

Using Our Powers for Good

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Growing up, doctors were my superheroes. I dreamed of being among them. They seemed to fly in with their training and knowledge, treat the toughest cases, and ease the worst pains. From super-human suturing to X-ray vision, they could handle anything. Not until my first brush with death did the realism of direct experience change my view.

Bright eyes shimmering with naivete, I remember approaching the bed. The patient lay surrendered in the sheets, a tangle of limbs and tubes and wires. Adorning a tag reading “EMT IN TRAINING” in capital letters, I hung back to watch a mass of healthcare workers rush into the room; EMTs, paramedics, nurses, and hospice workers crowd around the patient. We had been called to give her CPR, something I had only ever seen done in the movies then, as a college freshman. My simple task was to give her oxygen with a bag-valve mask. My own breath bated as I watched hers: chest slowly inflating, lungs laboriously expanding. Paramedics desperately pushed on her sternum. The sound of her ribs snapping cut through the beeping of the medical monitor, the tense commands between the team, and the beat of my own heart reverberating in my ears. I blink. Suddenly, the patient’s daughter is next to us yelling frantically for us to stop as her mother had a DNR, a request to pass without resuscitation. The hospice care had lost the physical copy and their online systems were down: a terrible misunderstanding. I could feel the air around us sink with the realization, as confusion flitted around the faces of the team. I could hear the mother’s agonizing breaths as she balanced on the edge of mortality. I felt a heavy feeling; my heart sank. A worker in the facility was able to find a copy of the DNR, so a new instruction was suspended above our heads: let her go. I eased her off the oxygen. Her eyes dimmed and her heart slowed to a stop. Her breaths, which I had once willed to continue, ceased entirely. Her body was now wrapped in sheets drenched in blood and feces. All in one day, I had assisted in her revival and then had to let her go again.

Five years later, my naïve eyes had grown a little dimmer as I approached the bed. The patient lay listlessly scrolling through TV channels. Now adorning a tag reading “MEDICAL STUDENT” in capital letters, I enter the room. I was volunteering as part of a social service program, inquiring about post-discharge needs of patients from marginalized socioeconomic backgrounds. He seemed to perk up a little as I neared him. As I methodically went through the questions, he kept offering me unprompted insight into his life. Did he need the hospital to provide a ride home? No, because his fiancée, the love of his life, the woman he had just proposed to—something he never thought could happen having grown up homeless and alone—was going to pick him up. Did he have access to a cellphone for a follow-up call? No, because he had worked on docks and ships all his life and he was to set sail soon with the company. His real dream, he interjected, was to someday buy his own sailboat, weathering storms and rough seas, as he traveled the world as captain. Could he afford his prescription medications? He could if he rationed them, weighing the worth of his pain to make ends meet. I felt that familiar heavy feeling; my heart sank. I provided him with some forms to fill out, scoured for some discounts, and wished him the best. We care about people, and we try our best, but we are not limitless.

I am learning every day that what makes a “superhero” is beyond public acclaim, promising statistics, or effective cures, and that it lies rather in the intimate, personal moments with patients that no one sees. Physicians are imperfect, just everyday people trying to make the best of desperate situations. They are mitigators between life and death, bargaining with their expertise to serve others. The real superpower is respecting vulnerability. We tend to see patients at their weakest, worst moments in life. We guide them and care without judgment or restriction. The medical field not only demands bravery from patients facing dangers to their health head-on, but also courage from physicians to help them through it with empathetic, logical poise. Disease and pain are unpredictable. The role of the physician is to be dependable, to steer that chaos to calm. With each new experience as a medical student, I learn a bit more about how to use the “powers” I have been given for good.