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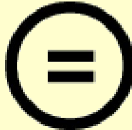
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석사학위논문

ONE STEP CLOSER TOWARD MY DREAM

-An Essay of a Junior Doctor-

(의사가 되려고요 번역논문)

제주대학교 통역번역대학원

한영과

나 경 희

2022년 8월

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ONE STEP CLOSER TOWARD MY DREAM

-An Essay of a Junior Doctor-

Kyong-Hee Na

(Supervised by professor Won-Bo Kim)

A thesis submitted in partial fulfillment of the requirement for the degree of Master of Interpretation and Translation

2022. 8.

This thesis has bee examined an approved

Department of Korean-English

GRADUATE SCHOOL OF INTERPRETATION & TRANSLATION

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Prologue

The fact that I became a doctor gave me a great pleasure, but it did not last long. The day was coming closer, when I was scheduled to start working as an intern at the hospital, so I felt pressured and got nervous. I thought that as a doctor with a medical license, I had to fulfill my responsibility but that thought weighed down on me. In order to lessen my anxiety, I reviewed the textbook and bought new books and studied them, but most of the books were boring and dry. Anyway, what drew my attention among them was the fact that interns' mistakes can lead to patients' death. As I read more examples about mistakes, it just backfired on me and my anxiety was aggravated instead of being alleviated. I asked myself over and over whether if I were in their situation, I would not make those mistakes. I wanted to know practical reality that Interns would face during their training course. I opened the books again but there were only stories about experienced doctors. I hoped that there would be the books about inexperienced doctors like me who have just started their career as doctors. That hope made me decide to write the book about it by myself. Past things are tend to be considered as small but at the time when they occurred, they couldn't be regarded as trivial. I'd like to record vividly what doctors went through when they worked as trainee doctors.

Despite of hectic schedule, I made time and went for a haircut. I was so sleepy that as soon as I seated myself on a soft chair, I fell asleep. While my hair was being cut pleasantly, I felt a hand with a sponge brushing off my hairs. I opened my eyes and looked into the mirrors. I saw a hair dresser who was confidently cutting my hair and her trainee. Their clothes were much different from each other as if they showed

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their difference in skill level.

A trainee seemed to be nervous and busy in brushing off hairs with a sponge and in being cautious for her hands not to get in the way of instructor's scissors. I thought she was like me and her instructor was like our professors. I got sad because I felt as if I looked at myself. In the operating room, surgeries were performed as if I wasn't there. As I didn't know what to do there, I walked on eggshells and just tried to pull this or that. I supposed that she would feel the same way as I did. It came to mind that my book would offer help to the people who have just started their career like me although they were not doctors.

In this book, I tried to describe my anecdotes as realistically as I could so that readers can gain secondhand experience from what I felt at the time. Most of all, I kept in mind that my book should never do patients any harm. I hope that reading this book help readers to get ready for many things that I should have prepared for when I started my career.

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Part 1

I've just started my career

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A father who is a doctor and a son who is also a doctor

"During our lives, we get injured and treated. And then, we dream about the better lives than now. While I am doing my job, as a doctor, I have been experiencing the same things that could happen in our lives."

It was what my father said to me, stitching up my torn lips from the fist fight with my classmate when I was in the first year of middle school.

'Have I ever looked at his face as close as I did then?' I was able to listen to his voice more clearly than ever, which was coming close enough to contact my nose. I didn't understand completely what he said because I was young, but I thought his job was valuable because it could give sick people treatment and help them to dream again their daily lives. Since then, I decided to follow his footsteps and become a doctor. 'I will provide the sick with treatment and help them to lead their happy lives after they recover from their injuries. This is what I think the value of the medical profession.'

"Number one to five, wait outside, please."

All of sudden, dead silence fell in the noisy waiting room and after those who were called went out of the room, the noise grew louder as if the radio volume increase gradually.
"Oh, I'm very nervous."
"I can't breathe."
"Good luck."

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Applicants in the room shared their nervous feeling and cheered each other up. Most applicants had an interview at the hospital of the university they had graduated from, so they knew each other. But I didn't have anyone who would cheer me up or give me comfort because I came from the different university from them. The reason I applied for the hospital, I was interested in severely-ill patients' care. That's why I had to endure the time by myself lonely.

I felt like my suit unusually tightened my whole body. I tried to pull myself together, but it didn't work for my heart and its pounding was so loud that I could hear it.

"Number 15 to 20, wait outside, please."

Finally, my turn was coming. Five applicants including me got up and went out of the room. I felt like my tie tightened the neck more strongly and I realized that I was even paying attention to my every steps and they seemed to be unnatural.

I was so nervous that I felt like the cold air in the hallway weighed down my whole body. In a little while, my name was called and I stood up and headed for the interviewing room slowly and calmly. I have had not a few interviews during my life but still can't forget the vibes on that day.

We lead our lives being chosen by others during our lifetime. We get chosen on the basis of our CSAT (College Scholastic Ability Test) score as well as interviews. Anyway, applicants can also make a choice. Through an interview session, they can evaluate what the hospital will

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offer to them in terms of compensation and benefits and who they will work with. It is normal that interviewees get nervous, but by seeing an interview from this point of view, they can engage in it with less tension and more confidence. With that in mind, I participated in the interview of that day.

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I am Mingyu Kim

"Nice to meet you! I am the 17th interviewee, Mingyu Kim!"

I wanted to look as confident as I could. Entering the room alone, there were 6 interviewers greeted me seated in a row. 'Glared at me would be the better description rather than 'greeted me'. With all their sharp eyes behind glasses, they looked thoroughly at me, quietly turning the pages of document to evaluate me.

The first question was thrown. "Do you think you have leadership?"
I thought it was a tricky question, because I would look arrogant if I answered 'yes' or I would look insecure if I replied 'no'. However, I didn't have much time to think it over, so I just said what came to mind,

"Yes, I think I do. As a representative for students in clinical practice for a year, I tried many things along with my classmates. Despite lack of my ability, I think, I contributed to them promoting their competencies."

The interviewer nodded his head and turned to the next page of the document. I hardly guessed what he was thinking and I felt anxious. Another question was asked to me and after a short period of silence, I answered to it.

There was the last question left but I felt like I was getting out of breath. The Seven minutes, which felt like forever was coming to an end. Success or failure in the interview would be decided seven minutes

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later. After a short silence, one of interviewer opened his mouth.

"Do you consider a hospital as the place to be trained or the one to work at?"

It was obvious to me what the right answer was, but I thought over why I was going to take on the job. At the moment, I was reminded of the Hippocratic Oath, which I had read hundreds of times.

The Hippocratic Oath

As a member of the medical profession,
I solemnly pledge to dedicate my life to the service of humanity.
I will give to my teachers the respect and gratitude.
I will practice medicine with conscience and dignity
The health and well-being of my patient will be my first consideration.
I will respect the secrets that are confided in me
I will foster the honour and noble traditions of the medical profession.
I will consider my colleagues as my sisters and brothers.
I will not permit considerations of ethnic origin, nationality, political party, political affiliation, social standing or any other factor to intervene between my duty and my patient.
I will maintain the utmost respect for human life from conception.
I will not use my medical knowledge to violate human rights and civil liberties, even under threat.
I make these promises solemnly, freely and upon my honor.

I was also reminded of what my father said to me, stitching up my torn lips when I was in middle school. On that day, I decided my future career. I dreamed of being a doctor like my father and hoped I could

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work for the poor and the sick and help them to lead their happy lives. Those thoughts made me feel relieved, so after taking a deep breath, I answered to the last question.

"I believe the purpose of the hospital is to offer a professional treatment and to train medical professionals for the society. By being trained and working here, I want to be a doctor who could help many people."

The interviewer who asked the question smiled briefly and finally my interview session was over. I opened the iron door and got out of the room. There was number 18 waiting with the same look as I had a little while ago.

Whenever I have troubles or difficulties, I usually try to recall that day. Human beings tend to forget where they started when they are going well. I have seen many people forget their strong determination which they had at the beginning and they end up giving in to temptation to take their instant pleasure.

Likewise, I sometimes want to sleep a bit longer or ignore a ringing call. However, as it would be the call from those who are desperate for help, I get out of the room in white gown without hesitation.

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My name is on the list

2 weeks after the interview, the day came when the list of successful applicants was scheduled for announcement. My family tried to act as usual but I noticed that they paid all their attention to me. I sat on the chair and turned on the computer. Making noise, the computer was turned on and I directly accessed the hospital website and found the new notice in red letters about the list of successful applicants for an internship. I moved a cursor and clicked on it, using the mouse. I found myself holding the mouse strongly.

The screen turned white for a while and the list showed up on it. There were applicants' numbers lined up in a row.

'10234'
'10234'
I looked through the list, mumbling my number to myself.

'10234!'
'Here it is!' There was my number on the list. I rubbed my eyes and took a look at it again. Still, there was my number. I jumped for joy with the good result and let my family know the happy news. Back to my room, I rechecked the list and certainly there was my number.

As of today, I became an intern and I felt like I stood in front of such a huge door as a mountain. I was so happy that I felt like I was walking on the air but I was scared that much at the same time.

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‘Could I do well?’
‘What if I do damage to patients due to my mistake?’

However, I decide not to worry about those things because I believe that nothing can be more stupid than worrying about what doesn’t happen yet. All I have to do is do my best for the present. And even when things don’t go well even with my all out efforts, only thing I have to do is think of the second best. I will never consider failing or giving up.

Interns hope that their first assigned department would not be the ‘emergency medicine’, but this coming March, I will start internship course in the emergency medicine which all interns want to avoid.

‘It is about to begin.’
‘I’ll give it a try!‘

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The pressure of doctor's gown

Interns are supposed to rotate to a different department every month. Before moving on to another department, they receive the document written about duties and responsibilities there. I was given the file which was as thick as a book, compared to other departments' with just several pages. I thought it was because emergency medicine deals with life and death. Holding it, I felt such a heavy sense of responsibility as its weight. Back home, I read it thoroughly.

At Around 9 P.M. when I was reading half of the document, I got a text message and it was from the chief resident in the emergency medicine. He left a message in the chatting room of interns,

I have something to tell you.
If you are available, I'd like you to come to the Emergency Room.
No pressure.

I thought the words of 'ER'(Emergency Room) and 'no pressure' didn't match each other. I already felt pressured once I checked the message. I hurriedly took my clothes out of the closet and wore them and then headed for the ER. I thought there would be only a few interns as the chief resident said that we didn't have to feel pressured. I believed that it would be an opportunity that I could make a good impression on him. Heading for the ER, a myriad of thoughts came to my mind.

'What on earth would he want to say, considering he asked us to come

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this late night?'

'What if I have to start working as soon as we arrive at the ER?'

'How could I enter ER without a pass?

My head was filled with all sorts of thoughts. It took 30 minutes by taxi from my house. I rushed to the ER like a shot.

When I arrived there, there were already several interns. Putting our heads together, we were not able to find a reason he called us in, and I felt cold sweat running down on my back.

My colleagues and I knocked the door and enter the quiet meeting room, which was located deep inside of the ER. He was there and there were 5 chairs and we took seats in a circle. As he went to the medical school at a later age, he was much older than us. I heard that he used to have a different job and he changed his career to be a doctor.

"Why don't you introduce yourselves, first of all?"

After all 5 interns including me introduced ourselves with puzzlement, he continued to say.

"Because I have something to tell you about, I called you in urgently this late night. It is that you are not 'students' any more. Now, by your hands, some could die and others could escape from death. Emergency medicine is the department to deal with life and death. If you get distracted even for a moment, someone's brother or wife could die. Even inexperienced doctors who have just started working from March can not get away with their medical malpractice. Got it?"

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I felt like that something heavy was put on my chest.

“Now, let me give you examples of mistakes you could make.”

Like a teacher who told fairy tales, he continued to say slowly. He talked about an intern who made a mistake to block blood flow supplying the hand when he drew arterial blood. He also mentioned an intern who after inserting nasogastric tube through a patient’s nose by force, didn’t confirm its placement. Consequently, the patient fell into a vegetative state. He also gave us an example about an intern who misdiagnosed when he examined a patient first and carried out the diagnostic workup in the wrong direction and then ended up missing the golden time for the treatment. All of sudden, vibes in the room become serious. He kept saying,

“Guys, you may feel pressured now and might be afraid of making mistakes. However, it is the doctors’ fate and those thoughts will always stick with us. We need to stay cool. When you see patients in the ER, if you slack off on your work or you expect that things will go well without your efforts, they would be as good as dead. I’d like to ask you to do your best.”

At first, I didn’t understand why he told us those terrible stories by bringing us together late night. However, while listening to him, I got to realize that what he said was all true. The reason I was here was that I stepped into the medical profession. We should not make poor excuses such as ‘It is my first time.’ or ‘I am an intern.’

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Back home at that night, I fell asleep numerously repeating the resolution of ‘I won’t get weak’.

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Part 2

Beginning

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Don't go to training hospitals in March

Staff in training hospitals say that 'people should not go to training hospitals in March'. It is because every March, there would be a replacement of medical personnel including interns and nurses. New medical staff who have just graduated from school start working there from March. Come to think of it, it makes me feel bitter, but it is a little bit true to some extent.

At the age of 21, for the first time, I encountered cadaver, dead body for dissection course in medical school. I have a vivid memory of that day and I still remember how my fingertips felt when I opened its chest with a sharp scalpel and dissected skin, muscle, and nerve one by one. I didn't got trained with a manikin, which is made exactly like the human body from pulses to the texture until I studied in the medical school for four solid years.

Manikins don't feel pain. They might have hundreds of needle marks made by me in their vessels. I had difficulty in dealing with real patients because I don't feel comfortable to give another pain, big or small, to them who have already had suffering. As medical schools cultivating doctors are well aware of this dilemma well, they oblige medical students to stay and study for as long as 6 years.

However, no matter how manikins are made well, they are nothing but models and I was well aware that they would be different from real patients. I was supposed to start practicing medicine to real patients from March 1 and it made me worried that I didn't seem to get ready

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for it.

I thought about ‘People should not go to training hospitals in March’ and hit me that it might originate from interns like me and it made me feel bitter. One of my colleagues also felt nervous, so the day before we are scheduled to start working, we decided to get some needles and practice blood sampling with each other. When it comes to blood sampling, people are familiar with drawing blood from a vein. However, interns’ duty is to take blood from an artery. It gives more pain than venepuncture and is also a difficult procedure for interns to conduct. My colleague offered her own arm for it.

“Here I go.“
“OK, I’m ready.”

With the short notice, I inserted the needle and soon she frowned. It was a failure. Without doubt, a real human body was different from cadaver. I tried to find the radial artery but I couldn’t. It was her turn but she failed as well. Her failing to locate the artery left me the dull pain from the fingertips to the wrist.
‘What if tomorrow, there is an order for me to draw arterial blood?’

I was afraid of it. It was the moment that I had anticipated for a long time, but the fear that I had never experienced before swept over me. It took long for me to fall asleep that night.

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A second like an eternity

“Dr. Kim, ABGA (Arterial Blood Gas Analysis) of the patient in bay 2, please.”
On my first day at work, as I expected, I had to perform an arterial puncture shortly after I started my shift. The nurse’s urgent voice made my heart drop into my stomach.

After taking a deep breath and wearing a medical mask, I approached the patient, carrying alcohol swab and special syringe for an arterial puncture. The male patient in his forties was well-built but seemed to have a breathing difficulty. He was wearing a deep frown on his rough-looking face. The closer I got to him, the louder my heart beat grew.
‘Why do the ER’s duties make me nervous?’
Standing by him, I explained to him the purpose and complication of the procedure and added that it would be more painful than a venipuncture. I thought it would be better for him to get tested with knowing what the test would be like than otherwise.

