



2019 Hope Babette Tang Humanism in Healthcare Essay Contest

The Arnold P. Gold Foundation holds an annual essay contest to encourage medical and nursing students to reflect on their experiences and engage in narrative writing. The contest began in 1999 focused on medical students and expanded to include nursing students in 2018. Students are asked to respond to a specific prompt in a 1,000-word essay.

For the 2019 contest, students were asked to reflect on the following quote and share an experience in which they or their healthcare team engaged compassionately and respectfully with a patient to help them feel accepted and seen:

“I long, as does every human being, to be at home wherever I find myself.” — Maya Angelou

More than 300 essays were submitted. A distinguished panel of judges, ranging from esteemed medical professionals to notable authors, reviewed the submissions. Three winning essays from medical students and three winning essays from nursing students were selected, along with 10 honorable mentions. The winning essays are being published in consecutive issues of the *Journal of Professional Nursing* and *Academic Medicine*. (For this journal, the third-place winning essays were published in the September-October 2019 issue, the second-place winning essays appeared in the November-December 2018 issue, and the first-place winning essays appear here in this issue.)

The contest is named for Hope Babette Tang-Goodwin, MD, who was an assistant professor of pediatrics. Her approach to medicine combined a boundless enthusiasm for her work, intellectual rigor, and deep compassion for her patients. She was an exemplar of humanism in medicine.

The Arnold P. Gold Foundation infuses the human connection into healthcare. The nonprofit organization engages schools, health systems, companies, and individual clinicians in the joy and meaning of humanistic healthcare, so that they have the strength and knowledge to ensure patients and families are partners in collaborative, compassionate, and scientifically excellent care.

Here are the essays from the first-place winners:

NURSING STUDENT ESSAY

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I arrived for my shift in the surgical ICU at a large New England city hospital and was informed in report that the patient was a cantankerous, alcoholic, homeless man, resistant to sedatives, rather nasty to most staff and a challenge for anyone caring for him. Additionally, the

patient stated that he was going to die that day, and he had been increasingly interfering with medical treatment to the point that he was restrained.

The first thing I did as I began to care for this gentleman was to take off his restraints but let him know that I would put them back on if he tried to harm himself or anyone else. As I'm doing my assessment, I asked him about his tattoos. One was dog tags that had someone else's name on it. His explanation was, “It's from a brother who died.” He wasn't making eye contact, so I didn't ask any more questions about that. He had a tattoo of an American flag, but it was colorless, so I inquired about this. His initial response was snarky, saying how I was too curious. I apologized and stated that, in my experience, people get tattoos to tell a story, and I was interested in his. I acknowledged that it could be a difficult conversation to have, and he did not need to tell me anything, but I was attentive if he wanted to talk. I then thanked him for his sacrifices he made for our country.

I was stunned when he started sobbing. I was very taken aback and explained that this is something I always did for veterans, and I was sorry if I made him upset. He started shaking his head, then explained that he spent several years in Vietnam, and when he came home, people at the airport spit on him. His own family and community rejected him, and he ended up moving to the east coast to restart his life where no one knew him. I was the first person to ever acknowledge his service and the only one to ever thank him.

Then he asked if he could talk. I'm thinking... Who am I to refuse a man that is crying? So I told the charge nurse that I was going to be busy for a while. I closed the door to my patient's room, pulled up a chair, and let him talk. He spoke about what it was like to be drafted, leaving his family and friends behind, and getting acclimated to “that God awful humidity” in Vietnam. He spoke of friendships he made, brothers he lost, and the horrors of war. He struggled with his personal disagreement with going to war with Vietnam, but he did not want to abandon his country. He told me about things that he had done that haunt him, things that he had seen that he can't “unsee,” and how he is not the same person he was when he left. He was so angry when he got home, he turned to alcohol to help dull the mental pain, and had been in and out of homeless shelters for years. Tears were rolling down my face the entire time he was talking.

There were parts of his story that repulsed me, and parts that made my heart ache. When he finished talking, he grabbed my hand and apologized for making me cry. I chuckled and said that we were even. He said that it felt good to get all that off his chest and he acknowledged that he never spoke about any of this before; he felt like the weight of the world had been lifted off his shoulders. He then asked to rest as the conversation had exhausted him, so I obliged. I walked out of his room and realized that 2 hours had passed! As I went into the med room to get his late medications,

the telemetry alarms went off in his room. He went into cardiac arrest, and we were never able to get a rhythm back despite all our efforts. Remember how he said he was going to die that day? He did.

I do recognize that I was able to let him clear his conscious. I just wish he was able to have a little more time to enjoy being unburdened. I will never forget how at peace he looked after he passed. We opened his chest to try to revive him, and, despite all that, he looked at peace. To me, he's both one that got away and one I was able to save... just in a different manner.

