

# Patient Encounters

## What's in a name?

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**Note:** This story discusses suicidal ideation. Patient details have been altered to protect individual privacies.

During one of the earliest days of my clerkship year I was called to complete a psychiatric interview on a man brought to the hospital for suicidal ideation. While this is not uncommon in psychiatry, I recall feeling a bit inexperienced to be faced with such a heavy task. I had also found myself becoming more aware by the day that many of the patients at this hospital were not thrilled to speak to a young medical student about their mental health. Many of these patients had faced difficult social circumstances and trauma; when they see doctors, they see people who are nothing like them and could never understand them – and in some cases, they may be right.

I knocked on the door, not sure what to expect, and introduced myself, “Hi, I’m Emily, one of the medical students working with the psychiatry team today.”

As I sat down, I took in the frail man sitting across from me. In psychiatry, we are taught to assess whether or not the patient’s chronological age matches their apparent age. To be honest, I could not tell how old he was, but he looked aged in the sense of appearing like someone who has been subjected to a difficult life.

He was immediately frustrated for having to be there. He insisted he was fine, that there was no need to be assessed and that he was not suicidal. So instead, I decided to ask him about himself, his life, and how he was doing. To my surprise, as we talked he very slowly opened up. We talked for close to an hour and developed some good rapport. I learned that the man was facing a remarkably difficult set of circumstances in life. We talked about how he felt hopeless, how he had lost everything to addiction, and how he was completely alone. By the end of the hour, we talked about how he had, in fact, been planning on ending his life.

Of his many hardships, what struck me most was when he insisted that he had no one in his life: no family, no friends.

I asked, “the nurse said that a neighbour called to have you brought in today. Is she a friend?”

“I don’t even know her that well. She lives down the hall. She’s not really a friend. I don’t have any friends... I don’t really have anyone to spend time with. I don’t see anyone or go anywhere anymore.”

My heart sank for him. But we are supposed to collect information on exactly how much social support a patient has – “are there any other neighbours around that you see?”

“No, I don’t know them.”

“How about family?”

“I don’t have any.”

Saddened, I finished the interview and excused myself briefly to discuss the case with the team.

When I returned, I talked to him about being admitted to the hospital to get some help. Thankfully, the patient agreed and said he was ready. I was relieved. I excused myself again to get some paperwork and supplies and returned to the room to do a physical exam to prepare him for admission. As he rolled up his sleeve so I could take his blood pressure, I glanced down, and saw a single word tattooed on his arm in dark letters:

*Emily*

My heart sank so low, I worried it would go through the floor. This man had just told me that he had no family, no friends, no social support. Not a soul in his life. And yet, he had the name of someone tattooed on his arm – my name.

My surprise was so obvious, I could not ignore it.

“I like your tattoo. Can I ask who Emily is?”

He cracked the faintest of smiles. “My daughter.” I didn’t know what to say. So, I said, “Well, I’m biased, but I think you picked a nice name.”

He chuckled lightly and said “Yes, I think so too. She’s almost 25 now.”

I paused, forced my best smile and said, "That's wonderful... Okay, you're all set to go upstairs now".

"Thank you, Emily"

I thanked him for his time and courage and wished him good luck with the admission.

I watched him walk upstairs with the nurse, I felt confounded and saddened that a perfect stranger had my name on their arm while they lived the loneliest days of their life. And I felt relieved that he would not be alone for the next few days, at least.

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A few months later, I got to handle my first ever delivery during my obstetrics and gynecology rotation. While the resident did the steps along with me, this would be the first time I would help to deliver a baby myself.

Before the delivery, I introduced myself to the young labouring mom and her partner, along with the resident and attending, and asked if they would be comfortable with having a student assist with the delivery. The couple exchanged a smile and said absolutely. They were so excited to meet their first-born child and had opted not to know the sex in advance as to add to the surprise. When it was time for the delivery it went incredibly well, and they were thrilled to meet their beautiful baby girl. I could not have been more thrilled either.

A while later I came back to the room to congratulate the new family. Before I could ask what the baby's name was, the mom glanced at my name tag, smiled down at her new daughter and said "Guess what! Her name is Emily, too."

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When we walk into a room we do not always consider the lasting impression our actions and words will have on a patient – and we never know how they will impact us in return. Every day, we require our patients to share their stories with us. They share their intimate details in the hopes that we might be able to help them, and we gladly gather this information without reciprocating. This is the power dynamic of medicine. We must do our best to witness their stories, honour them, and empathize without projecting our own feelings onto their experience. Sometimes it feels as though the gap is too far to bridge; how can empathize when we both know their experience is so different from our own? What I have learned is that in every patient encounter, whether we are able to see it or not, there is always something that connects us.

Acknowledging this common ground with patients builds our own humanity and builds their trust in us.

These stories remind me of the responsibility and privilege that practicing medicine is, because we get to walk with patients through both the worst and the best moments of their lives. And these stories remind me that we can always find common ground, if we choose to see it.