After explanation, I palpated his wrist with my fingertips and located his pounding pulses. ‘I’ve found it!’
I put a syringe with attached needle slowly on his wrist and inserted its needle with force. When the sharp part of the needle disappeared into his skin, he made a face but nothing happened, so I had cold sweats on my back. A second like an eternity passed.

Soon, I saw the red and thick blood pushing the syringe and filling it to

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the full. I had never been more happy to see the blood than that day.
“All done. Thank you for your cooperation.”
He replied smiling at me, “Thank you.”

I drew only 1.5cc of blood, but I felt like that I became a doctor for the first time. I have performed an arterial puncture over a hundred times so far and when I approach a patient, carrying a syringe for it, I don't have cold sweat nor palpitation any more. Besides, I used to hesitate when I inserted a needle at first but now I don't any more.

I think basics are the most important things whatever I am going to do. I am reminded of the day when I photocopied for the first time. At the time, I was puzzled that I had never seen the machine before and didn't even know where to put papers in. Everything tends to be hard at the beginning and no wonder we don't know what to do when it is the first time for us, but we can learn the familiarity every time we get the first experience.

Let's keep that in mind. Like there is no result without beginning, there is no professional without a amateur. Today, I did take one step further toward a medical profession.

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Growing 1 mm every day

The Emergency Room is like a battlefield, and indeed it can be called a hell on earth, where some patients are on the brink of death, their family members are crying, and other patients are making a grimace in pain because they don't get treatment yet. Interns repeat their daily lives working here for 12 hours and taking a rest for 12 hours. Back to work after taking a rest, I tried to read minds of our professors and senior residents by checking if they were frowning when they pick up the phone or if they could not keep their eyes open because of a heavy workload. That's how I could sense and figure out a bit that what happened while I was not there.

Not long after I took a seat and checked out ER Patients' list, I found myself making a face and looking flustered like other medical staff. However, nurses are good at noticing that I was the one who was back after 12-hours' rest as if it was written all over my face. They gave a to-do list to me, not to other interns whose shifts were over. The to-do list was written on a white sticker, of which size was half of a business card. They let me know what to do by putting the sticker on me.

"Doctor Kim, ABGA of the patient in bay 3, Stat!"

Today, I started my shift with an urgent arterial puncture. Bay 3 is the zone for patients with respiratory disease. In order to get the result quickly regarding a patient's blood oxygen level, I needed to hurry the procedure. When I was about to conduct it, a nurse put another sticker on my left arm and said, "Gastric lavage in bay 4, Stat!"

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(Gastric lavage involves placing a tube through the nose into the stomach. It is done to irrigate the stomach with normal saline or to remove the gastric contents via the tube. This procedure is used for many purposes including cleaning out the stomach of a patient who has overdosed on a drug or confirming if there is bleeding in the stomach of patient who vomited blood.)

They said that all tasks needed to be done urgently, putting stickers on me and went away hurriedly. I was told to do Stat.
'What should I do first?'
'Which is really urgent?'
I wondered if they were really pressing tasks in the first place.

Usually, about 80 patients stay in the ER but all duties here are assigned to only two interns, meaning that each intern has to deal with 40 patients. No wonder it is too much for them to handle. Although I tried to remove stickers on my arms by working my socks off and by working without a break, the number of them was increasing rather than decreasing. There were even times when I had as many as 10 stickers with four on each arm and one on the back of each hand. I felt like each sticker weighed several tonnes and whenever another sticker was added, I felt like my body stopped moving under pressure. Once, a nurse came to put another sticker on my arm but she had to go back because there was no available space for it.

One day, I was working flat-out. But all of sudden the exit of the ER caught my eyes and I felt an impulse to get out through the exit and go back to those days when no task was assigned to me. I felt like my gown was heavier than ever. The sunlight on the exit seemed to be

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fresh but it was quite a contrast to the vibes of the ER which was cold and busy. I had a sudden urge to get away from a huge workload, forgetting about the stickers. As if I was possessed by something, I was taking a few steps toward the exit but I stopped soon.

I might not do well, but it came to mind that there was a huge difference between jut giving up with doing nothing and trying to do, even though I was not good at it. Giving up was the last thing I wanted to do even if I fell down from overwork.

'No, I will not quit. I will give it a try and see if the work would win or I would win. I can do it. I am sure I can make it.'

It was not certain whether I was right or not, but I started getting rid of stickers one by one by doing what I thought was the most urgent and what I could perform quickly. I would not give in to the stickers that was put on my body. 'How long has it been?' While working my head off, I suddenly realized that there was no stickers on my arms left and no one was trying to attach stickers to me or call for me, so I felt like a tiny fish bone stuck in my throat went down and I could catch my breath. Back home, I had a sound sleep and the 12-hours' break time was so great that it felt like a moment. I was not interested in the '52-hour workweek' and 'work and life balance' at all, because I couldn't afford to think about my life nor question about it.
'Even a bud which has just started growing can afford to take a rest and fall asleep?'
I felt like I was a new shoot but the ground I should come out of seemed to be hard.

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However, I might be the only one who did not notice that the ground started cracking. Interns in university hospitals rotate to a different department every month and when they move on to another specialty, they repeatedly go through the process where their new sprouts pop out of the ground. Remembering that I had managed to get through the ER rotation, I endured a month and did another month. What I learned from the work in the ER was that as long as we don't give in to difficulties facing us, we would end up surmounting them and meantime we could improve. Like this, I was enduring every single day, growing about 1 mm.

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Visual loss, Epistaxis, High fever all at once

Interns usually work in each department for a month and the period was like a storm. Something happened yesterday but other things can occur today in a series. I felt like I was in a storm throughout the 12-hour work. What I learned as an intern was that 'there is silence before a big storm'.

The door of ER was opened forcefully and a stretcher bed rushed into the ER. I saw the medical record of the patient.

Visual loss

A male patient came to the hospital because he suddenly went blind. After a medical examination including basic eye examination, I had to call an ophthalmologist. If treatment was delayed even a little bit, he could see neither his loved ones nor his parents, so I had to hurry. When I was about to head toward him, another patient presented to the ER.

Epistaxis (medical term for massive nosebleed)

A middle aged man ran into the ER with a pale face and blood all over his clothes. It would be a better description that he entered the ER as if he were spat out. He was pinching his nose with a bunch of toilet paper in both his hands, but blood was streaming down between them. I started racking my brain.
'When did the bleeding start?'

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‘How much did he lose his blood?
‘Would nasal packing be enough to stop bleeding?’
‘I have to hurry to call an otolaryngologist.’

However, for the patient with visual loss, it would take me some time to perform medical examination and basic test, prescribe basic medicine, and call an eye doctor. Meanwhile, I could not do anything for the patient with epistaxis. Then, a nurse, who was in charge of pediatrics bay ran to me and said, “Doctor, there is a baby whose fever reached 40℃. You have to check on the baby right now!”

I turned around and saw a mother holding about 2-year-old baby and she seemed to be restless. Even seen from a distance, the baby didn’t look well and was panting with a flush on its face.

Visual loss
Epistaxis
High fever

My mind went blank and I couldn’t even think of anything. First of all, I had to prioritize so that I could examine and provide treatments quickly without doing any harm to patients. But, I couldn’t do anything and I felt like I had also fever, so I took off my gown. I blamed the health care system which forced me to deal with the excessive workload all at once. I really hoped that there would be someone to help me.
‘What if something bad happen to one of them because treatment was delayed?’
Just thinking of it made me scared.

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I took time to go over things and I gave top priority to the patient who went blind because sudden visual loss would require an emergency operation. The next order went to the patient with nosebleed and the last went to the baby who had only fever without any other combined symptoms.

I asked a nurse to explain to other patients the ER situation where their treatment would be delayed because I had patients to see urgently. I prescribed medicine for the patient with epistaxis and headed for the patient with opthalmic problem. I examined him as fast as I could and reported his condition to an eye specialist. I couldn't afford to think about anything else but just tried to concentrate on the patient in front of me. Meanwhile, special gauze I had prescribed to stop nosebleed arrived from the pharmacy. I had to stop bleeding first of all, delaying taking his medical history.

Meanwhile, I prayed that the baby's condition would not get worse just for another 10 minutes. The patient with epistaxis was bleeding even from his mouth before I knew it. I moved him to the treatment room and put absorbable gauze into the posterior part of his nose. It was painful and hard for the patient to endure but imperative treatment because if he bled more, it would be fatal to him.

Shortly, I ran to the baby, did history taking precisely, examined its ears and mouth, and called a pediatrician. I felt relieved that the baby had no severe symptom.

And then, I dashed off to the patient with nosebleed and asked him if he was taking blood thinners, performed physical exam, and also

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checked if blood was flowing backwards in his throat.

I worked flat-out and finished all works related to them, but soon I discovered that other patients was flooding in. On that day, I ran and ran hurriedly. After 12-hour shift, I came back home and threw myself onto the bed and soon fell into a deep sleep.

Whenever many patients rush in all at once, I still try to keep my composure and make a list of all the jobs I have to do and then prioritize them in my head. This way might seem to be nothing, but I think it is the second to none in an urgent situation. The first thing to do is to decide the order depending on how urgent they are and then deal with them one by one. The next thing to do is to concentrate on them. In the meantime, most of patients would get treatment and their symptoms would improve sequentially.

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Ability to make a swift decision

Interns usually see patients with mild symptoms. It is to prevent the possible medical malpractice. On that day, I was very busy examining patients as usual and on the patient list, there was no severe patient I had to hurry to check on. Then, I heard a nurse's urgent voice.

"A patient in pediatrics bay looks serious! Hurry to check on him, please."

She said with a deep frown on her face.
'Is it an emergency?'
I looked through his medical records. It read that he was 15 years old and his chief complaint was general weakness. According to the hospital triage system, he was categorized as level 4, meaning he was not in serious condition and I only had to give treatment within one hour. He didn't seem to be an emergency case at all. Besides, it passed only 10 minutes since he arrived at ER. I dashed off to the pediatrics bay with the nurse to see him.

I saw a small and thin boy lying in the bed from a distance. I approached and saw him close but he didn't seem to be 15 years old. His face looked like he suffered from a hereditary disease and his body was twisted as if he were affected by cerebral palsy. However, strangely enough, his mother looked calm and she didn't pay any attention to him at all. I got a bad feeling about it. Instantly, one word struck me, 'Emergency'

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I shouted loudly. “Take his vital signs(blood pressure, pulse rate, and respiration rate), please”

He didn't respond to my calling his name and shaking his body. I lifted up his eyelids but could see only white part of his eyes because both his pupils were positioned upward. It seemed like he was having convulsions without moving his body and it sent shivers down my spine. In an unexpected emergency situation, I couldn't even think of anything about what to do.

His blood pressure had just been taken. It was as low as 50 over 30. My hands were shaking and I immediately asked for help, shouting loudly, “Need a hand in pediatrics bay!”

Doctors in emergency medicine and other nurses came running to me. The vital sign monitor was indicating the emergency situation by flashing red or yellow color and sounding beeping alarm. Then, one of the doctors in emergency medicine exclaimed urgently.
“CPR(cardiopulmonary resuscitation) in pediatrics bay! Get him to the resuscitation room, Stat”

As soon as he called a code, medical staff rushed to the room. Shortly, a ER doctor got on his bed and started cardiac compression. Meanwhile, I moved the bed to the resuscitation room. The doctor asked me to take the boy's medical history in detail from his mother.

Back to his mother, I discovered strangely his mother still looked calm. She did not answer the questions correctly and her answers didn't make sense either. She kept saying that because I didn't give her son medial

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help quickly, he ended up being like that. Anyway, what I heard from her was that she didn't offer him meals and he hardly ate even half a bowl of porridge a day for two weeks. On top of that, several doctors of clinics already advised her to take him to a general hospital because he was severely dehydrated, but she kept him at home. I had a feeling that she might do that on purpose.

It was such a relief that his vital signs were recovered. After a while, the inside of the ER got noisy.

"No! No way!"

While we were catching our breaths, she was trying to pull off his oxygen tube but stopped by medical staff and security guards. Our professor noticed a bit of something fishy and reported her to the police right away and she was supposed to be investigated.

Later, we heard that she had an intellectual disability and didn't take him to hospitals nor gave meals on purpose. She was not able to deal with the situation by herself, so planned on passing the buck to the hospital. This was the whole story.

Things were settled, but I had severe headache as if someone had hit me on the head with a hammer. If a nurse had not informed me that I should check on him immediately, he could have died. I would have taken the responsibility for not seeing him quickly. I would have taken all the blame which his mother planned to lay on the hospital. That thoughts made me scared.

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I am a licensed doctor but also an intern, who needs to experience and study more. Now, I keenly understand our teachers' saying of 'The only thing we can believe is what we see in person'. I believe that the best way to grow from an inexperienced intern to a real doctor is to work hard, examining and experiencing more patients in person and try to think accurately instead of just guessing. Today was a tough day, but I suppose that what happened today will serve as a valuable lesson to help me to make a right decision in the future.

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Finger enema, driving me crazy

If you have a weak stomach. you can pass on this part.

"Dr. Kim, you have to give a patient enemas every 30 minutes, coming to five times in total. He is located close to the rest room. If it doesn't go well, you might have to do finger enema."

'What? finger enema?' It meant that I had to insert my finger into his anus. The words of 'If it doesn't go well' were stuck in my head.

There is a disorder called 'hepatic coma', whose symptoms include the altered consciousness and behavior disorder. Lowering the ammonia level in blood is known as the standard treatment for it. When patients could not empty their bowels by themselves, enemas should be given to them to decrease the blood ammonia level. Otherwise, they could fall into a critical condition.

Repeating it to myself that it would go well, I headed towards the spot where I was told by a nurse. He seemed to be in his 50s and his whole body skin was yellow because of jaundice and he was rambling incoherently. Next to him, there was a woman who seemed to be his wife holding his hands with a worried look.

I asked him to lie on his side but he refused to do that, still rambling. I really craved to give up, making an excuse that I couldn't do it due to his persistent refusal. However, his rejection was not that strong and strangely, he obediently followed what I said.

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“Sir, please, lie on your side like a shrimp.”

He just complied with my request without any words and I saw the anus of a stranger, who I had never met in my life. There was nothing I could do but just give it a try. I thought doing as fast as I could would be the best strategy. I hoped that I could succeed at the first try. I stared and aimed the enema tube at his anus, holding my breath. It came to mind that shooters in Olympic Games would feel the same as I did then.
‘One, two, three!, Here I go!‘

‘Oh, No!, It failed!’
I was not able to advance the tube because his anus was blocked. The last circumstances I wanted to be under was panning out. Hoping with all my heart that it would go well this time, I inserted it but failed again. At that point, there was no other option left.

I wore another surgical gloves and reached out my finger. Unlike the tube, it was able to enter smoothly but, not long after that I felt something as hard as a wall. Like an excavator operator, I had to dig out the impacted stool one by one from his rectum.

The mixture of feeling with my fingertip and disgusting smell made me feel like throwing up.

Given that he twisted his body, he might feel pain and his wife kept him from moving by holing him tight. Before he flailed around to get out of it, I took out my finger quickly and inserted the tube again.

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Fortunately, I made it this time. However, I could not afford to be excited at the success for a long time because I had another obstacle to jump over. After the enema was infused, he should retain it as long as 15 minutes. However, it is difficult thing to do even for an ordinary person. It is like you have an upset stomach and need to use the bathroom but there is no toilet within 1-km radius. Then, there is nothing you can do but hold it in. It is inevitable for people who were infused with the enema. I believe that by going through the process, people could take one step further toward their maturity.

'Against this backdrop, how long can you imagine he could hold it in considering he doesn't have clear consciousness?'
What I expected happened. It looked as if there were a new Niagara Falls. His wife and I tried to block his anus, the origin of the falls.
'But how could human beings stop it?'

