

ABSTRACT: A heartfelt commentary on the rise of virtual medicine and medical education as told from the perspective of a 3rd year medical student during the COVID-19 pandemic.

KEYWORDS: Medical student, medical education, telehealth, telemedicine, virtual education, online education, distance learning, virtual medicine, COVID-19, coronavirus, education

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Clipboard in hand, I call in the next patient. She has short hair that looks like it has been dusted with a salt and pepper shaker—streaks of gray beginning to show her steadily advancing age. She carries herself as though hyper-aware of her passing years; walking carefully, feeling the weight of time pulling down on what I can still see was once a crisply carved, olive-toned face. As she seats herself in the cold and sterile-looking exam room, I notice things seem a bit asymmetrical about her, the most obvious of which is a beige compression sleeve on 1 arm running from her shoulder to her fingers. I ask why she is wearing it. She tells me about her radical mastectomy and lymph node removal. She is here in the office today because she has lost the ability to feel the touch of her children and husband on her fingertips and the ground beneath her toes after beginning a new chemotherapy drug. The cancer has taken to her liver and lungs.

I snap back to reality with a little shake and look down at my laptop.

I hold on to my humanity that dangles by the thread of imagination that connects me to her through the screen. My mind conjures her image as I read “68 year old female patient presents with metastatic cancer” on my computer, opening the first patient case of the day. Medical school hasn’t been the same since the 2020 global coronavirus pandemic has forced us out of hospitals and clinics. Our educators and patients are now flashing pixels: red, green, blue. I watch sentences populate the page as I answer questions about this distant, unrealized, virtual woman. I actively fill my thoughts with the sense of her to retain some semblance of human compassion while I run through prognostic algorithms in my mind. I hope that learning medicine this way won’t make me detached. Real people can’t be broken down into a multiple choice question asking you to predict how long a patient will live.

I long to connect with real patients. Breathing patients, with heartbeats and real lives that can be impacted. The reason for everything I do; everything I want to do.

The coronavirus pandemic has stripped me of this connection, and stripped the patient of feeling heard, seen, and cared

about individually. With these thoughts of virtual patients running rampant in my mind, I can hardly contain my excitement when I hear my medical school had opened projects enabling students to follow-up with patients and survey those that have tested positive for the virus.

After practicing my phone interview with a friend, I am nervous but eager to connect with the first patient. I sit on my front porch in the crisp air on a Friday afternoon. My laptop warms and buzzes beside me as I pull up her information; 39-year-old female. I search through her medical record and find she had been discharged from the hospital several days before and is expected to make a full recovery from the virus. She lives just a few miles from where I grew up, so I feel instantly connected to this woman. I remember driving under the cottonwood trees lining her street and smile to myself. The phone rings a few times before I hear a hello from the other end of the line. I try to sound chipper and enthusiastic as I introduce myself and ask if this is an okay time for her to talk. I hear silence. Is the phone muted?

“Can you hear me?” I ask.

“. . .What is this about?” She sounds quite irritated.

“I’m calling from the university hospital about a coronavirus research study. Is this an okay time to talk?”

“No. . . It really isn’t.”

I hear a sharp inhalation followed by the unmistakable sound of painful tears welling up out of her eyes.

My mind fills with panic as I can’t see her and don’t even know where she is. If only I could be interviewing her in person I would have some context, an idea of her state of mind, all the things that we glean from the immense amount of non-verbal communication that humans engage in naturally. I don’t know what to say or what is going on.

“I gave my dad the coronavirus.” She was inconsolably weeping now. “They’re pulling him off the ventilator in 5 minutes.”

“I’m so sorry. I am so sorry.” It was all I could think to say but it felt like using a flyswatter to stop a falling boulder—fruitless, weak, and ultimately futile.



“Call me a different day.”

Click

She ends the call before I can even comprehend the situation I just dialed into.

My head droops in defeat as I pull the phone away from my ear and stare at the seemingly random numbers typed neatly into the call bar that connected me to her just seconds ago. A deep pang of guilt shakes my body. Not only have I called this woman at what must have been one of the most awful moments of her life, but I am left feeling wildly incompetent and completely incapable of offering her any help. Two years of medical school filled me with physical exam skills, medical knowledge, and what can I do to help her? Nothing.

A few days later, I decide to call back and speak to her again. If nothing else, I want to apologize.

The phone rings.

“Hello?”

“Hello, I called Friday afternoon about our hospital survey. I just want to apologize. I’m so sorry I called you at such a bad time. I’m just a medical student, but if there’s anything I can do for you or if you want to talk, I would be happy to. Are you alright?”

She takes a deep breath. I feel the transition in her voice even just from the initial “hello” to her next few words. Something about asking if she is alright has broken the dam and unleashed her emotional flood. She begins crying, but this time it isn’t a violent, angry thing like our first call. Now it sounds soft, tender, and fragile like she could tip over and shatter at any moment. While I wish I could see her face and place a hand on her shoulder, I know that I am in a unique and important place to hear her, even if just through the phone. Maybe she doesn’t have anyone else to speak to about her father’s passing and her own personal guilt. Maybe she’s sitting on her couch right now, working remotely from a laptop placed carefully on the arm of a nearby chair and won’t see or speak to another person about anything for the rest of the week. Maybe this telephone call is her lifeline to the world while she is quarantined and still only a few days out of the hospital herself. She has lost her father, but not in

the gentle and expected way of our elders who pass peacefully in their sleep at the age of 95. No—she feels she is the cause of his death and will carry this burden for the rest of her days. She wasn’t able to see him in the hospital. He could barely utter the words to say goodbye the last time she spoke with him as he sank under the waves of fluid that filled his lungs.

She talks to me for a few more minutes before changing the subject back to the original reason I called—a survey about her symptoms. After completing the survey, she thanks me for listening and tells me how much she appreciates it.

I imagine how different this experience would have been for her without the human element. She could have received a survey via email and never spoken to a soul. Maybe that anonymous, voiceless survey would’ve felt the same way to her that I felt reading about a virtual patient with metastatic cancer—meaningless, empty, *heartless*. While there are benefits to digitizing our medicine and medical education, we must be careful not to lose the connection to our patients—or should we just say “people”? It isn’t always easy. Sometimes the picture their words paint is one of pain. Allowing them to create this portrait is a therapy in and of itself. We can’t always go in and paint their lives a little brighter, changing their health hue by hue. Sometimes the best we can do is reach a hand out and hope that they reach back. We can take their pain and share it with them, holding it, and observing it together. We can help them shift the weight of their pain and help them find an easier way to grasp it, shift it, leverage it. In this way, I find purpose in a sea of helplessness and distance, waiting anxiously to interact with patients face to face, with an unadulterated human connection.

**Patient names and information have been changed.

Author Contribution

This article was written, drafted, and edited solely by LMJ.

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