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## A Medical Student's Change of Heart

Evan Czulada<sup>1</sup>

<sup>1</sup> Georgetown University School of Medicine

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After just one semester of medical school, I held a human heart in my hands. It was our third anatomy lab of the year, and we spent all afternoon struggling to free our prize, snugly tucked behind thick cords of tissue designed to keep out intruders. As we got closer and closer, layer by layer towards removing it, I could feel my own heart beating with both anticipation and apprehension. Tasked with making the last cut, I eagerly pulled the heart from its resting place in the chest wall.

The heart I saw my hands holding was a mottled gray and yellow color, a far cry from the animated scarlet mass we all picture inside us. My finger traced the edges of the anatomy we had learned: the coronary arteries that had once provided energy and the thick, muscular walls that sustained billions of contractions during its lifetime. Snapping out of the trance, I passed the heart around to my peers, each waiting patiently for their turn to hold the most important engine ever designed. We spent the rest of the session cutting deeper and deeper, our eyes overwhelmed with the biology fully on display and our minds captivated by the function each structure served in the body. As our time in lab ended, we replaced the heart where we had found it, its once proud walls we met earlier now slashed into disarray by our scalpels. My legs felt heavy as I dragged them along the sidewalk on my walk home, my thoughts arrested by the totality of what I had witnessed.

Yet for as close as I was to the human heart, the more distant I felt from its spirit, the role it had served our donor in his life. It wasn't until I sat down at my desk, hours later, did I really consider the implications of what had just transpired. I had spent each moment in the lab visualizing structures and functions and molecules and medicine, yet I ultimately failed to acknowledge the simple truths that made them so important.

The human heart I held that day was the same heart that beat for the first time in my donor's mother only 4 short weeks into his life. It was the same heart that bounced in protest as he ran around the schoolyard playing kickball. It was the same heart I imagined almost exploded out of his chest as he scaled perilous mountains in rocky Nepal. It was the same heart that responded uncontrollably in his lover's tender arms yet felt utterly broken at their passing. Perhaps most notably, it was the same heart whose final beat signaled the end

of this donor's life as his essence left his body and the rest of us behind. This heart came from a human—a living, breathing, feeling being—whose presence had escaped my gaze underneath all its anatomy and physiology.

For every structure we learn, every mechanism of action and pathogenesis of disease, we in medicine think we come closer to finding true meaning and understanding. However, as I experienced that day in anatomy lab with my donor's heart, the guise of knowledge can cloud one's perspective. The science I was determined to master had overtaken my thoughts and deconstructed this person into little more than expendable pieces I could take apart and put back together. What my donor's heart wanted to tell me didn't lie in between the epicardium and myocardium or in the difference between the left anterior descending and left circumflex artery. Instead, it wanted a simple acknowledgment; it wanted to be recognized for its purpose in giving my donor the vitality to walk, breathe, laugh, and love as he left his mark on the world and those in it.

As I considered this, I shuddered at the prospects of where my initial, flawed line of thinking would take me in the future. A dream come true, my acceptance into medical school gave me the hope of using medicine to change the world, yet I was not even a full year into my medical studies and I had already succumbed to my worst fears. My dream turned abruptly into a sterile reality of considering people as only anatomical structures, detachedly and without consideration for their importance.

Despite taking the many humanism classes required at our medical school, learning firsthand the richness of patients' stories, and having only the best of intentions, I felt like I had let myself and my desired profession down. In my reflections since this realization, I have arrived at a simple explanation of why encountering my first human heart didn't go exactly as I had expected. After facing some of the most arduous and taxing years of our lives in medical school, we aspiring physicians can become numb to the implications of our subject matter. Almost inevitably, the meaning and symbolism behind our chosen profession are lost beneath the weight of exams, textbooks, and anatomy atlases, and this is only further tested when we graduate.