After many twists and turns, the procedure was done, but I felt hopeless with the fact that had to repeat it every 30 minutes. I just felt like going back home.

I plopped myself down on the chair next to me. I couldn't help but let out a sigh. Given that his wife sat down with a flop next to me, she might feel tired as well. Both of us were breathing heavily. After a while, she opened her mouth in a feeble and small voice.

"Doctor Kim, we have to do this everyday. Just seeing him twisting his whole body makes me heartbroken. However, as there is nothing else we can do about it, we are forced to do it. Sometimes, this fact makes me feel like giving up everything."

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I was surprised to hear what she said and felt as if I was hit hard in the back of my head. I have done this just once and besides, I really hated to do it and wanted to run away. I felt ashamed of myself but she looked as if she was a huge mountain. Until now, I had tried to avoid and even run away from tiny things only for the reason that I didn't want to do. And I realized there were many people suffering from a variety of difficulties and hardships in the world. Since then, I decided that I would consider patients as people in my family. I believe that my different attitude toward patients would lead to changes in the way I deal with circumstances.

Looking at the clock, I noticed that it already passed 30 minutes. I headed for his bed, pulling hard on my gloves.

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Please, move in a particular direction

At the ER of university hospitals, several doctors in different departments provide medical care for patients through the medical consultation system depending on their symptoms, instead of only one doctor being involved in examining them. In order to call for a consult, interns need to accurately report patients' medical condition to doctors in each department and we call this process 'notification'. During the notification, a lot of information should be offered in a short time. Therefore, the doctor who is good at it is considered smart. This capability is so important that reporting patient's medical condition is incorporated among the items of clinical skill test of 'Korea Medical Licensing Examination'. I had also practiced it a lot for the exam but it still made me feel stressed and nervous. Therefore, I couldn't make a phone call until I let out as many sighs as 3 times, staring at the phone.

Both of those giving and receiving notification get stressed because doctors customarily notify those who are more senior than them. Besides, it is difficult to do well because a variety of medical terminology should be used. For instance, patients might simply say that they have a skin rash. But, there are dozens of medical terms describing skin rash. They can be depicted in different ways, depending on whether they are elevated or flat, their size and number. It is the same for symptoms and hundreds of terms are used to explain breathing sound and heartbeats when doctors examine patients' chest with a stethoscope.

Naturally, I got familiar with most of them while studying at medical school for 6 years. However, I could get into trouble because I had

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never seen patients' skin lesions or auscultated patients' chests in person. I just said it was A because it seemed to me to be A, but it happened a lot that A would be found out to be B later.

If my reporting in the morning didn't go well, I could not avoid being rebuked for it. Because I wake them up early in the morning for the report, they could sleep for 3 to 4 hours at the most. I'd like to take an example of the symptom of a 'dizziness'. It could be related to many different departments including neurology, neurosurgery, otolaryngology, and internal medicine, etc. The department where patients with dizziness would get treatments is determined depending on characteristics, associated symptoms, and triggering circumstances. When I do not make a right decision, commonly I have to report to at least 3 departments.

One of the most confusing signs in association with dizziness is nystagmus(rapid involuntary movement of the eyes in a certain direction). The direction in which the eyes move can help differentiate between neurology diseases and otolaryngology ones. It would be good to move as the textbook says, but, mostly, its direction is not clear,

It was 5 o'clock in the morning and about time for people with morning dizziness(they experience dizziness when they wake up in the morning) to visit hospital. Their names were added to the patients' list one after another and on seeing it, I got stressed out. I went to one of them and held firmly his head so as not to move and examined his eyes, praying that his eyes would move in a particular direction. However, I got into a flap because his eyes shook in a vague direction and was frustrated that I had no idea which department I should call. Anyway considering other symptoms, I decided to call neurology department.

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“Sir, I’d like to notify you of a patient, who is 00 years old male and came to the ER with dizziness for 2 hours. According to the review of system, it was .... According to the physical examination, it was ....”

“What did his nystagmus look like?”

“Actually, I don’t know if it is horizontal or vertical. I think it is more likely to be vertical.”

“You think? How could you give a report like this? Didn’t you examine the patient? It’s hard to believe that you can’t differentiate between vertical and horizontal. I think you are a doctor as well. I mean, do you think that you deserve to be called a doctor now?”

An uncomfortable conversation on the phone continued and I felt like my pride fell to the ground like a gum. Anyway, if a doctor on duty get the report and come to see the patient to the ER, it could be considered a success. Some doctors just hung up the phone with anger, saying I should give a report again, because I did not report correctly. This situation would make the ER, which was already full of patients more crowded. In the end, the ER would fall into a chaos and it would weigh heavily down on my mind.

When people are obliged to wake up late at night, no wonder they would get irritable. I also get annoyed when my mother wake me up in the morning. Therefore, I tried to examine patients as thoroughly as I could not to unnecessarily wake up doctors on duty. However, I am a human being, so often can’t figure out patients’ symptoms. ‘What else

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could I do but build up more experiences?’

As usual, today, I picked up the phone after letting out sighs 3 times.

“I’d like to give a report about a patient in the ER.”

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CPR, a border between life and death

“A patient in cardiac arrest will get here in 5 minutes.”

A nurse shouted and it resounded through the ER. The person who had no evidence of being alive was being taken to the ER. Medical staff rushed to the ER in response to the announcement and the resuscitation room which had been silent became crowded with them right away.

“Ding ding! Beep, beep!”

Several machines around the emergency care bed were all getting prepared to save a life, flashing their lights all at once. I also hurried to the room and got ready for the patient, pulling on surgical gloves.
‘What disease does he get?’
‘How would he seem to be when he arrive at the ER?’
‘How would his condition be?’
‘What kind of story would he have?’
In a short amount of time, a myriad of thoughts came to mind, but I tried to clear my head because prejudice could make emergency medical care go wrong. We should evaluate patients based on their condition they have when we see them first in person.

“The patient in cardiac arrest is coming in!”
Forcefully opening the door of ER, paramedics with the patient came into the ER. It was a male patient but I couldn’t guess his age because his face was covered with blood. His shirt was cut off to reveal his chest to give emergency medical care. Shedding tears, his family came after

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the stretcher but they were told to wait outside the resuscitation room. He was transferred from the stretcher to the bed in the resuscitation room with the help of several people. I positioned myself close to his chest and began cardiac compression with putting my weight on it.

Remembering what I had learned about CPR, I tried to stay calm. I compressed his chest 5cm deep, checking if it came back fully and tried to make sure to deliver chest compression at a rate of 100 to 120 per minute. I counted numbers in my head. 'One, two, three, four, five...'

There is a difference between dramas and reality, particularly when it comes to CPR. TV dramas can never depict the tension as vividly as that in the real ER because there are many scenes and sounds that are too horrible to be aired.

For example, when I compressed patient's chest during CPR, there could be a sound, coming from rib fracture. Apart from the sound, the dull feeling from my fingertip sent a chill down my spine. In order to save a life, I should pressure patient's chest so hard as the ribs could fracture.

I was getting short of breath and my face was wet with sweat and my glasses slid to the end of the nose and barely hang there. I didn't hear anything for 2 minutes while I was doing CPR. All I could hear was creaking sound from the bed and warning sound of 'dang, dang', indicating that his blood pressure too low to be taken.

While I was pressing down his chest frantically, a doctor in the emergency medicine performed endotracheal intubation at the head of

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his bed. Then, I took a glance at him and he seemed to be mid-forties at the most, too young to die. I was getting tired, but I decided to bite the bullet. It was because the better I did it, the more he was likely to survive. The only thing I thought of was that I wanted to save his life.

"Switch in 30 seconds."

Keeping time, an intern who was supposed to perform CPR after me said. Exhausted, I felt like 30 seconds was 30 minutes and I was getting breathless more and more.

"Change now."

I stepped aside right away because the interval between each compression should be less than 10 seconds and its pace should not get slow. Finishing my turn, I took a rest for 2 minutes, catching my breath.

The curtain was drawn at the entrance of the resuscitation room so that inside could not be seen from the outside. But, his family was wailing, watching the scene though the break between the curtain and the wall. No wonder they did not get ready for the moment of the unexpected parting.

Chest compression continued until my gown was soaked with sweat. It passed over 40 minutes since it started. I felt dizzy.
'Is it possible for his heartbeat to be back?'
I got a bad feeling and felt sad about it and all the medical staff might feel the same way. However, we all tried to pull ourselves together to stay cool, as if no one didn't even think of it,

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“Rotate after 30 seconds.”

It was my turn again. Our professor was working on the ECOMO (Extra-Corporeal Membrane Oxygenation) machine at his feet. The machine would circulate the blood around his body instead of his heart and lungs. So, once it was put on him, we didn’t have to deliver chest compression any more. He could stay alive, although his heart didn’t work or he didn’t breathe by himself. After he was on the ECMO machine, he left the ER to look for the reason his heart stopped and deal with it. The professor patted me on the back, saying that I did a good job.

During CPR, patient’s heart rhythm is usually back and I could feel their pounding pulses. But, he left ER with no evidence indicating that he was alive, so I got something on my mind, felt exhausted, and got feeling of emptiness.
‘How long could he hang in there?’
I supposed that he would die soon and felt heartbroken to see his family crying, following him. But, I couldn’t afford to compose myself because I had backlog of work due to the CPR. Right away, I had to get back to work and started dealing with them.

A few months later, I was walking by a ward because I had an errand to do there. Then, I spotted him through an open door. ‘It is him!’
I was very surprised and stopped there. I really wanted to make sure that he was the one or just a man who looked like him, so walked backwards to be in front of the room again. I vacantly saw him having a meal and then left there. He might not recognize me.

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That day, I was very happy that I participated in the process of saving his life. I also felt grateful to him for toughing it out. He would not know who I was, but I could not help but smile with delight at the thought that I played a role in saving his life. On the other hand, I was ashamed that I fell short of knowledge and experience. If I had been more knowledgeable and experienced, his family would not have had to see my gloomy look at the time. It seemed that he taught me at once what I had learned in medical school for 6 years. As an intern, I might have a limitation in giving medical care, but the sky would be the limit in terms of pleasure I would feel by doing something for patients.

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A lady looking like my mom

An old lady in unconscious mental state was transferred from a nursing hospital. Huge amount of fluid bags were connected around her body. Red lines and blue lines were tangled up and scattered on the bed. Her daughter did not sign DNR(Do Not Resuscitate) and wanted her to receive active medical interventions. But, her face was pale and her hands and feet were cold. As I had a bad feeling that she could die soon, I hurried to finish other tasks.

My premonition was never wrong.
"CPR, ER, bay 1!"
The announcement of code blue came out. All the medical staff rushed there and started CPR. Curtains were drawn, cardiac compressions were delivered, and various medications were administered. The place became crowded with those who were busy in making all out efforts to play their roles. The patient's daughter was talking on the phone about the current situation with the another family member who had not yet arrived there. Although she was watching this scene, she seemed not to realize what was happening in front of her. It passed 30 minutes since we initiated CPR, but the patient's heartbeat didn't come back. Our professor consulted with the patient's daughter who kept talking on the phone. The conversation might be about that continuing resuscitation would be meaningless. She picked up the phone again and people in her family seemed to reach an agreement at last and she asked to stop resuscitation in a calm voice.

The curtains were drawn around the bed where old lady who had just

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passed away was lying. I pulled back the curtains and entered there to remove the tubes on her body and stitch up the wounds on her skin. Her skin was as cold as it felt hard, indicating that she departed this life. Carefully I removed the tubes connected to her body one by one and sutured the wound, trying to keep stitches straight, not crooked. Soon, her daughter drew back the curtains a little and asked me if she could come in, so I allowed her to come in with gloves on.

I thought that she looked like my mother at first sight. Every act she did reminded me of my family. She held the cold hands, touched the face, and stroked the gray hair of the deceased. She said her last farewell to her mother who she could not see again. Without saying a word, she just touched her mother as warmly as she could with a deep grief. I felt tears well up in my eyes as well and got heartbroken at the thought that I would inevitably face that situation someday.

"Doctor, do you think my decision was right? Would it be better to let her die in peace at the nursing hospital?" She asked me.

I heard that the old lady had stayed the nursing hospital for a long time and her condition got gradually worse and her family had prepared for her death. However, what was weighing on her mind was that it was more terrible than she expected to see her mother receiving CPR and her mother seemed to be distressed during the CPR. For this reason, she was worried if she did harm to her mother rather than did good as a daughter.

"My mother died peacefully, didn't she?"

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While thinking about the answer to the question, things I had experienced flashed before my eyes. Before I became a doctor, my grandfather and my little brother were severely ill and stayed for a while at that hospital and ER where I was presently working. It was the place where my grandfather received resuscitation when his heart stopped. Besides, it was the place where I felt heartbroken to see that my brother was sick in bed. Still, I remember those memories and I am well aware how sad it would be for family members to watch patients suffering. I wanted to give comfort to her.

"Whatever you chose, you would regret it because it would be the path which you have never been to. If you just let her pass away with doing nothing, you would regret it as well. I think that you made the choice because you wanted to do something for her as much as you could. Besides, as she has been unconscious, she would not feel any pain. You did the best for her. Don't blame yourself."

I told her slowly. She looked slightly relieved and kept saying thanks to me. I finished my works and said goodbye and got out of there, opening the curtains.

'Which choice would be better?'
If I were in her situation, which choice I have to make for my parents? It is a very tricky question and it looks like there would be no right answer. In this difficult situation, there is a limitation in doing something for patient's family members as a medical practitioner, but I'd like to give some warm-hearted comfort to her at the heartless ER.

Leaving with her deceased mother, she expressed her gratitude to me

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again. I thought I did the best thing I could do. It comes to my mind that interns could comfort patients closely. I decide not to forget today's memory in my life. It is because I want to focus on the nature of my work rather than my position in the hospital as an intern and be a person who can give warmhearted comfort to patients even when I become an experienced doctor.

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What if I am sick?

I got off work when most people went to work and I drove to work when they headed for their home after work, but I was getting used to that lifestyle. However, somewhere deep in my mind might have been being eaten away. Driving to work, I got annoyed with the traffic lights for letting me pass quickly compared to the opposite lane where there was a traffic congestion. While I was taking the wheel, it was getting dark. Then, all of sudden, I felt that it was getting cold on the dark road and stuffy in the car. I thought I would feel better if I got some fresh air through the open window, but it didn't work at all.

Feeling of choking got gradually worse and I couldn't even take a breath. My legs started shaking and an inexplicable fear swept over me. I felt an intense impulse to drive back home by turning the car round. I really felt like running away from there.

Come to think of it, I had learned about those symptoms in the class. It was a 'panic attack' of which symptoms includes a sudden intense fear of feeling like they are dying. These days celebrities revealed their experiences of panic disorder on television, so its symptoms were well known to the public but it had also led to a tendency where people didn't take it seriously. Anyway, those who are having a panic attack go through a dreadful experience that they could barely breathe.

I thought those symptoms would subside within 30 minutes as I had learned in the class. Therefore, I pulled over onto the shoulder of the road and waited for them to disappear. I had never had that feeling

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before. Back home after work, I usually fell asleep because I was exhausted and next day on waking up, I went to work again. While repeating the hectic schedule, I must have been stressed out and it might contribute to the panic attack.

I wanted to be comforted by someone whoever it would be and I thought of a lot of people including parents, friends, and colleagues.
'To whom do I make a phone call to get comfort?'
'Would it be right decision to call somebody when I have these symptoms?' I thought it over and changed my mind and clicked YouTube link instead. I typed a word of 'stress' in the search box and then a ton of video clips popped up on the screen. I was surprised that there were many videos regarding stress. I was drawn to the clip titled 'how to cope with stress from work' and clicked on the play button.

The speaker said 'the problem is that people try to force themselves to remove stress' and added 'we have to admit that because stress came from the external factors, we could not control it'.

