



PROSE | FALL 2022

Unbreak Me

By Hope McCleese Gehle

The head was adjusted so the eyes covered with clear stickers pointed left and the right lateral neck was exposed. The supple skin was marked with a pen and drenched in iodine three times. We left and came back scrubbed especially clean, draped the limbs and torso with sterile towels, and stood around the long neck. A brief pause before the first cut into flesh, about ten centimeters long. Another slice through spongy subcutaneous adipose tissue, and thereafter the paper-thin fibers of the platysma. They handed me the retractors while they cut, cauterized, and clipped. Pulling up and out I tried to keep my grip steady so the surgeons could remove cancerous lymph nodes. I was terrified I would lose retraction and they would cut through the accessory nerve due to my error. Soon enough, we met the violaceous jugular vein, bounding with blue blood coursing back to the heart. My breath was taken away as we came to the carotid artery, and the surgeons pointed out cranial nerves and important vasculature as they cauterized the clipped collection of nodes apart from the other structures. I could hear the monitors beep while seeing the carotid artery throb, all the while knowing a few millimeters difference with the hot instrument would be devastating.

How did I get here? Who appointed *me* this power, or privilege, or whatever you may call it to assist in cutting open a human's neck? It is generally assumed "thou shalt not murder" involves "thou shalt not use a blade to cut someone's neck," yet we were somehow being trusted to do no harm to this woman on the operating table. She was young with few chronic conditions, but a firm lymph node was concerning for malignancy. With the help of medical and surgical treatments, the potential for a full life with family, friends, and adventure was ahead of her. Any surgery, particularly a cervical node dissection, is jarring for any non-surgeon who is only familiar with using a knife to prepare their meals. The violence of surgery is often regarded as a necessity to allow life to continue, but throughout my rotations, I often wondered if we brushed past what *life* means to our fellow human in the hospital.

Entering my third year of medical school has increased the frequency of preceptors and friends asking me what type of career I would like to pursue. I answer varyingly but know in my heart of hearts I want to know my patients through and through. However, I have been surprised by the number of physicians who prefer people under general anesthesia. Surely it is a protective defense to dissociate anatomy from the personhood under the drapes in the operating room, but it makes me wonder if they prefer me too, as silent, intubated, and paralyzed. An operating room nurse once told me, "They are not sick enough if they are talking." As a new student on the wards, I wondered, is this the norm or the exception amongst hospital staff? Whose social skills are lacking here, and can we blame the COVID-19 pandemic? These interactions suggest that some providers value managing complex disease pathology and coordinating care more than they value the identity of the patients they serve. Though I am a novice, these sentiments seem to diverge from an empathetic purpose that initially sent many people into the hospital to work.

One patient's story delicately depicts this complexity. On a clinic day during my surgical rotation, I encountered a frowning woman with a furrowed brow who I will call Dana for anonymity. She could not bear the stares in the waiting room, and repeatedly wondered aloud "why they let me live and suffer like this." In the previous months, she sustained injuries in a motor vehicle accident, which involved major pelvic trauma requiring an extended hospital stay, wearing external fixators, and using a wheelchair. The despair I overheard in the waiting room revealed itself more vividly in the exam room. Dana asked the surgeon, "Why didn't you leave me there to die? Why did you do this to me?" The surgeon replied, "You came to the hospital really broken, very sick. We used these screws and rods to help your bones heal. You were broken when I saw you."

She did not remember.

Not the surgeon, not the surgery, not the accident. Tears slid along her eye creases, she leaned in solemnly, and her voice cracked, "Well, unbreak me."

Her words have been roaring in my thoughts. She is the archetypal patient I have commonly encountered: to be well, to fall ill, and to desire or to need healing. While not every patient fits this plot, I have noticed patterns for patients I have witnessed. Indeed, her narration of her desire to be healed reminds me of my own health story.

For most of my life I considered myself physically healthy apart from clumsiness and the occasional upper respiratory infection. I was a dedicated student and swimmer, and I enjoyed my sibling relationships and spending time with church groups. But into adolescence I developed new problems. For almost two years my body experienced changes related to the female athlete triad, which is characterized by burning more energy than the body can absorb, leading to decreased bone density, and lack of menstrual periods. I started hormonal therapy in addition to increased nutrition, but body image concerns and further injuries challenged my perception of health. In college, I sustained sports injuries that prevented me from continuing rigorous powerlifting routines. Later, when I moved to China on a screening chest x-ray the radiologists drew an S in the air, diagnosing me with moderate to severe scoliosis. I had just moved across the world for a year. I was homesick and interpreting a lengthy medical report in Mandarin. I hung the x-ray film in my apartment window and stared, contemplating with my expatriate friends if this was really mine. I had not thought much about my medical history at the time, but this report made me question my perception of health. What I saw on film was a broken body—a body I did not recognize.

Months later, I was evaluated with an exam and full spine series which confirmed the curvature and identity of the x-ray. *The broken body was mine.* Double curves that ranged from 44 to 47 degrees each were reflected when I bent over and my ribs created an arc posteriorly. Throughout my adolescence this was developing, but I never knew it. I racked my brain for memories that helped put the pieces back together. Years prior, a pediatrician told me to sit straighter, and certain exercises were challenging or uncomfortable. I was a highly functional athlete, but the new knowledge about my body shaped how I saw myself and my future. What were the doctors going to say? Can I continue to lift weights and be active? Will it progress to the point of compromising my respiratory function? Is this related to my prior injuries and hormonal

changes? Will I be able to bear my own children, God-willing, with scoliosis? Will I need life-altering surgery? Because I valued my personal health and took pride in my athletic accomplishments, the uncertainties of my bodily health translated into fear of my future.

Spiritually, I wrestled with the idea that God who knit me in my mother's womb would allow this brokenness to exist. I developed an increased awareness of pain and discomfort in my back, and I cried out to God, "Well, unbreak me!" If the author of the universe created me with good intent, why would I have pain? Why would I have flaw? When I heard Dana's plea with the surgeon, I heard my inner voice pray with her. *Me too, unbreak me.*

I still cry this prayer as I remember Dana. I believe in the God of the Old and New Testaments of the Bible, meaning I believe in a good God who offers grace and redemption in a world that is broken and people who choose to live their own way. Surely God who created me also has the power to *unbreak me*. But He has also shown me that His way of healing me is better than my ask to be unbroken. Just as a Kintsugi bowl, which is broken and pieced back together with a precious metal, is more intricately crafted than a standard red clay pot, the brokenness of our bodies forms who we are as persons and contributes to our personal narrative.

I interpreted Dana's words as if she longed to go back in time, yet when we discussed removal of external fixation under sedation, she asked to keep the rod because it had been with her so long, "it's part of me now." Many other patients request to take home their screws and plates, either for show-and-tell or for memorabilia that signifies important personal events. While I do not have hardware to venerate, I do have images, physical therapy exercises, and frequent back spasms that remind me I am still "broken" and on a path of healing and management. I used to wish for another body: to be two inches taller with a straight spine. But working through chronic pain and acknowledging my flawed body reminds me that the God who created me has plans to redeem all of me, including my twisted spine.

Bodies carry stories of personhood that are best enriched with integration of all components of the person. I may always find it strange that some colleagues prefer to interact with patients under anesthesia, because I still believe stories are better heard with detail than seen in silence. But I am equally convinced that our reverences for the body and the stories it tells never diminish if we are truly reverent of the person. My body and the bodies of patients contain incredible value and carry more stories than can be seen in the operating room. They are made with creative intention by a divine author, and I look forward to the days ahead when I have the privilege to hear stories told by the people who tell them best.

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