

This Is Why

I write this because I am afraid to write this.

I write this because I am a fourth-year medical student typing on a small laptop in my closet in the dark. Because I am sitting on the floor with my back against the wall. Because to my left lies a pile of unsorted clothes and underneath a silver knife. Because in my senior year of college, I sat on the corner of my bed—on my bed, because back then my closet was overfull of skeletons and nightmares seeped in under door cracks and through the walls and there was nowhere left to hide from my darkness anymore—and that blade seemed like it would be kinder than the psychologist who diagnosed me with depression and laughed when I told her I was afraid to check my e-mail.

I write this because in medical school, there have been times when I also needed help.

I write this because I cannot ask for help. Because first I was a premed student and now a medical student and soon I will be applying for a residency program and then I hopefully will become a practicing physician.

This is why I cannot ask for help.

Because in my second year of medical school, my team admits a patient with pink in her hair, purple under her eyes, and pain in her belly. My resident scans her chart and pauses under her one established diagnosis. I study the outline of his fingernail tapping underneath “fibromyalgia.”

We scan her medications. His finger spears “oxycodone.”

“Drug-seeker,” he tells me. “She’s not having real pain.”

He has already decided this as we walk down to see the patient.

She answers our questions with one of the brightest smiles I have ever known except for the ones practiced in my own mirror, because I have learned that most people believe that the person who smiles the brightest must be the happiest, as well.

We collect objective data in the form of vital signs, laboratory values, and radiographic studies. We can’t identify a reason for her pain that can be coded in an ICD-10 term that my team would judge to be of any real significance. We plan to send home a woman lying on her side under two thick blankets with her spine curled into a C.

I return to her room soon after because I recognize this woman’s subtle flinch in response to “You are not sick” and “You are medically ready to be discharged” as something previously felt in my own shoulders. The learned response of someone familiar with a lifetime of waiting for the hands that will not take you.

I hold her hand on the pale blankets as we explore her story. She tells me of the boyfriend who threatens to kill her if she doesn’t help him obtain oxycodone. Of failing her finals and dropping out of college. Of the nights her blood forgets its home is underneath her skin. Of the days before she became shaking hands

and dark circles smeared underneath her eyes. Of the life back when she could look into a mirror and believe a reflection is only skin-deep and she is so much more than this.

And I, holding her cold fingers, hold on more tightly. Understanding that this woman lying between four white walls with one pale leg hanging off the bed is a woman whose pain may stem from struggling with depression. Offering a hug and promising we will help her.

I tell my resident the patient’s story. We agree to prescribe hugs, PRN, and consult psychiatry.

But here is what my ears don’t miss. “Psych consult,” spoken in a hushed voice, spoken quickly. As if mental illness were something too filthy to hold the words in your mouth too long. My resident says it’s too bad we can’t really fix the problem. As if mental illness left a person irreparably broken.

I write this because that conversation is neither the first nor the last time I notice such attitudes toward mental illness. On the wards, I often hear diagnoses related to mental illness discussed only in rushed whispers tacked onto the ends of differentials, as if physicians were afraid of touching something dirty. Regarding one patient’s discharge, a resident explains, “He’s not sick. He just has depression.” As if an illness in the mind were anything less than real.

I write this because during my first year of medical school, I remember sitting in a lecture hall while a professor plays a video about school resources for depression. I sit listening to the video but mostly hearing the actual jeering of a few classmates from around the room. Someone behind me grumbles that this is a waste of time. Two girls beside me browse a shopping catalog and chat about weekend plans. Later, I sit in the bathroom with another student in my class who tells me that our classmates’ laughter was almost as loud as the voices that laugh in her head every morning when she tries to get out of bed. She begs me not to tell the others, because this morning our classmates proved that no one will care.

I write this because of the resident who rolled his eyes at a new admission with borderline personality disorder admitted for injecting stool into her veins, a patient who came to his team because a resident from a different service bounced the admission and later came grinning to brag that he’d avoided “getting stuck with that crazy train wreck.”

I write this because there are nurses who giggled at cat videos outside a patient’s open door while she cried in her room alone because borderline personality disorder means a person crying is just seeking attention.

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I write this because of the resident in our call room who cursed in response to an indecisive patient with metastatic cancer and severe anxiety struggling to decide whether she wanted to pursue palliative neurosurgery, thus prolonging her stay on our service by at least an extra day.

I write this because on my psychiatry rotation, another medical student pointed out a depressed young man admitted for a failed suicide attempt and told me that this admission is completely pointless because that patient is already just death, walking. Because I am concerned that this means there are future physicians who cannot tell the difference between someone with a pulse—however weak—and someone whose heart is no longer beating.

I write this because I have seen a psychologist's eyes looking at me as if I were dead already.

I write this because this is why sometimes I wish to ask for help in medical school and know I cannot ask, cannot admit what I set down here in black ink on cold, pale paper.

I write this because, yes, maybe I sit in my closet in the dark on my darkest days and maybe my hands shake and maybe I spend my days walking long hallways with closed doors and maybe every time I reach out to touch another human life I feel glass walls between us and maybe there is loudloudloud white static noise inside my skull while the rest of the world is on mute but even so—I write this because I am alive.

I write this because I am a human life, still waking and still walking. Because I will always fight the voices asking why I bother to get up out of bed. Because I will never stop getting up and trying even when everything inside screams "no."

I write this because large-scale studies show that medical students have a higher risk for depression and suicidal ideation than the general population. Because

medical students are less likely than the general population to receive treatment despite spending most of our hours in health care settings. Because medical students report stigma against mental illness as an explicit barrier to seeking treatment (1). Because studies show that nearly a quarter of medical students have probable depression and only 22% of depressed students use mental health counseling services (2).

I write this because we would never look at a patient with cancer and say that person is already dead, but the actions of some health care professionals imply this about our patients and colleagues struggling with mental illness.

I write this because I am tired of frequent evidence of this stigma. Because if I do not write this, I become complicit in the struggles that health care professionals with mental illness face. Because I will never become complicit. Because I will finally tell this story even if it breaks me.

I write this because I hope for a future in which a medical student fighting mental illness will be seen as someone strong and not as someone dying.

I write this because I dream of a future in which I will not have to be afraid to write this.

Cassandra

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References

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