In retrospect, what had stressed me out were not the things I could take control of. For example, I could not stop patients from coming to the ER, or I could not send them back for the reason that I could not see them right away, or I could not choose a department of which residents were not be harsh on my report about patients. Besides, because I was really busy in doing backlog of work, I could not ask someone's heart not to stop beating. I had no option but confront those situations.

I felt better by accepting that stress did not come from inside of me

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but from the outside and giving up on relieving it. I realized that it was normal for me to get nervous in those stressful circumstances. Besides, I got to know that getting stressed might be a painful experience but it also could be regarded as a healthy response because stress could motivate me to perform better. It worked for me as the lecturer on the YouTube said and chest tightness was getting better.

Still, there were many questions to be solved.
'Why should I go back to the ER which always stress me out?'
'What would be the meaning of what I am doing now?'
'Would it be right decision for me to continue to do work as an intern?

Hospitals are extremely busy places and can't afford to take care of patients' minds even though they offer good treatments. Unlike our professors and other experienced doctors, I am not capable of giving a specialized care to patients due to lack of knowledge and experiences. But, it occurred to me that I could make them feel satisfied with the hospital by dealing with them as kindly as I could. I am an intern and a doctor as well who could warm their hearts through my words and behavior. I will not work just as an intern, but do as a doctor who helps people and who I have dreamed of ever since I was young.

I defined the meaning of the work I was currently doing by myself. It took load off my mind and also made it possible for me to go back to work at the ER. I was determined to be one of the most kind doctors. I have worked, trying to empty my mind and regarded the moment of getting thanks from patients as a cure for my anxiety.

The lecturer said on the Youtube that when I got stressed out, I had to

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interpret it as a signal from my brain asking me to redefine what I was doing. The lecture helped me to build up the strength to endure the difficulties in a flexible way without giving in to them. I felt like I was a better intern than I used to be yesterday.

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Part 3

I am also a human being

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Interns in the lowest position at the hospital

In a ward at 5 o'clock, a patient who I often ran into said hello. "Doctor, you got to work early today."
I replied with a smile. "I haven't been home yet."

I remembered that the issue about 52-hour workweek had been covered all over the news media in the country and I also watched the news about it. I was well aware that it had nothing to do with interns and residents because it couldn't apply to them. However, thanks to the news about it, I got the chance to think about work and life balance and it felt like a dream word to me.

The work of interns in the department of internal medicine is demanding. I had to work for 36 hours continuously and took 12 hours off after that. I could hardly sleep and had to work almost for 2 days in a row and had no weekends off. Therefore, I couldn't afford to have everyday life but just caught up on sleep during the 12-hour off instead. My circadian rhythm was disturbed depending on my work schedule in this way. As a result, I was getting exhausted and sometimes patients asked me 'Are you on duty yesterday?' even if I had been off then. It might be because I still looked tired.

When it comes to my duties, I hoped that I could do what were professional and worthy of a doctor, but they weren't at all and mostly they were simple and repetitive works. When I performed basic dressings (to sterilize wounds or areas where drainage tube was inserted), I talked to patients and I felt like I offered medical treatments to them.

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Nonetheless, when I had to change dressings for as many as 40 to 50 patients a day, they were reduced to chores I just needed to finish quickly and I felt like a machine rather than a doctor then.

My colleagues and I used to mention the newly coined words of 'one call, at every 3 step'. It means that with a little bit exaggeration, we would get a call from a nurse whenever we take 3 steps.
'You have to draw a blood for blood culture.' or 'You have to change a dressing again because it is contaminated with the patient's feces.'
In this way, while we were doing our jobs, we would get calls for unexpected tasks and they ended up being piled up before us. That's why we had to finish our duties in haste. Moreover, we could not afford to have a meal, so we had to eat whenever we are available ourselves.

One day, I saw one of interns crying in the staff room. There was a cup noodle open but not water in it. He couldn't eat anything all day and might make do with it. His mobile phone in vibrate mode kept ringing next to him. I assumed that he worked all day long without any break but couldn't afford to have the instant noodle because his phone kept ringing, and then all of sudden, he ended up bursting into tears with frustration. I also had the same experience as my phone kept ringing because of a ton of calls asking me to do something. I got so sick of its ringing sound that I threw my phone then, so I could fully understand this circumstances and his feeling. All of sudden, he might ask himself a question.
'Did I become a doctor for this?'

At 3 O'clock of one day when I was sleeping for about one hour, my phone was ringing and with a sigh, I answered it. A nurse said, "It's

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from the ICU(intensive care unit) of internal medicine. Move the portable ultrasound machine to the cardiology ICU, please."

I couldn't believe what I heard because distance between internal medicine ICU and cardiology ICU was within several meters and besides, they are on the same floor. I checked it again, "You mean I have only to move ultrasound device?"
"Exactly" Given her answer was short and sounded annoyed, the conversation might be longer than she expected.
'There might be something more. There should be the reason that I don't know at the moment but I have to do it myself.'
While thinking about it, I hauled myself to the ICU. There was a small device alone that had casters and was at waist height. I was upset at the fact that I had to wake up to do this kind of job of moving it a few steps. I looked around ICU. It is usually a busy ward but seemed to me that no one was too busy to move the machine at the moment. Moreover, there is staff whose duty is to move equipments in the hospital. I couldn't find any reason that I had to do it myself right now. By the way, interns get a grade depending on their reputation from different wards, so I could not help but bite my tongue because the total score would influence the results of my application for the department I want to specialize in. Besides, the last thing I wanted to do was get bad reputation due to the trivial things. Once again, I regretted becoming a doctor, thinking 'Did I become a doctor for this?'

I keenly realized that I was in the lowest position at the hospital. In other words, I was one of the weakest employees. Interns in the hospital are the same as new employees in a company. Newbies in a company have to deal with a variety of busywork but often feel ignored for no

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reason and then they felt like their efforts have become nothing. I realized that I was not an intern doctor but just an intern.

An intern is also one of trainee doctors.
'Is it the part of training program to move a ultrasound machine and cover others while they are out for lunch?'
'Am I here to do manual labor? or am I here to be trained?'
It was a pity that I was a new intern whose position is too lowly to serve as a doctor at the hospital that might go well even without me. I would be able to put up with this situation by making myself worthy of being called a doctor. I had to think over the reason I should be here in the hospital in the first place.

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Feeling guilty

I cautiously open the door and discovered a woman in her 60's was lying in bed. With black horn-rimmed eyeglasses, she had a chin-length bob hairstyle and next to her, there were her husband and son. When she saw me, she asked me as if she accepted her fate. "Do I have to do it now?"

I held hair clipper to shave her hair in my hand because before her brain surgery, she had to get her hair shaved off.

I understand that for women, hair is not just the part of body but means a lot and could also maximize women's beauty. She must have wanted to avoid that moment. It made me feel terrible and I felt like that I deprived someone of meaningful things in their lives. I don't like it when I have to take something from their lives to save their lives.

I asked her to wear a plastic apron. As if she gave up everything, she didn't complain any more and just closed her eyes. Soon, the machine sound broke the silence and resounded through the room. Whenever the clipper went through her head, not caring about her feelings, her black hair fell down in clump on the apron and her scalp was exposed barren. The skin on top of her head which was never suntanned looked as fair as a white paper.

Shortly, tears in her eyes started running down her cheeks. Neither she or her family, nor I could say anything. When about a half was done, her son watching the scene broke the silence in a sad voice.

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“Mom, you look pretty.” Soon, her husband and I started shedding tears.

Some consider me in white gown as one who could save their lives but others as an unwelcome one. When I have to give another suffering to relieve patients’ pain or declare their death, I always feel guilty.

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It must be hurting you

when I worked in the pediatric department as an intern, I met her. She was 4 years old and looked like the baby in the picture we would come across, passing by the photo studio in our neighborhood. She had a fair complexion, round face, and cute voice. Besides, she was very obedient and was adored by the people in the ward.

It was a pity she had been suffering from blood cancer at the age when she should have enjoyed a lot of good food and played hard. Instead, she had to come to the hospital regularly to receive chemotherapy but she didn't complain about it, so people including me feel proud of her.

Anticancer agents are usually toxic and their repetitive administration to the weak vein can result in vascular damage. That's why most patients had a device called 'chemo port' in their chest, which has a catheter inserted into their large vein. She also had the device and it was placed on the skin under the right clavicle with the size of a 100-won coin. My duties were to draw blood by puncturing this area with large gauge needle or sterilize it. Therefore, children would cry at the sight of my gown because I stuck a needle in their device whenever they were admitted to the hospital.

Again, she was admitted to receive chemotherapy and she had a pretty bandanna on her head. It might be because repetitive and painful therapy made her hair fall out to the point where her scalp was revealed.
"Oh, You have a pretty hat on your head."

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She responded to a nurse's complement with a shy smile like an angel. At the sight of her, I also gave a big smile, feeling heartbroken, I went to her with a dressing set for needle insertion. "Hi." I greeted her as kindly as I could so that I would not frighten her. She was sitting on her bed and I got down on my knees on the floor to make eye contact with her. She started whining at her mother because she felt terrified when she saw a needle. Soon, she paid attention to the scar on my chest, seen through my clothes. Then, unexpected words came out from her. "It must be hurting you." Looking into my red scar with a worried look, she put her small hand on it. Her unlimited pure and kind heart sent chills down my spine. How could she give comfort to someone else while she was also facing the painful moment? It looked as if there was a little angel in front of me. When the procedure was over, she didn't forget to express her gratitude to me.

For a short time of 5 minutes, I felt like I got healed by her rather than gave treatment to her. I learned how to comfort others from her and decided to remember her pure heart that considered others regardless of her circumstances. I realized that doctors could not only gain pleasure from the fact that patients were completely cured but also get healed from personal relation or small things in everyday life. I really enjoyed meeting her. When I left the pediatric department, I said goodbye to her with waving my hands and prayed that she would grow up to a great adult who had a kind heart.

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You can't do such a simple job?

The period of a month passed so fast. I lost track of time and felt like I just came to work, but it was time to get off work. While I was repeating those days, before I knew it, I had to rotate to another department.

It happened when I worked at the division of infectious disease. In this division, infectious diseases are diagnosed and treated and I usually dealt with the patients who were admitted to search for causes of their fever.

Many tests are performed to look for causes of fever of unknown origin. Among them, there is a 'bone marrow biopsy'. It is a procedure to collect bone marrow sample to check if there are abnormal cells or abnormal cell proliferation. As bone marrow exists inside the bones, the specimen has to be collected by penetrating the bone with a long needle. The fact that its sample is collected through the bone can make patients terrified. That's why doctors order this procedure only if it's really necessary.

It passed several days since I started working at the division of infectious disease. At last, I got the chance to participate in a 'bone marrow biopsy'. All I have to do was to apply a drop of bone marrow specimen onto 20 glass slides little by little when a physician passed a syringe with it to me.

It is such a simple work that even elementary school student can do it. However, bone marrow specimen tends to harden in a few seconds after

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being collected, so I have to drop it precisely in terms of location and amount onto the 20 slides in a short time. If I failed to do it, the patient would have to get the procedure again and it would be apparently burdensome for the patient.

I had done image training about the process by watching the related video clips on the internet until last night. I also asked questions about what I didn't understand to other interns who had already done it. I was on duty on the night before the procedure and whenever I had free time, I practiced accurately applying a drop in the given time with a syringe with water in it. I practiced it repeatedly and it gave me confidence that I could do it well.

At last, the day came and I took a shower and stood in front of mirror with straightening my back, and then put a spell on me in the mirror. "You can do it. Go for it."

It took load off my mind and I was sure I was ready for it. While I was busy doing a lot of things all day, finally I got the phone call from the physician, asking me to come to the procedure room to help him with a bone marrow biopsy. The room was spacious enough to have two medical beds. Stepping inside, I saw a patient lying on his face and medical staff was already busy in preparing the procedure. I hurried to position myself among them.

The physician planned to penetrate respectively once both pelvic bones with a needle. I pulled down patient's pants to his sacrum so that the site was exposed well. I disinfected the area where the needle would be inserted and cover the rest of body with green sterile drapes except for

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the biopsy site. While doing this, I kept thinking about what to do next after I was given the bone marrow specimen.

The Physician injected local anesthetics to the site and brought syringes for collecting bone marrow tissue. As the needles had to be inserted deep into his hip bones, they were 2 to 3 times as long and thick as ordinary ones. He located the needle on the waist of the patient who was lying on his face and started inserting the needle slowly. When its tip disappeared into his skin, there was a creak from the friction between the needle and his bone.

Shortly, dark red bone marrow started filling in the clear 10cc syringe. As aspirates were drawn more, my turn was coming close and I felt my heart pounding.

At last, the specimen collection was over and the doctor gave me the syringe filled with dark red bone marrow. I could feel its warmness through my fingertips in latex gloves. Like last night when I had practiced a lot, I hold the syringe steady onto one of glass slides in front of me and held my breath to concentrate for a while. There were 21 glass slides which looked forward to being filled. As I had learned, I lightly tapped on the syringe with my fingers but nothing came out. I tried it again but that time, I might tap harder than before and soon the bone marrow spilt out as much as about half a shot glass of Soju. It was totally different from the last night's practice. 'How stupid I am to make a mistake from the beginning!' I was so shocked at my mistake but it helped me snap back into reality. I felt cold sweat running down in beads over my waist. I felt guilty about making an error from the very first try and also felt sorry for the patient and felt fearful to see

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the physician glaring at me. Those mixed feeling made me deal with the syringe clumsily rather than precisely like a machine.

"Oh, my god! What are you doing now? How come you poured it so much like that? What's wrong with you?"

His harsh words struck me straight at the heart. I was already out of mind. In order to make up for the mistake, I placed the syringe onto the next glass slide and tapped it.
'Tap'
'Slurp'

I failed again and the bone marrow spilled as much as before. I was so bewildered that I did not know where to look and my eyes were just wandering. As my mind already went blank, I couldn't think of anything. The more I was in panic, the bigger disaster was brought about.

"You must not have practiced it, have you? Are you here to do like this? If you didn't think you can do it, you should not have been here, right? Step aside without doing anything. Now, I'll take this."

It didn't work at all that I did image training and practiced a lot with a syringe with water in it last night and I just ended up being pushed in the corner of the room. All I could do was just watch the process and it made me frustrated that I felt like a useless person there.

I often heard about someone seizing an opportunity on TV show. Someone happened to stop by a shopping mall and received a business card there and then debuted as an entertainer. There was an athlete

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who was considering whether he should join the foreign team or stay in Korea, and he decided on going abroad and got on a roll more than he was in the country. From their stories, many people believed that they grabbed the right chances. They dramatically changed their lives thanks to their decision at the time.

However, chances have different meaning to me. My choice and decision could save patients' lives and my trivial action could make their family and their beloved ones less worried and feel relieved. A bone marrow biopsy itself is not directly related to patients' lives. But, the fact I did not take the chance seriously really weighed down on me.
'What if I will a mistake which is more serious or irreversible?'
Just thinking about it sends me chills down my spine.

It came to my mind what our professor said. 'Doctors have to be able to precisely differentiate between what we can do and what we can't.' I was so arrogant that I thought I could easily distinguish between them. But I learned that I had to find answers and solutions by keeping asking myself about whether I could do it or not. Learning from my mistakes, I was taking a step toward a better doctor than I used to be.

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I should not be swayed

Bedsores are unavoidable to patients confined to beds for a long period of time without moving their bodies. They usually affect patients whose medical conditions limit their ability to change position and who spend most of their time in beds. Therefore, most of them develop on the skin that covers the lower back, elbows, and heels because those parts are in contact with their bed.

For that reason, dressings should be changed frequently and it was one of interns' duties. While turning over a patient's floppy body, I cleansed the wound sites and filled them with gauze and covered them. I had to do it with my back bent forward for a long time and it made my back hurt a lot. Above all what I couldn't stand was the peculiar smell from a bedsore.

