others. In the course of a year, I not only became more distant with some of my closest friends, but I also fought to maintain close ties with family, who were separated by both distance and by the new lens with which I now saw the world.

I found myself thinking—does the bubble consign us to a constant fight for our relationships outside of medicine, to seek refuge with those within our chosen profession? One author proposed that divorce may, in part, be explained by a lack of mutual understanding among couples, especially among those in which one spouse is not part of the medical field. Conversely, dual-physician marriages have been suggested in a physician survey to have benefits which outweigh disadvantages and correlate with lower divorce rates. The answer to the question ultimately may be highly individual, but the influence of the bubble remains regardless.

And what about the doctor-patient relationship? Likely, the majority of patients that present to us in the future will not be associated with the medical field. Unlike family or friends, how these patients connect with us will not be built upon years of shared experience, but rather on a baseline trust fostered by the profession of medicine itself, one that will have to be enhanced by both the patient and the provider. But if indeed we are trapped in this bubble, one which has made it difficult to connect with the outside world, even with those arguably closest to us, how are we expected to create such a bond with our patients?
The participants of medical education and the practitioners of medicine appear to be caught in a double bind. To learn what is necessary to practice our craft and to continue to perform our duties to the best of our abilities, we are asked to make sacrifices that cause us to enter the bubble that will forever change our lives. Yet these very sacrifices may prevent us from achieving what we have set out to do—treat our patients—and what we hope to always do—maintain and develop loving, caring relationships.

As I prepare to begin my second year of medical school, I realize that how I see the world will be continually shaped by medicine, the lines between what I consider reality versus what is considered reality by others will be sharpened further. When faced with the bubble, there is no right answer. Some may choose to embrace their passion and let it define their lives. Others may fight its influence, aiming to create and protect a life outside of the bubble’s boundaries. It is too early to say what path I will take, how I will respond to the walls imposed by my journey into medicine.

At this moment, I am grateful that I know the bubble exists. This awareness does not necessarily translate into easier relationships. Nor does ignoring it lead me to become a more efficient or competent physician. It merely provides the basis for understanding, a means to see through the veil of the bubble. And with this clarity comes a form of personal empowerment—in defining my place in medicine on my own terms.

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