

## Of Being a Patient When You Are a Doctor

By Beatrice Khater

My first trip to Tibet, which had been on my bucket list for years, turned out to be a lesson on multiple levels.

During the 24 hours following our landing at Lhasa at an altitude of 3,656 meters, my heart rate reached 100 beats per minute at rest, a headache slowly progressed and became unbearable, the fuchsia outfit of my roommate hurt my eyes, and I was blocked in bed with abdominal cramps. A local doctor was called. Upon his arrival, he immediately inserted an IV, did an IM injection and gave me some pills. The language barrier prevented me from knowing what cure exactly he was administering to me. The only understandable explanation he could give me boiled down to two words: "Chinese medicine." He handed me a few pills in a folded paper where he wrote "Morning" or "Evening." I followed the instructions religiously during the following two days. He had me sleep the rest of my trip with an oxygen bottle next to me, which helped me overcome the suffocation sensation which would awaken me most of the nights.

When I came back to sea level I realized that, although I had read the literature concerning altitude sickness and knew the symptoms, the book's description was different from my experience as a patient. Headache is mentioned as a symptom of altitude sickness but what I was feeling was a horrible pain, the worse I had ever experienced. I could not move my head in any direction without groaning. All the painkillers I took to treat what I thought was a migraine, were useless and did not help at all. The pain kept increasing.

Why did it take me more than 24 hours to admit that what I was suffering from was mountain sickness? Denial is part of the answer, but not all of it. I realized that our academic knowledge and what we've learnt in books are in some cases just cold literature and medical terms deprived of any real feeling, while patients' perceptions may vary along a large spectrum. We, as humans, do not react the same way to the same stimuli. The major learning I gained from this experience was the importance of listening differently to a patient reporting an odd symptom, to resist any form of sceptical reactions when what is being described to me is not "textbook." And to acknowledge that their concern may very well depict a real symptom which deserves a deeper dive to refine the diagnosis and the therapy.

The other lesson I learnt during this trip was the absolute trust a patient can put in his "saviour." In usual circumstances, I would have totally refused the IV medications administered to me, before inquiring and getting a thorough explanation of what was exactly being done. But in this very situation, overwhelmed with my indescribable pain, I behaved like a "lambda" patient, putting aside my status of physician and my scientific mind, usually in

constant quest of clear evidences. If that unknown doctor deemed the totally-strange-to-me Chinese medicine beneficial to my case, so be it. I was ready to trust anything he would say or prescribe.

That gets me back to the typical patients' behaviour who, despite the physician's willingness to explain and share his decision with them, have this classical reaction: "No doctor, you are the specialist. You know what's good for me"... a non-negligible responsibility that we carry on our shoulders as physicians. On the other side I felt like the only other solution I had was to leave Lhassa, my dream destination...and someone was offering me the option of staying. Then whatever the price was, I would give it a chance, I would try to swallow these tablets wishing deep down they would allow me to rejoin my group and to continue the trip.

Tibet was a lesson in itself, a lesson of interior peace and serenity, a lesson from its resilient people who try to keep their traditions and their faith despite everything. For me, that journey so close to the summit of the Earth provided me a new perspective on my role as a physician. Being in the position of the patient, powerless and impotent, opened my eyes to aspects of my patient-clinician relationships. Having experienced being a patient in such a context made me a better physician.

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