After medical school ends and the real challenge of clinical practice begins, this delicate balance of conceptualizing patients through a medical lens is even more palpable than my donor's left ventricle. Four years from now, I can imagine myself a physician, entering the indifferent halls and bleached floors of the hospital system and being immediately confronted with more medical horses and zebras than I could ever have imagined. Every patient will be a limitless maze of medical complexity, each individual requiring a Herculean effort of understanding. Yet, what patients will bring in from outside those 4 walls—their fears, families, and fantasies—could be enough to consume even the most accomplished of physicians' wills, much less myself as a young doctor.

There is no doubt physicians need more than just medicine to help people. In this brave, new, and convoluted medical world, a cardiologist can no longer think of atrial pressures in the heart as abstract a concept as he did on his first physiology exam, not when it materializes in front of him as his patient wishes to walk his daughter down the wedding aisle. A neurosurgeon can no longer dissect a tumor free of the frontal lobe without thinking of the consequences in her patient attempting to say “I love you” to her husband or read a bedtime story to her children. All these thoughts of medicine and quality of life and feelings and disease and well-being can be as overwhelming for attending physicians as it was for me as a first-year medical student, so much so I suspect some doctors simply return to the same state of mind I held in anatomy lab on that day.

For the ones that do so, they distance themselves from the medical experience, remaining the apathetic doctor and not a person deeply bonding with another. From this lack of empathy, patients can become guarded against this emotionless onslaught of medical attention and lose trust in the person who needs it the most. With this sacred relationship broken, doctors can miss the valuable insights that only a committed, connected patient can provide. Most importantly, the physician is deprived of the joys of serving as another’s healer and confidant.

That being said, one of the hardest things to balance when taking care of people is knowing when to act as a doctor and when to act as a person. The practice of medicine has a long history riddled with practitioner paternalism and patient subjectification. Yet as the profession developed, we have rightly acknowledged the importance of shared decision-making and ensuring the patient’s wishes are respected. To truly adopt this model, today’s physicians must uphold the patient’s goals, desires, and beliefs to their highest practicable degree. But as important as this concept is, does this way of thinking interfere with the doctor’s ability to treat the patient? Can the neurosurgeon depicted above consider the ramifications of her actions before each cut and still deliver the patient through the operation unscathed? Is a pediatrician able to think of his own children and give a clear, honest leukemia prognosis to an 11-year-old girl? Can the physician balance being an empathic caregiver while also being a precise tactician of physiology and pathology? Will I one day become a doctor that does both? Can I?

The more I have wrestled with these questions, the more I remember my visceral experience with the heart of my donor. I remember my cold, unimpassioned hands mechanically inspecting over what used to be the chime that gave his soul the movement and life of an orchestra. I remember my mind scrutinizing its deficiencies like a spell-check computer program, quickly discounting the memories, stories, and challenges of my donor’s life reflected

in his heart's imperfections. It was only after those moments did I realize the bundle of cells before me used to be somebody's family member, a person loved beautifully and without measure irrespective of his medical makeup.

Doctors living through the same apathy I stumbled on that day in anatomy lab can cause considerable harm to not only the patient's well-being, but also themselves. A desensitized physician may be able to give the proper dose of medication or perform a flawless operation, but that same doctor may lose the ability to communicate the need for palliative care to a patient and their loved ones. Our physicians need to be equipped with the most current medical knowledge, but we cannot let that same, exacting knowledge change the person wearing the white coat. Quite simply, we cannot let medicine change the way doctors see patients nor the way doctors see themselves. Because the more we remove the person behind the patient, the more we remove the person behind the physician.

That night after seeing a human heart for the first time, I got up from my desk a changed medical student who found clarity in the quiet solace of my thoughts etched on this very page. I spent that day in a state of worry, anxious for what my experience meant for my career and, decidedly more importantly, my life. I feared what my apparent indifference would mean not only for me, but also the patients I would treat one day. However, it was through these same hands that held my donor's heart earlier that day—reflecting my intentions and beliefs on my keyboard—that I recaptured the very joy that first brought me to medicine. It was through this jolting, transformative experience with a departed man's heart that helped me reconnect with the living, feeling heart beating inside my chest once again.