On the first day at the division of infectious disease, I received the list of patients who need dressing change. The list informed me of a method and location and among them, one patient's name drew my attention. According to the list, I packed supplies and went to the room which was for 6 patients, carrying them in a cart.

I discovered that all beds' curtains was open except for one in the room. I noticed instinctively that it would be her bed. Patients with bedsores usually isolate themselves because they have bad smell and sense of shame. For this reason, they suffer physically as well as mentally and it brings them low self-esteem.

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The closer I came to her, the stronger odor I smelled. Given her bed was surrounded by curtains, it would be more terrible inside the cubicle. But, I should not show my concern about the smell to the patient because if doctors frowned at her, she would have nobody to rely on. Therefore, before I drew back the curtains, I took a deep breath holding the end of them and then said hello with a bright face.

“Good morning! I am here to change dressings for you. Would you mind if I open the curtains?”

She was in her late forties with perm hair and stout figure. I tried to make an eye contact with her, but she avoided it, just pulling the blanket up to her chin. At first I was trying to pull the blanket off her but soon I stopped. Interns are in charge of bedsore dressing but come to think of it from her perspective, she had no choice but to disclose her wounds to different interns who rotate every month, to even male doctors. I could imagine how much she felt humiliated, so I kept my hands off her blanket and I stood in front of her and said,

“Hello, I am an intern, Mingyu Kim. I’ve just started working at this division. I am going to be in charge of your bedsore dressing this month. Are there some changes compared to the last month?”
“How do you feel now?”

I tried to ask questions as many as I could and be all ears even when she answered briefly.

She seemed to be moved by my efforts and started talking about the intern who was my immediate predecessor, about her relatives who

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bought the land, and about how she ended up being here. When she was in her thirties, she was in a car accident and broke her backbone. She got surgery but became paralyzed from waist down and since then, she had to stay on the bed. She must have had difficulty accepting the consequences. She had to live, lying on the bed at the age when she should have worked hard for her living, so she might have wanted to die at the time. Anyway, even doctors can't fully understand sufferings of patients and those who experience trouble and pain the most are patients themselves. Only I can do as a doctor is just try to understand them and give comfort to them.

After the conversation which was short but about plenty of topics, she loosened her hands on the blanket and said,

"Thank you for doing this for me."

After I put aside the blanket and turned her floppy body. Even with a face mask on, I was overwhelmed by the horrible smell I had never experienced in my life.

Her bedsore was more serious than I expected. Most part of her back was covered with a bedsore from middle waist up to half of buttocks. The surrounding flesh became mushy because it had been pressured for a long period of time and the skin was irregular as if it was eroded by germs and blood was oozing out of the wound to the peripheral area. The closer to its center, the deeper was the wound.

I removed the sterile pads which the lesion was stuffed with and found the lesion empty. There used to be filled with flesh but as her wound

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got worse, it melted away and consequently, white bones revealed here and there. She was clearly alive but the part I was seeing was like the rotten body of the dead.

Besides, she was paraplegic, so she had difficulty in bladder and bowel control.
'Bedsore, bad smell, diaper, and her naked lower body.'
I got to keenly understand why she tried to cover and hide her body with the thick blanket. It passed 40 minutes since I started dressing change with my back bent forward but she tried to hold back grunting in pain. Managing to keep the posture, I stuffed the wound site with sterile pads. I continued to visit her three times a day for dressing changes, which were really hard works.

One day, when I visited her for a dressing change, she talked to me,
"Well, Doctor, I don't feel well and my body seems to swell. I talked to my physician about it."

As she had a stout figure, I didn't noticed her body was swelling. In order to assess her edema, I pressed on the inside her shin with my thumb. There should be normally only bones and flesh, but there was excessive fluid accumulated, so when I pressed the area, it left a dimple and didn't disappear over time. She added that the amount of urine reduced. These symptoms occur when kidney function is severely deteriorated. I thought she would need dialysis and gave her heads-up about her condition to require a treatment. She said that she understood what I was saying but it didn't sound confident and she looked anxious.

Next day, I heard that she refused to get dialysis. I was surprised at

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the news and asked her why she decided not to receive dialysis. After all, she didn't change her mind.

"I will not die. Doctors might have studied a lot but it would be myself who know my body the most. Getting dialysis seems to give up to me. I will not give in. You will see me getting better."

I felt frustrated that she rejected dialysis even though it would be a vital treatment to restore her kidney function. Since then, I visited her many times and tried to persuade her to change her mind, but didn't work at all.

I felt terrible to see her prescription. It included strong antibiotics to prevent infection, medicines to protect the bowel of which function was in decline due to the prescribed antibiotics, and medications to control edema and electrolyte imbalance which was being deteriorated because she didn't get dialysis. It was like tinkering with her condition without any fundamental solution. It seemed to be the last resort among the temporary expedients.
'What if she gets worse than now?'
Just thinking of it made me sad.

"Dr. Kim, these days, you're worried about her, aren't you? I would be confused, when my patients refused a feasible treatment. I don't know whether I have to persistently convince them to receive a treatment or encourage them to hold their strong beliefs. We are doctors but also have to accept the fact that we can't cure all diseases by following textbook. Sometimes, we have to fight back against their beliefs. But, you should not be swayed by this situation because doctors are the last

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bastion of patients. If we are swayed or collapsed, patients will have nobody to rely on. You need to keep it in mind."

'If I am not strong enough, she could fall down.' The responsibility I had to shoulder became heavier. She was falling into stuporous mental state and her body gradually got swollen and it made her skin stretching. The fluid trapped inside her body was oozing out through the stretched skin and her bowel condition was also deteriorated. The frequency of bedsore dressings increased up to 4 times a day. While I was changing dressings, the wound got contaminated with her stool and I had to repeat it several times. I didn't have enough time to regain my composure because her condition was rapidly getting worse. Suddenly, it hit me that if I didn't stand strong, her life would come to an end, so I had to keep doing it. I found myself spending most of the day on waging war against her bedsores.

It passed a week since I managed to endure that tough situation. Entering the center of the storm, the silence came. She became conscious and she said that she felt like she had a good night's sleep. It was the last week when I was supposed to work in the division of infectious disease. She was in the dangerous semicircle of the storm and it struck me that if the wind got stronger, she could not hang in there. Her whole body skin was stretched to the point where it cracked and changed in an irreversible way and in the end, the necrotic skin started peeling off and slight touch made her writhe in agony.

"Doc, please... please, be gentle" She begged me.

Her big and bright eyes which used to be filled with the will to live were eroded by pain and fear. All I could see in them was weakness. Whenever she had pain, she was administered painkiller but it did not

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work at all. The more I felt pity for her, the more quickly I had to move my hands.

For now, I cleansed her whole skin with sterile water and applied Vaseline to keep it moisturized and had to do it up to 5 times a day. I had to deal with the bedsore stained with stool as well. Bedsore dressing was demanding work and all staff in the ward had to help me with dressing change. Bedsides it had to be done more frequently by the limited manpower, so all staff including me was getting overloaded. By the way, there was another person who I hardly thought of felt tired and it was her family.

On the last day of my work at the department, someone came to see me and it was her distant relative. He had supported her financially because she had no immediate family. He told her physician that he wanted to stop treatment at the university hospital and take her to a nursing hospital. It might be because his house was distant from the hospital and exponentially increasing medical expense would be a financial burden to him. I realized I was not the only one for her to rely on but her family served as the biggest prop for her. However, the cracked prop could not serve a purpose for her any more and the tree was forced to be rooted out and taken away to a different place to avoid the storm.

I still remember how she left the hospital. She insisted that she wanted to receive treatment in the university hospital, but in the end, she agreed with him after a short conversation. When I said goodbye to her, she looked discouraged and said to me, grabbing my hand,
"I really appreciate it."

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There were sadness, gratitude, and fear in her face instead of contemptuous look she had given to me when I had met her first. After saying farewell that was short but had a lot of meaning, she left. I just hoped that she could tough it out there.

After less than a week since she left, I heard that she passed away. I felt like I heard her saying, 'I will not die.'

I was a novice doctor for the whole month. I got disappointed with myself that I had just hoped that she would get better. The thought came back to haunt me, 'If I had done better, if I had decided differently, or if she had not left but stayed at the hospital, the results would have been different.' And I couldn't get it out of my mind. Many variables that brought about the unrewarding outcome kept bothering myself. I realized that since I opened myself up to her, I got attached to her.

I reviewed the period of the month one by one. I felt distressed that we missed the chance of success due to our bad decision. With the best move, we responded to a strong opponent that was getting in our way but we just ended up being at the mercy of it. I am well aware that even doctors could not control all situations. However, experienced doctors have played Go many times and can predict the outcome and further watch a opponent's move, while taking one step backward.
'If I had reacted like them, would I have felt less heartbroken?'
'If I had known which result would come, could I have fought that fiercely?'

One thing for sure is that I would not be ashamed of myself, when I

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met her who had already passed away. Doctors have to fiercely fight for patients regardless of the outcome. There was no one who did not make all-out efforts among those who were in charge of her. I'd like to express my appreciation to nurses and caretakers who helped the novice doctor who still looked like a medical student. I hope she would recognize all our sincere hearts. I pray for her to rest in peace, moving freely and being free from pain in heaven from the bottom of my heart.

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Part 4

A warmhearted person

vs

a heartless person

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Declaration of the death

In the early morning when most people were sleeping, a phone was ringing in the night-duty room.

“Someone has just passed away. come and confirm his death, please.

It was about confirming that someone’s life ended. After checking whether there is an evidence of life, I have to announce that there was no proof suggesting someone is alive. I think there is nothing harder than declaring the death of someone who is totally stranger to me.

Reluctantly, I came out of the room and took a heavy step toward there. Most of lights were turned off in the place which didn’t need them and only dim lights were thrown on the hallway toward his room, so I could hardly see ahead. The sound of my footsteps resounded around the dark hallway.

The patient was in the a room for the end-of-life care and its name was rainbow and I wondered why the room title was rainbow. Then, I was reminded of when I got amazed and amused to see the rainbow which came out after rain for a short period of time. The room might be named hoping that patients would end their lives there with those feeling.

I knocked on the door and opened it carefully. There was a patient lying down on the bed and a monitor next to him. It is supposed to show figures and various patterns on the screen but there was only

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green flat line, indicating that his heart stopped. Below his bed, there were 5 family members sitting on the chairs. When they saw me coming into the room, they stood up. As they had already prepared themselves for his death, they were just waiting for me to confirm his death. But, his son might not get ready for his death and he was grasping his hand and patting him on the head. A nurse who accompanied me tidied up the room so that I could confirm his death.

He had an end-stage liver cancer and his whole skin was yellow because of jaundice. He was all skin and bone as if cancer had eaten up all his energy and his face was also bony. He was really so skinny that if I hadn't review his medical records, I might not have known if he was male or female. It was about time for me to confirm his death and I started examining him carefully.

His ECG(Electrocardiogram) stayed flat and there was no sound ringing as well. It meant that his heart stopped and there was no electrical signal from it. I lifted his rigid eyelids carefully and found his pupils dilated and fixed. I assessed his pupillary reflexes using penlight but there was no response and then I closed his eyes cautiously. Putting my stethoscope on his chest, I listened for his breathing sounds but there was no sound. Lastly, I listened for his heart sounds but I was not able to hear any heart beat suggesting that he was alive. I assured that unexpected thing I was worried about would not happen but I could not tell if it was better or worse.

I positioned myself at the end of his bed and asked his family to sit next to him. When I looked at the clock, they noticed that it was time to say goodbye and burst into cry one after another. It reminded me of

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parting moment I had experienced. I felt sad but should not give in to my emotion, so I tried to pull myself together holding back my emotion and then opened my mouth.
"Time of death, Three fifteen."

All family members expressed their sorrow and soon I also felt a lump in my throat.

One of people who were in the room disappeared. The greater grief of parting than the space he had occupied filled the room. To give them some privacy, I nodded at them silently and came out of the room. In order to write a death certificate, I was sitting in front of the computer. As soon as I signed the document I was filling out, decades of his life would come to an end.

I got more uncomfortable on the way back than heading for the end-of-life care room. I could never get used to that feeling. I left the ward with the crying sound behind. While walking the dark hallway again, I felt as if his spirit which didn't depart this life yet stood there.

I felt sad and empty. Just looking at the scene weighed heavily on my mind. I became a doctor because I didn't like death and wanted to save live but I found myself experiencing death more than saving lives since I started working as an intern. For example, I had to remove medical devices form the deceased and I declared death. It came to mind that the feeling of emptiness and sadness coming from death would help me to deeply understand the value of life. I thought that's why I was going through those experiences first.

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Back to the night duty room, I felt sleepy because I was exhausted but soon I felt guilty about being sleepy even after declaring death. Anyway, I had to get back to work for patients who were still living in this world in a few hours. I felt like that I could not fall asleep if I kept thinking over it, so I just put my head on the pillow instead.

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Go get a doctor instead of you

I was working dispatched to a hospital in the rural area but on holidays, I felt lonely because there was no doctor but me for 24 hours. I was not confident in my abilities of medical practice because I lacked medical knowledge and experiences but I tried to do everything that would be of any help to patients. This sense of vocation allowed me to endure all difficulties. Still, I felt like a baby who was thrown away to see if it could survive in the wilderness.

A man in his sixties visited the hospital with his wife. He walked in with a cane, wearing hiking clothes and lied down on the bed in the ER. He appeared to be very familiar with the process in the hospital. His behavior was so natural that he looked as if he came home. His face didn't look sick much, so I assumed that he didn't have serious disease beyond my ability. It made me relieved and I started asking him questions.

"What brings you here?"
"I feel lethargic and dizzy."

Unexpectedly, he answered me impolitely but I just paid attention to his saying that he felt low. I was reminded of the nightmare which occurred in the ER in March, so I tried to keep my guard up not to repeat it. He said that he was receiving chemotherapy for colon cancer in Seoul and four days before, he got the therapy and was back home, but the symptom developed.

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“Do you bring your prescription by any chance? It can give me information of your medication.”

“No.”
Her wife answered bluntly instead of him and her voice sound as cold as ice.

"As he doesn’t feeling well, do something for that. Or, just give some nutritional supplements to him.“
She spoke carelessly as if she ordered food at restaurants.

“This is an emergency room, so we don’t prescribe the nutritional supplements. As he said he feels lethargic, I’d like to run blood tests to check if he has anemia or other problems. And then, according to the results, I will prescribe IV(intravenous) fluids if necessary. Would it be OK?”

He refused getting tests including brain imaging except for a blood test. I rather wished that I could find reasons he felt lethargic such as anemia or hypoglycemia in the blood test. I didn’t know anything about his current status or which drugs he was taking. Under the circumstances, finding causes to make him feel lack of energy is the same as I tried to find a needle in a haystack. ER is supposed to deal with urgent diseases, so there are limitations in clearly looking for the causes of his symptoms.

In his blood test, there was no abnormal finding with all figures being in the middle of normal range and neither was inflammation. All I could come up with was that his symptom might develop due to his recent

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chemotherapy.
'What would I do for him who has lack of energy but blood test result is normal?'

"Your blood test showed that you don't have anemia or hypoglycemia and other findings are in the normal range. For now, it doesn't seem that you have any particular problems."

"Oh, really?"

He seemed to think about something for a while and he said,
"Then, as I am here, just give me an albumin infusion."

Most of us might have the same experience as we didn't feel well and saw a doctor, but we ended up being told there was nothing wrong with us. It made us get angry because we didn't think it made any sense. For the first time, I put myself in the opposite position. As a doctor, I was saying that there was nothing I could do for the patient who was uncomfortable with and suffering from his symptom.

