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Disarray

By **Nina Didner**

The medical assistant just finished telling me about “Mona,” a thirty-ish year female who came to the clinic with inexplicable palpitations, tachycardia, and nausea. As the medical student, my mind quickly curated a comprehensive differential: hyperthyroidism, arrhythmia, substance use, and anxiety. These were the medical conditions I would first consider to shape my discussion with her, to justify my physical exam and tests, and to hopefully validate my interventions.

Yet, when I walked into her room, the science of medicine evolved into the art of medicine as both the patient and I realized the crux of her issues. Yes, she had her physical symptoms, but there were also stress and worries about family and work and the daily burdens of life that we all attempt to shoulder. She listed the noise at her workplace, the toil and joys of parenthood, the delicate balancing act of partnership with her significant other, and a multitude of other elements all imposing themselves upon her. All dragging her down to the bottom with seemingly little chance of being shrugged off, her eyes tearing under the weight of it all. As she enumerated all her actions for others, the only thing she listed for herself was to halt her life and come to see the healthcare provider.

I was immediately humbled by the responsibility she bestowed upon me, of a human being literally crying for the medical team’s acknowledgment and guidance. She could not explain the origin of her physical symptoms and could not tie them to her stress, but my attending and I did. We showed Mona her GAD-7 and PHQ-9 scores and did the best things we could for her – prescribe an SSRI and therapy and order an ECG and thyroid function tests. These were what “good doctors” do for their patients, and I was proud that I had helped contrive this evidence-based plan. But despite these sound prescriptions, a little voice convinced me to return to my pre-medical school vocation as a mind-body instructor and discuss meditation ideas and apps with her, and the parent in me encouraged her to make some time for herself. Perhaps, these could marginally help; although in the moment, I was convinced that traditional Western medicine therapies would help the most.

What I witnessed six weeks later at her follow-up appointment was an incredible transformation. She emerged from the depths of her struggles as a confident, composed, and upbeat woman. Her physical symptoms had vanished, and she came to thank us for our help. Convinced the SSRI and therapy had been the combination that resolved her troubles, I was shocked to hear she never used either.

She shared her revelation of how little time she spent taking care of herself. Her work demanded her vigor, her family required devotion, and Mona was left with whatever scraps of time and energy remained, which often were nonexistent. She realized that her days, emotions, and spirit

were in disarray. Life would go on, but she could either be dragged along or she could optimize herself for the ride. She chose the latter. She cooked more at home to fuel herself, exercised to get a natural rush of endorphins, and meditated to ease the stress. She finally prioritized herself, and, in doing so, she reaped rapid benefits.

My rotation was intended to teach me how to diagnose conditions and treat them, but Mona imparted the significance of sharing my own values and adventures with patients as needed. Western medicine has its place, and in a short time, I have witnessed its transforming effects on patients. Yet, integrative medicine and lifestyle changes have a place for many too. That day, the healing capabilities of movement, meditation, and nourishing one's body and soul were revived and solidified. There is also tremendous importance in empowering patients to understand the plentitude of options available to them and then to affirm their autonomy to decide the best course of action for themselves. While hundreds of patients may opt for, or may clinically need, our medicines and surgeries, there will be one person like Mona, who will choose alternative options. One person who merely needed encouragement and assurance that a physician they have barely known for five minutes sincerely cared about them and their complete health. One person who remains a resounding reminder for me to retain the igniting spark that brought me to medicine.

Nina Didner is a fourth-year medical student at the University of North Carolina at Chapel Hill School of Medicine. She previously studied at the School of American Ballet and received her B.S. in Marketing and Accounting from New York University. She has worked at Le Bernardin, Deloitte Consulting, and Bodi Revive, a boutique Gyrotonic exercise studio she founded in Philadelphia and Cary. She is published on Gyrotonic.com and Doximity and looks forward to writing about the patient experience. Learn more about her at www.linkedin.com/in/ndidner.
