

COMMENTARIES

The Questions We Ask

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“The answer is A.”

I picked the wrong answer. A common occurrence that causes a transient moment of fear and self-doubt before I remind myself that it is better to get it wrong now than on the examination.

“What does the patient have?”

I give the wrong diagnosis. The resident I’m working with kindly corrects me, pointing out the defining features that rule out my guess from the differential. Now I know what to look out for.

The curriculum of a medical student is one that asks a million questions and expects you to know at least 60% of the answers to pass. What treatment is contraindicated in a patient with bipolar disorder and hypertension? How do you calculate the maintenance fluids for a patient who weighs a certain number of kilograms? I usually get more of these questions wrong than right, but there’s always a correct answer. The deluge of standardized examinations we take provides choices A through E (sometimes through J, which is downright cruel). The questions contain all the necessary clues for you to supposedly pick D and yet you pick E. But it was D, and it will always be D unless a new discovery changes the field or the physicians who make guidelines decide it is E now and not D. If only.

“Dad, do I have nuchal rigidity??”

I come from a family of physicians who have been an immense network of support and guidance as I have navigated through school. They are a phone call away from giving me the answer on why I feel my chest burn—even though I just ate an acidic meal without taking my antacids. I can ask if my lightheadedness means something more insidious—even though I haven’t eaten for 6 hours. I did not have nuchal rigidity, my father reassured me. I had just slept in an awkward position on my pillow and now had to go to urgent care to receive ketorolac, just so that I could move my neck muscles and, ironically, study for the musculoskeletal anatomy examination in 2 days. They always had an answer. I could informally consult my aunt, a psychiatrist, on whether it’s normal to feel as anxious as I do sometimes. Or my uncle,

an ophthalmologist, on what lattice degeneration means. As a child of 2 radiologists, I've been subject to almost every imaging modality that exists. Usually the answer is: you're fine.

"Who was he?"

I dreaded anatomy lab. Going to lab meant more time away from studying the lectures I was supposed to watch 1 week ago. It meant more time spent crowding over a cadaver with three other anxious students, desperately trying to avoid cutting the middle meningeal artery in case it comes up on the table quiz next week. I left everyday smelling of sweat and formaldehyde, thinking, "I know nothing!" I could not wait for the last day, our final table quiz of medical school. We got an 8 out of 10 to the dismay of some members of my group. All that effort to not inadvertently cut that nerve while searching for it, and it wasn't even asked! One of our professors approached us and asked if we would like to know more about our cadaver, or at least as much as they could share with us without breaking the rules. Curious, we agreed. Our cadaver had numerous health conditions, which concurred with the findings that we made while dissecting. Yet our observations lacked 1 last detail: Our cadaver was a Baptist minister who died at 60 years old and had attained 2 master's degrees during his life. I did not even ask the question, but I was moved by the answer. Our donors had graciously agreed to give their bodies to science and help train future physicians. I knew very little about this person, but given what I did know, I could not help but imagine this person as someone committed to the service and education of others even beyond their own lifetime. I went home and unexpectedly cried for a few minutes, overwhelmed with gratitude for this person who chose to further the knowledge of others without ever meeting them. I wrote a letter and handed it to my professor so that it could be given to the spouse of my donor. She had apparently called recently to ask when she would be able to receive her husband's ashes. I wanted her to know that her husband's contribution is one for which I am grateful. He was an answer to a question I will never forget.

"Is she going to make it?"

My young cousin, only a year older than me and completely healthy, was suddenly dying. She contracted a very benign virus that for no known reason caused an amplified immune response that necessitated various devices of life support for months. I was a freshman in college, away from home faring my way through general chemistry and endless lab reports. I did not know the scope of what was happening and only received filtered bits of information, knowing now that my parents were trying to protect me from the grief they were enduring. The physicians in my family became our translators. They read the labs and electrocardiograms, heard the opinions of the surgeons and intensive care unit physicians, and synthesized this information only to say that all we could do was hope. The answer was, unsatisfyingly, hope. And we did. What else could we do? She was on respiratory, liver, and kidney support, but

she was young. The stories of the few people who had survived what she was experiencing were almost always young patients. And then the answer was no longer hope. I continue to ask, “Why did this happen to her?” Some questions will never have an answer.

Now in my third year of medical school, I’ve picked up some of the lingo. I say erythematous instead of reddish, or lateral instead of “next to it.” I’ve learned about the pathophysiology of so many diseases I didn’t even know existed a few years ago, the mechanisms of action and adverse effects for commonly prescribed medications, and the basics of reading an electrocardiogram rhythm strip or a chest X-ray. No matter our chosen field of medicine or the patients we meet, the question will always be “What is the diagnosis?” Our didactic training aims to prepare us to answer this question as best as we can with the knowledge that we have. By its end, we will be able to say, “In fact it is D, not E and here’s why!” Yet sometimes the questions *worth* asking are those with answers that move us or elude us. The answer might only be hope until one day we can say, “Yes, she is going to make it.” It is these questions that remind us of the humanity in medicine and the humility we must carry. I’ve gotten more questions wrong than not, pondered over answers known and unknown, but I always remind myself, you only need to know 60% to pass.