Given that he told me exactly what he wanted, he seemed to have been in this situation many times. However, his blood albumin level was completely normal and furthermore his level was even slightly over the upper limit so extra infusion was not necessary. I told him that he would rather need normal saline infusion than albumin because he might be dehydrated. After my explanation, he raised one of his eyebrows and said slowly as if he mocked at me.

"By the way, what's your specialty?

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“I am working as a general practitioner, I haven’t yet decided my specialty.”

“You said you are a general practitioner. You mean you are something like an intern? Then, go get a doctor. Are you kidding me? You don’t know beans about medicine.”

I became speechless. I was well aware that as an intern, I did not know much about medicine. But, I got really discouraged that he completely looked down me with the words based on the fact. Anyway so far I was getting through all difficulties only with a sense of vocation. But he just said that I was not even a doctor and it made me simmer with indignation. Then, it hit me that no doctor could deal with the situation perfectly. Still, I really got upset that my explanation was of no use to him.

“If I get permission from a specialist through a phone call, would it be okay with you?”
“Now you are talking.”

Holding back my anger, I was back to my seat and stared at the phone. I was not going to make a phone call to a resident but the chief of internal medicine. I pick up the phone bravely but when I heard the phone ringing, I got breathless with nervousness as if someone was strangling me. ‘What if he reprimand me for not solving this small thing?’
Before I got through him on the phone, I got stressed out. It was

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because I had some experiences that some patients and residents looked down on me, saying that I didn't deserve to be called a doctor. I felt as if I were one of billiard balls which was destined to be hit here and there.

"Hello. I am an intern, Mingyu Kim, working at the ER. Sorry for bothering you on weekend. I am calling to report a patient to you."

I told him the whole story related to him. I was relieved that he listened to me without rebuking me and he wanted to speak to the patient in person. After a bout of shouting, the patient hung up the phone. I didn't know what they were talking about on the phone. Anyway, the patient changed his mind into receiving only IV(intravenous) fluid and after getting therapy, he left without saying a word. Left behind in the ER, I felt more lonely than before.

I didn't feel like seeing the next patients. I was worried if they would look down on me and not believe my words because I was an intern. I had just watched the patient scuffling with the specialist and it led me to think about possibilities that even though I became a specialist, patients could distrust me. It made me skeptical about the meaning of being trained here, enduring enormous difficulties.

On Instagram, I often saw my classmates who were born with silver spoons in their mouths. I saw a picture of one of them, who after graduation, opened a skin care clinic with his parents' money in the ritzy neighborhood in Seoul. It seemed that he didn't have to work up late at night but he earned a lot of money. I saw also comments his patients posted, saying that their skin got better thanks to him.

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Considering the comments, he appeared to be in good relationships with patients as well.

I needed some fresh air and went out of ER. I gave it some thought why I was working there. There was a sign saying ‘emergency medical care’ under the dark sky. That red sign made me feel pressured today.

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The awful misdiagnosis

Working alone at the ER on a weekend. I got flustered because seriously ill patients flooded into the ER. On that day, as many as three patients visited the hospital with chest pain, symptom of myocardial infarction. Usually one patient at the most presents to the ER with the symptom, so it could only happen once in a blue moon. Literally, it was a really bad day. I felt as if my heart would have stopped, if I had to see another patient with chest pain. I had a feeling that it would be a tough day, so I cautiously examined patients one by one with keeping my guard up not to miss anything.

Another patient came with chest pain and he was eighty years old. Considering dark and tanned skin and dirt on his pants, he appeared to be a farmer. Given that he had cold sweat, he seemed to heave severe pain. When I heard his rapid and coarse breathing sound, I thought he might be in a serious condition.

“What brings you here?”

He just put his hand on his ear but didn’t answer my question. So, I asked again with raising my voice so loud that the ER reverberated with my voice.

“What, Symptom, Do, You, Have?

“My chest and back hurts badly. It feels like being torn apart. I can’t hear very well, so you have to speak loudly.”

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Despite of several attempts to make conversation, I could hardly communicate with him because of his poor hearing. When I see a patient with chest pain, first of all, I have to rule out severe cardiovascular disease. I had a ton of questions, including when it started, how he felt the pain, which medication he was taking, and his medical history. I could hardly get the answer but had to diagnose only based on his words that he had tearing pain in his chest and back and my observation. I was at a loss what to do and it made me feel frustrated. Besides, his blood pressure approached up to 200 and I felt pressured because it should be dealt with quickly.

I had to find clues to his symptom and decipher them one by one. I ran blood tests about cardiac enzyme first because it took some time to get result. And then, I examined his skin because skin disease such as herpes zoster could cause tearing chest pain but there was no corresponding finding on his dark skin. And then I examined him with a stethoscope. By listening to the sounds from lungs and heart, I tried to check if he had lung diseases such as pneumothorax, or arrhythmia or vascular diseases. His breathing sound was coarse but did not decrease on both lung fields and there were no murmurs in heart sounds, either.
'What brings him chest pain?'
'Should I suspect that he could have a myocardial infarction?'
'Is there any possibility that a large blood vessel could be damaged?'
As I really wanted to know if he had ever been diagnosed with hypertension and if he had dizziness at the moment, I asked him again in a loud voice but he didn't seem to understand what I was saying.

I looked into his ECG result but there was no finding of coronary arteries blockage. His chest X-ray seemed to be normal. But his cardiac

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enzymes levels were slightly elevated. He had neither pneumothorax nor herpes zoster and didn't seem to have a myocardial infarction. All of sudden, aortic rupture came to my mind because it could also cause acute chest pain. CT(Computed tomography) with a contrast agent should be checked to diagnose the disease. But, contrast agent could be fatal to those who take diabetes drugs or have bad renal function. I wanted to ask him about it but I knew I couldn't get the answers from him. Anyway, his renal function was normal in the blood test and I decided to push ahead with CT scan. His blood pressure was higher than 200/170 mmHg and he had ripping chest pain. If there were findings of aortic injuries in the CT, emergency operation should be carried out. That's why I decided to move ahead with CT scan. Praying that he would not have aortic rupture, I sent him to the CT scan room. I felt my hands shaking a little.

He returned to the ER and his blood pressure was taken but it was still high at 190/150mmHg. I had to lower it regardless of CT result and prescribed him antihypertensive drugs. Meanwhile, his CT scan result was up on the monitor and I looked into it. On the screen, there were white blood vessels and heart coated with contrast agent against black backdrop. While scrolling down, I stopped there to check something black and long dividing the aorta. It seemed to be torn but I couldn't see the exact findings of the aortic rupture as the textbook showed.

The more detailed the CT is, the more it presents cross sectional images. Even though it scans only chest, it can show up to 200 images. On the other hand, the CT in the hospital displayed only 100 images and it has its limitations to detailed images due to the skipped parts. It just made me more nervous and the diagnosis itself fell into a mystery.

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I turned my eyes from the computer screen to the patient. It was about time to make a decision which would be the best for him.
'Only based on the ambiguous CT findings, should I transfer him to another hospital which is capable of carrying out the operation?
'Should I just watch if his pain would subside while controlling his high blood pressure?'
All decisions I had made so far might be wrong and he might not have a serious disease. I would be blamed as an incompetent doctor because I misdiagnosed his condition and just blew his symptom out of proportion. However, if I was right in some small way, he should get a specialized treatment. At last, I decided to transfer him to another hospital. I was going to take a risk that I could be criticized for overreacting to his symptom If I was wrong.

By visiting Government-run website, we can check out which ER in the country can afford to deal with patients and which hospital perform emergency operation. I rolled out the map and made phone calls to several emergency rooms which were located ranging from north to the south. I explained his current status to them and waited for their callbacks. However, there was no hospital which could perform the operation near the hospital where I was presently working. Time was just ticking away and I was so worried if he would get worse that cold sweat was running down on my back. Then, I got a callback and they said that they could operate him. I felt like I was saved and kept expressing my gratitude to the person on the other end of the phone. At last, I was able to do something for him and I transferred him quickly.

As soon as ambulance arrived, the patient left the ER on a stretcher.

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He seemed anxious and I explained the situation to him again but he was not able to hear it. He must have felt anxious about the rapidly changing situations. I felt frustrated that I could not find any ways to make myself understood. The only thing I could do was just hope that nothing bad would happen to him.

I just looked vacantly at the ambulance leaving the ER with siren wailing. After he left, ER became peaceful but I still got something on my mind.

Next day, I got a phone call from the ER where I transferred the patient. It said that he got treatment successfully for 'herpes zoster', not for 'aortic rupture'. I felt as if I was hit on the back of my head with a hammer.

'I did make a big deal out of his symptom but he was diagnosed with the herpes zoster which was never emergent disease?'

It was awful that I misdiagnosed his chest pain as aortic rupture and I made his family worried and many people toil away. I was so ashamed of myself that I couldn't keep my head up.

Asked to come to office of ER director, I entered his office, feeling as if I were a prisoner who was being taken to the prison.

"Doctor Kim, I was told that you coped with the matter quickly. You did a really great job!"

"Beg you pardon?"

At an unexpected compliment, I raised my head.

He praised me mentioning that despite an inexperienced general

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practitioner, I did my best to the end, instead of examining the patient halfheartedly. He added that when we saw patients, we should not overlook the abnormal findings even though they were small, and by doing so, we would not miss patients with serious diseases.

Back to the night duty room, I was reminded that I really lacked medical knowledge. I reached the natural conclusion that more study and experience would help me to become a doctor worthy of a doctor. I want to be a doctor who could take responsibility of patient. But I still have a long way to go to improve my skills. I am ashamed of myself that I once decided not to be a specialist because of money. I will keep in mind that even though I become a specialist, I have to try hard not to miss seriously-ill patients. When I am not sure about diagnosis for their symptoms, I will be willing to swallow my pride, if it is necessary.

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The warmth of hands

It was 11 o'clock at night when I could only hear crickets chirping. The phone on the desk was vibrating violently in the night duty room and it was from the ER again. I had been relaxing myself for a while but soon I had to guard up wondering what was happening there.

"You have to be here quickly. We have a patient to be transferred immediately."
The voice of a nurse on the other end of the phone sounded urgent. I sprang up and rush to the ER.

The automatic doors slid open and I discovered that people was busy in getting a patient ready for transfer. There was a man in his sixties with patches for ECG (electrocardiogram) on his chest lying on the bed. He looked anxious and his wife was seated next to him and she also looked very worried. I noticed immediately that he had a heart problem.

An ER doctor on duty was seated at the nurses' station and seemed to be very busy in filling out documents which needed to be immediately done for the patient transfer. I sat down next to him and started looking through the patient's medical record.

Half an hour before he arrived at the ER, he suddenly collapsed due to loss of consciousness. Soon he came around but he came to ER because he had chest tightness. His vital signs including pulse rate were stable except that he had slightly low blood pressure. I took a look at his ECG result. I found out there were findings of acute myocardial infarction in

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4 four leads out of 12 ones and it seemed to be posterior wall infarction. Given that his blood glucose level amounted to 600mg/dL, his loss of consciousness might be caused by high blood glucose level. Considering his overall signs and symptoms, I also came to the conclusion that he should be sent to another hospital and get immediate treatment there. In addition, I thought that he needed brain CT to check possible brain injury but the ER doctor seemed to pay attention to his transfer for now. I recommended that he should try administering additional medication but he refused it for the reason that he had never prescribed the drugs. I was upset that he was only focusing on sending the patient.

Being ready to transfer, I got out of the ER with the patient and his family. Back door of the ambulance was opened and we put the patient who was hooked up to several IV(intravenous) fluids in the car first. Taking a seat next to him, I asked a ER nurse what medication the ambulance was equipped with in it. If cardiac arrest occurred, it was me that would have to deal with it. It was a shame that not until he had a heart arrest, would there be something I could do for him.

The ambulance left with siren wailing loudly. In the front seats, there were a driver and the his family and behind the partition, there was the patient lying and I was sitting towards him to watch his condition. It seemed to be messy that several sensors were randomly attached to his chest and IV lines were intertwined and the machine to show his vital signs was loudly beeping. On top of that, the car rattled so badly that I was not able to balance myself without grasping the handle with my one hand. Literally, it was a mess.

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He kept his eyes closed and it might be because he felt uncomfortable with that whole circumstances. As I was focusing on the figures on the monitor, I didn't noticed that his hands were shaking at first. And then, I found his hands shaking and hold his hands spontaneously. It was the only thing I could do for him at the moment and I just wanted to help him calm down. Then, he talked to me,

"Your... hands.. are so... warm. I... am ... relieved... now."

After a while, the ambulance arrived at the hospital and I saw him receding into the distance along with a lot of IV fluids. Soon, he disappeared into the hospital and the surroundings returned to nothing but ordinary condition.

I stared at my palm, opening my hand. A lot of things in the past flashed through my mind like a series of pictures. I was reminded of those scenes where I decided to be a doctor while my father was stitching up my lips, where I debated with my classmates through the night, and where I was reprimanded for repetitive mistakes. Those things had happened during a short period of time but I felt like a long time had passed by.

Doctors should be as cool as a cucumber, therefore even though we feel sad, we should not reveal our emotion. When we feel frustrated, we should not give in to it and instead, we have to check patients' condition more often or compress patients' chest one more time during CPR(Cardiopulmonary resuscitation). While I was holding his hands all the way to the hospital, it hit me that warm hands could sometimes serve as a greater cure for patients than sharp scalpels or

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life-sustaining machines.

I will be a warmhearted doctor. Still, the warmth and feeling of that day remain on my hands.

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Part 5

Between life and death

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His pulse is back

It was my first day in the emergency department and sharply ringing sound broke the silence. A nurse next to me answered the phone and told me quickly. “It’s from 119. Cardiac arrest case will get here in 3 minutes!”

The unexpected situation made me nervous. Moreover, I was supposed to be in charge of ER on that day. CPR(cardiopulmonary resuscitation) is the procedure which can save lives of those who are on the border between life and death and I urged ER staff members to prepare themselves for the patient.

“Get ready for CPR. Get tracheal intubation ready and turn on defibrillator. Announce code blue and gather more medical providers to help with CPR.”

Four nurses move in perfect order and checked fluids, needle, and machines. I pulled on gloves hurriedly and caught my breath for a little while. About 1 minute later, I heard the faint sound of siren from a distance and it got louder and louder. With a siren wailing, the colorful lights, alternating red and blue flooded into the ER and soon the doors was opened wide. It was a male patient in his eighties and he was very thin. Behind him, a man in his fifties who seemed be his son came along with him.

Within 10 seconds, he was carried to the ER bed. Meanwhile, another intern who was working in a ward came down to the ER and started

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chest compression. Nurses were busy in palpating his veins to administer IV fluids and placing electrodes on his skin to monitor his ECG. I went to the emergency medical technician to get a briefing on him.

“How long have you performed CPR? Let me know whatever information about him.”

According to him, the patient stayed at a nursing home nearby. His son took him to the playground so that he some got some fresh air, but while taking a walk, he lost his consciousness. When paramedics got there, he stayed collapsed and his son was carrying out CPR for about 10 minutes. He had no idea of his underlying disease.

Among those information, remarkable point was that it passed at least 15 minutes since CPR started. During CPR, his pulse never recovered and it meant that the next 15 minutes would be crucial. During that period of time, if he didn’t recover his pulse, there would be no hope that he could survive. I went to his son who looked restless.

“please, save his life. please.”

Shedding tears, he begged me even with his hands rubbing.

“I will do my best. Please calm down. How old is your father? Do you know what disease he has?”

“He is 84 years old. As far as I know, he hasn’t been to a hospital lately. I can’t think of anything, now. Please.”

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As soon as I heard his age, my hope went far away. Although he were young, the success of CPR could not be guaranteed, so chances were slim. However, I just wanted to buy some time so that he could say goodbye with his family before he died and I decided to do my best.