I continue to educate staff on minimizing use of restraints on veterans, as this can be a trigger for their PTSD. I saw this frequently in veterans who had been prisoners of war. Reorientation strategies were far more effective than restraints. I will continue to thank veterans for their sacrifices and let them know that I am a judgment-free person with whom they can talk. I know that I can't pretend to understand what my patient and other veterans have gone through, but I can be someone that will listen and treat them with dignity. I can't imagine how difficult it must be to be proud to defend your country, but to hate what that can entail, so... I listen.

MEDICAL STUDENT ESSAY

"The Healing Yellow Raincoat"

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"Home is wherever I'm with you," a patient wrote on a marker board to his daughter. He lay in a hospital bed thin and frail, with the sound of his ventilator whirring in the background, a washcloth hanging in his mouth to soak up saliva, a fentanyl patch tucked behind his ear. Out of his entire body, he could only use his right hand. In a few hours he would be taken off his ventilator and placed on a morphine pump. His daughter held his hand with tears in her eyes. This is ALS.

He received his diagnosis less than two years before. A positive person by nature, he was never angry or bitter about his diagnosis. He could not change it. He felt blessed with the privilege of foresight to be able cherish every moment with his daughter. They spent every second they could together. They built furniture for her new apartment where she would be attending school. They scoured eBay looking for new rocks to add to his extensive rock collection. As his muscles grew weaker, his daughter drove home to open the heavy packages and show him his new beauties. They picked March Flowers in the middle of February together and took silly pictures while they enjoyed an unseasonably warm winter day. That was their relationship together – bright beauty blooming when it did not make sense. He was adamant that she continue to follow her dreams, and she vowed to spend as much time as she could with him.

He quickly declined later that year. His bulbar onset ALS worsened his prognosis, and the effects the disease were taking on his respiratory muscles were evident. They discussed the options together and he elected to have a tracheostomy performed. His daughter remembers his anxiety prior to this procedure. She remembers the way he walked slowly around the house, his delicate hands as he held his favorite rocks

and a family picture. It was like he knew he was never coming home. The tracheostomy was successful, but he had to be placed on a ventilator for subsequent pneumonia, on which he would live thereafter.

A few weeks into his daughter's second year of school, the patient transferred from a hospital in his hometown to a care facility where his daughter resided. They both knew he was dying, and he willingly left his home, so he could live out his last few weeks by her side. She vowed to hold his hand on the good days and bad days. She vowed to wear her yellow raincoat on the rainy days to remind him of March Flowers and the sunshine. She knew these would be the last four walls he would ever see, and she vowed to make it feel like home. With the help of her dad's speech therapist, she decorated the room with old pictures, mementos, and some of his favorite rocks from his collection. When he woke up from a nap and saw his favorite memories surrounding him, he burst into tears and wrote out a simple "Thank you."

I know this patient's story well because he was my dad. I had the unique parallel of learning the workings of a healthy body in medical school and watching as his body failed him. I memorized every muscle in the body, every innervation, every blood supply. At home I watched as those carefully studied muscles atrophied in my father, how the complex array of muscles and innervations degenerated. The week I learned lung physiology in medical school, I watched as his lungs failed. My experience with my dad helped me learn that medicine is not solely about medicine. I have the utmost respect for the surgeons, physicians, nurses, speech and physical therapists involved in his care. Their sole goal was to make my dad comfortable, from organizing transport to a distant city, to helping me decorate his room so it felt more like home, to respecting his wishes when he asked to be taken off his ventilator and die on his own terms.

A physician once told me, "You will not be able to cure or save every patient in your career. However, you do have the opportunity to heal every patient." I did not truly understand what this meant until my experience with my dad. He suffered from an incurable and progressive disease. There was no ability to save him. He found healing in being around the people he loved as he was dying. He found healing in still being able to squeeze my hand three times to tell me he loved me. He found healing in my yellow raincoat, and how seeing it reminded him of the sun and his favorite flowers. He found healing in knowing the fullness of relationships he had on this earth and knowing I would be there for his final breath.

My dad was able to find home in a person and not a place. He carried his home with him, within himself. I am thankful for the opportunity to be with him in his final moments. I am thankful for some of his final "words" that I will carry with me throughout my medical career and life: "Because of the challenges I face, I am less than half the man I used to be on the outside, but more than twice the man on the inside." He taught me the lessons of compassion, vulnerability and dignity firsthand. His unbelievable selflessness and fortitude to allow me to continue to pursue my dreams despite his suffering will be my motivation on days when it is wearing thin. It is an honor to have the opportunity to be a physician and offer the same level of care, respect, and healing my dad received and I am thankful for the chance I have every day to be a little more like him.