Meanwhile, the curtains around him were drawn and I rushed to his bed. I tried to figure out the situation, thinking about which disease gave him a cardiac arrest. Only ambu-bagging (which delivers oxygen by being connected to patient's oxygen mask) didn't seem to be enough and endotracheal intubation was required to keep his airway open and improve his oxygen saturation level. However, the procedure is hard to perform and there was a possibility that I could not succeed at the first attempt. The problem is that when I try to intubate him, oxygen cannot be supplied to him, so if I spend more time on doing the procedure due to the failure at the first try, it would affect the outcome of the CPR in a bad way. It was a shame that I had never performed it to a real patient but I had only practiced it with manikins. However, it was time to decide and I reviewed the situation for a while where he was 84 years old, CPR was performed for 15 minutes, and he had no pulse yet. I was determined to succeed in it at the first attempt and said resolutely,

"He needs intubation right now. Get me a intubation set, please."
I held a laryngoscope (which is a device that looked like a sickle and was used to lift a patient's tongue and other structures in the mouth) in left hand and an intubation tube (ET tube) in right hand.

"pleas, step aside to let me start."

During the procedure, oxygen couldn't be delivered to the patient and I

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had to try to do it quickly. I rapidly placed the laryngoscope into his mouth, but then his swollen tongue wound loosely around the cold device. I was surprised with it because it was completely different from doing it to manikins. However, I lifted it forward as much as I could to disclose the space for an ET tube. As soon as a small opening between vocal cords was seen, I pushed the tube into it.

"Please, Please."
I prayed with all my heart. In order to confirm that the tube was placed rightly in the airway, I listened to his bilateral lung sound with my stethoscope and it found out a success.

Still, it was not the time to be relieved because we had to continue CPR until his pulse recovered. While giving oxygen into his lungs and delivering cardiac compression, we checked his pulse every two minutes. It passed 10 minutes since we continued CPR, focusing only on his pulse by repeating medication and physical compression. I placed my fingertips on the large artery in his leg and then felt a sudden gush of his pulse although it was weak and slow. 'His pulse is back!'

I shouted loudly. "I can feel his pulse! Take his blood pressure, please." Blood pressure cuff was inflated with a sound of 'whiz'. All the medical staff around him looked at the monitor quietly, waiting for the result. His blood pressure was 60/40 and his pulse rate was 40 and those figures meant that his heart would be highly likely to stop any time. I hurried to prescribe him vasopressors to sustain his life and started looking for the causes which gave him cardiac arrest..

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"Call in radiographer for his X-ray and give me his ECG result, please"

While the patient was getting the test, I went to his son who was crying and explained the current situation to him. I said that he managed to sustain his life and that he was being given medication but his heart could stop anytime. I added that his prognosis seemed to be bad. And I had to ask him if he wanted his father to get resuscitation again if he would have another cardiac arrest. It was because resuming the meaningless resuscitation would never be good to the dying patient. However, he persistently asked me to save his father's life.

"Oh, no. Please... I got him out of the nursing home for a while. I just wanted him to get some fresh air. I still have a lot to talk to him. Please, save his life. please..."

It made me feel heartbroken. He loved his father so much that he tried to take him outside because his father had been living at the nursing home and he didn't have much opportunity to go outside. His caring for his father led to the tragedy and obviously he must have had a feeling of tremendous guilt. It would weigh heavily on his mind and it would be hard for him to endure the situation as a son. Even if I were in his shoes, I could never decide it easily.

Back to my desk, I looked at his chest X-ray and ECG result. Both lung fields were so totally white that I could not differentiate their shapes. I was also surprised that his heart had been beating with this deadly ECG result. As he got used to that condition chronically, he might have managed to move around. It looked as if he already got one foot in the grave, even before he had a cardiac arrest. He and his son did not

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know about it until it occurred and it was not his son's fault. While I was thinking about it, his blood pressure dropped to 30mmHg and had no pulse. Once again, we started cardiac compression but it was about time to make a decision.

It passed almost one hour but continuous CPR would be meaningless. The more we delivered cardiac compression, the more bruise and bone fracture would he got. Without doubt, those injuries would make his family more sad. I saw his family members including his son being together outside and called all six family members to explain the current situation and get their consent to DNR(Do Not Resuscitate).

"You must be shocked at this unexpected situation. But I had to inform you of his condition."

I explained to them as calmly as I could that both his lungs and heart were in serious condition and that he would die if we stopped cardiac compression. I added that chances for him to survive were slim and that continuing CPR would be meaningless. I had a heavy heart because I had to give the bad news to them and I was worried if there would be a family member who couldn't accept the situation. It was a shame that I wanted to seize every opportunity to save his life, but there was nothing else I could do for him due to his serious condition.

On behalf of his family, another son signed DNR. We stopped resuscitation and gave them some privacy to spend some time with him for a little while. I declared his death and went outside the curtains with leaving behind his family who burst into cry. In a few minutes, a funeral car arrived and the dead and his family headed for a funeral hall. His

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son came alone and bowed low to me, expressing his gratitude. I also did to him but I couldn't raise my head easily.

Like that, the first CPR which I was in charge of came to an end. A feeling of emptiness poured down on me like a waterfall. I failed to save his life and I let a person who was someone's precious father, husband, and beloved family leave this world. I did make my all-out efforts but could not help but keep asking myself whether it was really the best. I could say I did my best, but he was not here at the moment. By continuously experiencing cognitive dissonance, I felt like that I became a person who I didn't want to be like.

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Unfit to be a doctor

When I was in clinical practice as a medical student, we were waiting for our professor's ward rounds but we were not sure when he would get there. While waiting, I reviewed a document written about patients' medical records so much that I felt like I could say it backwards. Time seemed to go slow and residents and nurses were getting tired of waiting.

Then, from a patient's room, I heard a man shouting of 'No', which was more like a shriek and it broke the silence of the ward. Doctors and nurses ran to the room but came out in less than 5 minutes. Shortly, the ward was filled with a crying sound of the patient's family. Other patients came out of their rooms dragging their IV poles with wheels and looked around to find out what was happening. After hearing the crying sound, they return to their rooms soon. A patient had just passed away and his doctor check out the situation composedly and called the professor in charge of him.

"Sir, the patient has just expired."
His voice sounded calm without any emotion.

I couldn't tell whether it was good or bad that he passed away during the visiting hours. Soon, other family members came to the hospital and among them, there were 2 young boys, aged 8 and 10 respectively. The crying sound was continuously heard in the room. His wife came out of the room and express her gratitude to medical staff for their efforts. While I was watching the scene, I tried to hold back tears. However,

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when I saw the young boys crying, following their father who was covered with white cloth, I couldn't help but shed tears. Tears were running down my cheeks like an overflow of water from the bowl.

The little boy was crying, holding his mother's hand and the older one was saying tearfully to some adults that he felt sad that his dad was sick. He seemed to think that dying was like being seriously ill. He would be very sad when he realized that he couldn't see his father again. At the thought of it, I felt heartbroken. Everybody silently watched the family leaving.

We got the message that our professor was on his way, but it was not easy for me to calm down. I looked around and found out that I was the only person who was feeling sad. Everybody was doing their jobs, watching the screen of computer. All of a sudden, I felt like an outsider because even my classmates were seeing me strange.
'Am I wrong?'
'As a medical practitioner, I should not feel empathy in this situation?'

People say that doctors should not reveal their emotion because they have to make decisions precisely and reasonably. Anyway, if I am under similar situation in the future, I would be likely to disclose my feeling. I got worried if I was unfit to be a doctor. On the other hand, I wonder if doctors without sympathy for patients could take care of them.
'Which way would be better?'

I don't want to be such a doctor as considers dealing with people's lives as just a job. I think doctors should not be cold-blooded. Although they feel sympathy for suffering patients, they should be able to hold

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back tears. I've decided that I will try to look for the answer to this tricky question when I work as a doctor in the future.

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The words of comfort

I think the medical profession is a lonely job because doctors have to make all decisions by themselves. Particularly when a patient's life depend on my decision, I even want to pray for a miracle from the bottom of my heart. At 5 o'clock early in the morning, another CPR occurred in a ward and I ran to the patient's room as fast as I could from the night duty room. It happened at night when I was on duty but his doctor got off work, so I didn't know even his name, not to mention his diagnosis and treatment plan. Curtains were drawn around his bed and a nurse had already started delivering cardiac compression.

Soon, I pulled myself together and decided to make all-out efforts to do my job. I administered medication to improve weak pulses and gave electric shocks with defibrillator in both my hands, shouting " three, two, one, clear!" Then, his body rose up from the bed for a while and fell down with a thud. I kept praying for a miracle whenever his body move up and down by a shock. But, his blood pressure and pulse rate kept decreasing and I noticed instinctively that I had to get a consent to DNR(Do Not Resuscitate). In the end, I let another patient go to heaven with my sign on the death certificate.

Carrying my gown, I came out of the room with leaving behind his family who were crying next to him. I trudged with heavy feet out of the hospital and before I knew it, it passed dark night and with the sunrise it became a bright morning. Opening the door, I found warm sunlight shedding light on the outside of the hospital and felt the fresh morning air in rural area. Trees boasted their vivid greenness with their branches being open wide and embracing the early summer. Among them, breeze

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was singing a song by letting leaves rub themselves. Many people who hurried to come to the hospital for work were making the scene of lively morning.

'How could it be possible?'
Inside the hospital, one person passed away and his family were crying their heart out. On the other hand, outside the hospital, there was a beautiful view like a painting. I thought it was unfair. It occurred to me that he might not survive because I didn't save his life and at the thought of it, I was overwhelmed by guilty feeling.
'Should I have administered more medication?'
'Should I have compressed his chest stronger?'
A myriad of thoughts in my head bothered me. I felt like he could not enjoy the beauty of this morning because of my fault.

With a new day beginning, my phone started ringing because there are many things to be done for other patients who greeted morning. I didn't regain my composure but had to go into the hospital again. At the hallway, I saw the family crying seated on a bench and wondered whether I should give comfort to them or just pass by them. I approached them slowly, but I wasn't brave enough to do it and I didn't say a word to them in the end.

I still don't know if it would be good or bad to express my sympathy for patients' family when patients have passed away. Some people recommend that I should not face them because what doctors said could sound like excuses to them. Even though I did my best to save patients' lives in terms of medicine, I always had feelings of guilt somewhere in my mind. I might want to express my condolences to them to relieve the

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guilty feeling. Anyway, if I went back then, I would make sure to say sorry and give comfort to them instead of passing by them cowardly.

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Progress note

Hospital day 1

70 year-old male patient was admitted to the department of internal medicine. Due to his past history of stroke, he cannot ambulate at all.
He visited the hospital with the fever of 39℃, which started 2 days ago and anuria and seemed to be suffering from those symptoms. He was shivering due to high fever and his abdomen was distended. I administered antipyretics and inserted urinary catheter into his bladder to drain urine. It seemed that he felt so much better because his abdominal discomfort was relieved. According to the clinical symptoms and signs, he seems to have acute pyelonephritis. With antibiotic treatment, he will get better soon. When I introduced myself as his doctor to him, he nodded to me by blinking his eyes. It was such a relief that I was able to communicate with him. I think he could be discharged in a week.

Hospital day 2 (daytime)

At 6 o'clock in the morning, as soon as I came to work, a nurse urgently said to me that last night, his fever rose up to 40℃, but didn't fall. She added that an intern on duty last night had to work strenuously to control his fever. I asked her to put ice packs on his whole body because his kidney was in bad condition and it would not be safe to use strong antipyretics. Placing my hand on him, I noticed he was burning up. He might have another medical problem apart from acute pyelonephritis and I need to run some tests quickly.

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Hospital day 3 (early morning)

After he shuddered all of sudden, his oxygen saturation level decreased to 79% and his blood pressure also dropped to the range of 90mmHg. The ECG monitor hooked up to him showed ventricular tachycardia(serious arrhythmia which indicates impending cardiac arrest). We quickly moved him to the treatment room and let code blue announced. When I called his name, he gave me a sign that he was listening to me by blinking his eyes and I was relieved that he was conscious. Shortly, about 10 doctors got there and they watched the monitor all together and on his ECG monitor, ventricular tachycardia was seen continuously. If his heart stopped, we had to start cardiac compression and all of us stared at its screen. It was such a relief that his ECG returned to normal after a while. At the time when he was admitted, I planned to just watch his clinical course administering medication because he was stable. But, suddenly he became a critically ill patient who I had to pay attention to. I could not predict when he would get worse again and it made me sleepless.

Hospital day 4

As if nothing had happened in the early morning, he was relatively stable all day long. His fever seemed to gradually go down from 40℃. and he also gave me a sign with blinking his eyes that he felt better and it took a load off my mind. I guess all I have to do is see him getting better. I have to check a lot of test results.

Hospital day 5

His CT(Computed Tomography) reading result by a radiologist came out saying that he had DVT(Deep Vein Thrombosis). Closely looking at the

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scan, I found out that there was a thrombus obstructing the large vein coming from both lower legs. The problem is that the part of blood clot breaks off and travels through the blood stream and it could block the blood vessel which carries blood to lungs or heart. I hurried to call for a cardiologist's consult and started administering thrombolytic agent.

When I use the thrombolytic agent, I have to be careful to use proper dosage. It is because high dosage can cause bleeding somewhere in his body and low dosage can be not enough for thrombolytic effect. Besides, I am worried if his kidney would be okay with it because it could cause renal damage. I haven't yet resolved his primary problem but other issues I have to prioritize are piling up and it makes me feel frustrated.

I told his family honestly that his condition could get worse again like it happened 2 days before. They said to me that he was strong enough to sit alone without assistance before he was hospitalized. I asked myself if I could make him get better to the point where he could do that again but I was not sure about it. Then, his son said to me, "please, take good care of my father."
I am not confident but I will do my best. I hope that antibiotics I changed today would work well.

Hospital day 6

His fever started falling. Through a blood test, I checked the specific marker to monitor the new thrombosis formation and its level was within the target level. I suppose I can be relieved now and I have started taking up different tasks which until now I couldn't afford to do such as reading the paper which a professor gave me and preparing my presentation. The patient who always nods to me looked happier today

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and it took a load off my mind.

Hospital day 9

Whenever he eats meals through a nasogastric tube, he has a cough with sputum. As I expected, his chest X-ray had infiltrates and I suspected that he had an aspiration pneumonia. His oxygen saturation was decreasing and fever which had been controlled was sharply going up again. I changed antibiotics to stronger one. He seemed to manage to open his eyes. I got a bad feeling but there was nothing I could do for him except I waited and watched his clinical course after administering some medication. However, I visited him more frquently to show my sincerity. His wife secretly came to me and asked me to let her know in advance when I think he is about to die because his family need some time to prepare a farewell with him.

Hospital day 11

His fever didn't fall and the amount of sputum increased so much that he was not able to breathe without external suctions. Oxygen had to be supplied to him forcefully, so I borrowed a mechanical ventilator from ICU(Intensive Care Unit) and hooked it up to him. A specialist of division of infectious disease didn't give an answer to my consult note, so I assumed that they might not know the reason his fever was not controlled either. It seemed he managed to stay conscious but he was falling into stupor. I told his family composedly that it was time for them to prepare for his death. Shedding her tears, his wife asked me to let him pass away without pain. There was nothing else I could do for him. She signed the DNR. While explaining it to her, I wiped my tears which spontaneously welled up in my eyes. I was embarrassed that I got emotional in front of his family.

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Hospital day 12

I got a phone call from a specialist of the division of infectious diseases. He recommended that I should check his brain CT due to the possibility that his fever came from a cerebral hemorrhage. ‘Gosh!’
It hit me that ‘blood thinner’ which had been used for his deep vein thrombosis could affect blood vessel in his brain and result in its bleeding. He added that even though the concentration of the drug in his blood was appropriate level, cerebral hemorrhage can occur. I went to his family and explained to them that he had to check emergency brain CT. But, they refused it, saying that they wanted to let him go, adding that they didn’t want him to get other tests or procedures which could give him pain.

Hospital day 14 (early morning)

His vital signs were gradually going down and then there was nothing seen on the monitor’s screen in the end. Meanwhile, I actively tried to bring his fever down and used pain medications which had not been administered because of his poor kidney function. He passed away wearing a bit comfortable look on his face. I had a discussion on him with our professor and the professor saw him in person and I also visited him as much as I could. We did make all-out efforts but it didn’t work at all.

“Dr. Kim, You don’t have to blame yourself. It’s not your fault. I hope you take today’s experience as a lesson and study hard and see patients with all your heart. You did a good job.”

After work, I drank a lot. I felt like I could not forget that day.

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The first surgery

People might not know that otolaryngology doctors perform surgeries. Its official name approved by the Korean Society is 'Otorhinolaryngology and Head and Neck Surgery'. In order to help people better understand, its name was shorten to otolaryngology, but there are many works hidden in the omitted letters. I am a doctor who examines ears, nose, throat and one finger-wide airway and also operates them.

Surgery usually cannot be performed by one doctor. It needs an operating surgeon, assistants and operating room nurses who are called scrub nurses. So far, I have participated in many operations as a second or third assistant and played roles in pulling and holding something during the operations. As times went by, currently I could serve as an operating surgeon in some operations. The title of surgery I was going to perform for the first time was 'tracheostomy'.

Tracheostomy is required in many situations. For an example, when acute upper airway obstruction occurs, it is crucial to urgently make another route for patients to breathe in and out. For another example, when the tube which was put into airway through nose or mouth needs to be kept for a long time, it is highly likely to cause pneumonia and in that circumstances, tracheostomy is required. I got the chance to perform the operation for the latter case which was not urgent compared to the former. However, the patient is breathing entirely depending on the small tube, so if I fail the operation, he could die within 5 minutes because he can't breathe. That's why I had participated in many operations as an assistant, studied a lot, and made

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presentations about it before I performed the surgery by myself.

Finally, the day had come. Carrying the devices, I went to the intensive care unit together with senior residents. I tried to compose myself to stop my heart from racing and not to be nervous. When unexpected things happened, I had to make a right decision within a few seconds. therefore I had to be calm as much as I could as if I were a robot without emotion.

There was an old man lying down on the bed in the intensive care unit. His condition had got deteriorated because of pneumonia and he was connected to the mechanical ventilator through endotracheal tube. He was also suffering from heart disease and taking the medication of 'blood thinner'. Those medical history made me worried about bleeding during the surgical procedure and I examined him carefully.

During the surgery, I have to extend his neck as much as I could because it is the key to the success of it. I put a small roll under his shoulders to fully extend his neck in a straight line. He frowned as if he was uncomfortable with that position but I couldn't afford to care about it. A senior resident who was assisting me didn't say a word. The only thing I was concerned about was that I should succeed in the operation. I cleansed the incision site and its surroundings with antiseptics and covered the area with a surgical drape and I wore the sterile surgical gown.

"Let's put him under anesthesia. Administer midazolam 3mg and Ketamine 20mg, pease."

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Before carrying out the procedure, I asked to administer sedatives to him. After his breathing became calm and I started.

There was a scalpel in my hand and headlight on my head was precisely shedding lights on the area I was going to make a incision.

"I will start."

Without hesitation, I put the scalpel on his neck and made a incision 4 centimeters long along the line which was drawn in advance. The skin was cut open by a sharp scalpel as if grape skin split open. I had never sensed those feelings with my hands in my life time. I had to finish the surgery before the patient woke up from anesthesia, so I didn't have enough time to marvel at sharpness of the scalpel and blood from the incision. Instead, using an electrocautery, I had to cauterize the bleeding vessel. I held the scalpel again and dug deeper and deeper, dividing the subcutaneous fat layers, and then I found the muscles in front surface of neck.

"Mosquito(one of surgical instruments), please."

I switched the surgical instrument. From that point, there could be more bleeding. I completely lost track of the time but had to be in a hurry. Right away, I made an incision on the area which I thought was the middle of the muscles. However, his blood was thin because he was taking blood thinners, therefore as I went down deeper, blood covered the surgical filed as if water welled up to fill a well. At first, I made a incision 4cm long but as I went through deeper, the field got small to only 1.5cm long ×1.5cm wide. Besides, it was covered with blood, so I

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couldn't differentiate between muscles and fat tissue. I was almost about to have a mental breakdown for the first time during the procedure. Then, as if a light bulb went on in my head, it came to mind how professors and my seniors dealt with this situation.
'Not to panic'.
It was the only thing I could do at the moment when the destiny of the patient was in my hands.

I kept pressing the bleeding sites with hemostatic gauze but couldn't control bleeding and tried to cauterize them as rapidly as I could. And then, dissecting muscles, I moved the scalpel towards the trachea which I was really eager to identify at the moment. Between planes of red muscles, a cylindrical structure with different texture was revealed. I noticed intuitively that it would be the trachea. I heard a lot that when doctors perform this surgical procedure for the first time, they usually have trouble in finding the trachea because they usually go down in a wrong direction. Therefore, when I identified it, I was really relived because I jumped over the major hurdle in my way. For now, I had another crucial task, making a hole on it properly.

Depending on the location of the hole, patients can breathe easily or have breathing difficulty. The purpose of the procedure is to help patients' respiration but its wrong location could deteriorate their condition because it could result in narrowing their airway. I put my fingers into his neck deeply and slowly palpated the external surface of trachea and I tried to locate where to cut a hole.

'This is cricoid cartilage and it seems to be the first ring.'
(Trachea is comprised of 16 to 20 individual cartilages and ligaments.

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Tracheal cartilages are C-shaped rings and have their names according to their location, including 1st ring, and 2nd ring. Tracheostomy is done at the level of the second tracheal ring.)

However, I was not sure and had a discussion with the senior resident about it. Palpating together the cylindrical structure, we discussed the exact location.

"Let's get it done here, We are running out of time."
"Prepare to withdraw the intubation tube, please."

I swiftly switched the scalpel to a different typed one and made square window on his windpipe, using the scalpel with right-angled triangle shape. For the present, he could breathe only through this opening. Then, he started coughing and his sputum and blood spurted out from the deep in the lower airway. Before I knew it, I was holding the endotrcheal tube to insert into the window. He couldn't breathe for now and I had to place it correctly at the first attempt and rapidly inserted the sharp end of the tube into the window. In order to confirm the tube placement, I lightly push the suction tip in there, but it didn't go in, suggesting that the tube was incorrectly placed into the window. However, it was such a relief that he could still hang on given that his oxygen saturation level was just a little down.

I had a nervous breakdown again and I was so afraid that my legs were shaking. It hit me that I should quit my job as a doctor if I failed this surgery. Meanwhile, I automatically held the endotracheal tube and inserted it into the window. That time, I had a different feeling from the previous try through my finger tip with the sound of 'click', so I pushed

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it forcefully using my wrist snap. Soon, he coughed up sputum through the tube I had inserted. It seemed he started coughing he had suppressed. It was a success! In order to stabilize the tube in place, I secured it to the skin with sutures.

"You did a great job for a first try. I think you could do without me if you will carry out a few more times. Ha ha ha. You could wrap this up."
"Thank you for helping me today!"

I finished the procedure disinfecting the surgical site. I looked at it carefully because I wanted to make sure that I performed it successfully. I checked thoroughly if the tube was in place and if there was a bleeding site. The patient seemed to breathe comfortably through the new opening I had made instead of his own airway which had given him difficulty of breathing. It looked like I did succeed in it.

Then, a wave of hormonal response which had been suppressed until now swept over me. It seemed to be an enormous rush of adrenaline. My hands were shaking badly even though I stayed still with doing nothing and I couldn't put power in them either. All at once, I was overwhelmed by such a fear that I couldn't leave him just in case. People around me might be curious why I acted like that despite the success of surgery.

On my way back with carrying the devices, the fear from the rush of adrenaline turned into a bit of excitement and pride. Even though it was just once experience, I felt great to realize that I could finally do something by myself. It brought home to me what our professors had

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said. They mentioned that doctors had to be careful not to become addicted to surgeries. In a short period of time, I felt the tremendous rush of fear, excitement, frustration, and ecstasy I had never experienced in my lifetime. Before I went to bed, I tried to review what I did today and opened the textbook of surgery. There is a saying that if doctors depend only on their own experiences, they would end up making mistakes. I stayed up all night, studying how the book said about things I had experienced today.

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The last farewell

It happened two days before my grandfather passed away in the intensive care unit. Unexpectedly, he got better on that day and met all family members and even held my hands strongly.

'Did he want to say goodbye before he died?'

We hoped that he could recover by any chance but after all, he passed away in a day. In my experience, some patients got the chance to bid the last farewell before they left this world. It seemed that they pulled all their strength because they had something to say to their family.

Tongue cancer is a form of cancer that grows in the tongue. You might hear about stomach cancer or liver cancer but it might be unfamiliar to you. As it is fast growing cancer, its prognosis is not good. In spite of aggressive treatment including extensive excision, radiation therapy, and chemotherapy, it tends to recur. It grows twice the original size in a month and eats away at patients' body. In particular, head and neck cancers persistently distress the patients and also place enormous burden on their family and doctors.

I was in charge of a patient with tongue cancer. However, he had refused to receive treatment, so he didn't get the operation at the right time and consequently his cancer spread to his whole body. Despite the chemotherapy in the clinical trial, it kept growing. Now, he was in the situation where he could not eat anything nor breathe through his mouth. The cancer ate away at the tissues of the mouth to form a hole between the mouth and chin and it led to the condition where he drank water and it leaked under his chin. There was nothing we could do for

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him except for administering IV fluids and hoping that new treatment would work. He was supposed to be discharged from the hospital when he got some strength back.

The cancer cells have the unique ability to develop new blood vessel (angiogenesis) which other cancer cells don't' have. They can create new blood vessel by themselves and in turn, the newly formed vessel can take nutrients from host cells as well as cause bleeding. Moreover, it is hard to stop bleeding from those randomly formed vessels. He often bleeds on his tongue, but when it happened, gargling with hemostatic mouthwash help hem to turn the corner for a while. The problem was that the bleeding occurred more frequently. Small amount of bleeding could be a sign that massive bleeding is imminent and we could predict that his death was impending. Whenever I checked on him in the morning and evening, I saw his face getting lean and pale and his smiling face turned into a worried look. The longer he hung in there, the more pain he had to suffer from.

It passed 2 weeks since he was admitted to the hospital. He complained about medical expenses.

'Did I make mistakes because I am an inexperienced doctor?'

I had prescribed as much as I could which I thought were necessary for him including medication and IV fluids without any hesitation. Whatever medicine I prescribed, I didn't earn any profit from it, so I had no idea of its cost until now. On that day, I got to know the price of the medicine and became curious why health insurance don't' cover some medicine.

I could not ignore his decision that he refused certain medications even though they are necessary for him.

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‘In order to be a good doctor, do I have to be good with money?’
‘Would it be right for me to prescribe medicine according to patients’ financial status, not to their medical necessity?‘

At 5 p.m. on weekday, when I was about to finish working at the outpatient clinic, there was a call from the ward, saying that he had massive bleeding from his mouth and I needed to be there quickly. It sounded like an urgent situation and I didn’t have enough time to wait for an elevator and just ran up through the stairs.

When I got there, I found a doctor putting hemostatic gauze into his mouth and taking him to the treatment room. He bled more than a big mineral water bottle in less than 5 minutes and soon he fell into the drowsy mental state. His mother next to him realized that his death was imminent and wailed and kept shouting that she loved him. Six doctors gathered and gave treatment to him. We tried to locate bleeding site, suctioning blood from his mouth. At the head of his bed, I wrapped my finger with hemostatic gauze and placed it deep into his mouth and applied pressure on the bleeding site. Other doctors were busy in trying to prevent hypovolemic shock and calling a anesthesiologist to arrange the emergency operation. Literally, it was a chaos.

If we stopped bleeding at least, we could buy some time for him to say goodbye to his family. We didn’t have enough time to get changed to surgical gown, so with my fingers being placed in his mouth, me and other doctors went straight into the operating room, taking him.

White-colored anesthetics were administered through IV fluid and the patient already in drowsy mental state was put to sleep. Our professor

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arrived and started the operation to stop bleeding and it turned out it was not a problem confined to a few blood vessels. Although we kept applying hemostatic agent, bleeding didn't stop. We came to the conclusion that he needed a vascular intervention procedure. He was sent to the radiology department with being under anesthesia and got the procedure which block the bleeding vessels. We started giving him treatment at 5 p.m. and it ended at 1 a.m. early in the morning next day.

Wen he opened his eyes in the intensive care unit, he started crying, holding my hands.
'What could I do for him?'
; to administer narcotic analgesic to relieve his pain; to keep asking how he is feeling, holding his hands; to arrange him to the hospice care which was more qualified than me and could help him to die with dignity.
Even after he was transferred to the hospice care, I kept visiting him. I checked if there was something that I could do as an otolaryngologist and kept asking him if there was something uncomfortable with him. When I got a back injury, I visited him in a wheelchair. Then, he asked me if I was alright with a worried look. This innocent character made me feel more sorry that there was nothing else I could do for him.

I was told that all of sudden he became unconscious and his condition got worse and he passed away in the end. It might be because there would be an internal bleeding. His family didn't want him to get further treatment. I heard it from a doctor in the operating room. He added that in his last moment, he wanted to see me, gesturing where the round faced doctor was.

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‘What did he want to say to me?’

I was worried if he wanted to blame me and hoped that he didn’t hate me at least. I couldn’t pay attention to the surgery which was underway. I regretted not having said goodbye to him in his last moment. I prayed with all my heart that in heaven, he would be free from pain of this world. Anyway, at the yelling of “focus!” from an operating surgeon, I had to concentrate on the ongoing surgery. I pretended I got over all my emotions, but I could not help but feel heavily burdened from the bottom of my heart.

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Epilogue

It has been almost 3 years since I got a medical license. The hospital never fails to greet March every year. Before I knew it, I found myself getting reports from interns who have just started working as doctors from March. Over the phone, their voice was shaking and they were rambling incoherently. It reminded me of myself who had just started my career. I might forget the fact that I was the same as them, if I did not write this book. As soon as the phone started ringing, I got angry, because I just fell asleep at 3 AM after working all day long. However, I tried to calm down and answer it as kindly as I could, recalling what I was like when I was an intern.

I have had many difficult times but I can not remember them all. I forgot the sufferings I had experienced and over times, some of them are remembered just as old memories. However, what I still remember is that when I was so stressed out that I was about to have a mental breakdown, I tried to think about myself again. I suppose that problems arise when we forget who we are because we are overwhelmed by heavy workload. Before we start difficult tasks, we need to think over the purpose of the work, my roles, and the reason I have to continue it without giving up. I'd like readers of this book to consider those things.

It seems like that the older generation in our society take difficulties and suffering of younger generation for granted. It might be because they went through them before. They don't say much to encourage the young to hang in there nor convince young people that they can grow through the difficulties they are experiencing now. Anyway, my opinion

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is different from the older generation.
'Should the younger generation go through the same amount of trouble the older generation did so that they could grow?'
I think that we should help the young develop at least the same as we did, although they would undergo less difficulties than us. I believe that it would bring development to our society.

When I examine patients these days, I have faced different problems and dilemmas. It's like climbing of which trail seems to be endless. However, what is certain is that the more we go up, the stronger our legs become and next time when we climb up a mountain, we could do more easily as long as it is as steep as the previous one. If you have decided on your career path, I'd like you readers to take a step forward imagining the future selves who would grow as much as you could. I hope this book will offer help when you move toward your future selves.

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