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What I Do Not Tell the Medical Student

Erica Andrist, M.D., M.B.E.

"I have no interest in critical care," the medical student muses good-naturedly. It's the last day of his rotation, and we're riding the elevator to the lobby. "But what you do is amazing. Watching you run a code is incredible."

The compliment strikes me as remarkable, especially because I know the earnestness with which it's delivered. I'm instantly taken back to my own days as a medical student.

When I found out I had been randomly assigned to the pediatric intensive care unit (PICU) for my third-year inpatient pediatrics rotation, I was terrified. The PICU was where children went to die. I wasn't sure I was smart enough. I wasn't sure I was strong enough. But with cautious surprise, I found that I loved it.

And then one day, one of my patients died.

I remember watching the attending physician at the foot of the bed. I was awed by her complete command, how she so confidently choreographed the chaos around her. She could anticipate the future and react to it before it happened. And I remember her gentleness and sincerity when she finally turned to the family and said, "I'm sorry."

I was amazed. It was incredible. She was everything the medical student seems to think that I am now. Over the course of my training, I've come full circle — from the back corner of the room, to the side of the bed, to the head of the bed, to the foot of the bed, and for a brief moment once again in the back corner, remembering, marveling.

I do not tell the medical student that I now know how much of this command is an illusion, a complex magic trick that conceals panic, grief, and rapid-fire unspoken prayers to whomever or whatever might be listening. I do not tell him that lurking behind this illusion of control is the knowledge that it is possible to do everything right and still lose.

We do, of course, wield tremendous power. In our finest moments, we duel with Death itself and deliver children largely unscathed back into the arms of their families. I do not tell the medical student that I understand why some of us get a God complex. There are children walking this earth who are alive because of decisions I made. Parents tearfully thank me for saving their children's lives. Sometimes they say this even when I know their children were never actually dying.

What words could suffice in response to such whole-hearted gratitude?

I do not tell the medical student that I feel compelled to keep a respectful distance from the knowledge that I save lives for a living, that I make life-and-death decisions as part of routine daily work. These are facts that I can know in the way one knows facts memorized from a textbook, but

I cannot bring myself to embody them. The knowledge is like the face of Medusa, like the sun during a solar eclipse: I cannot look directly at it without risking consequences. To fully bear the weight of such immense knowledge is still beyond my ability.

I do not tell the medical student that I am still afraid to wield such power, and even more afraid of the damage that I will do when wielding it poorly.

I remember another code during my first year of attendinghood — ventricular tachycardia due to high-dose exogenous catecholamines in a young woman with terrible septic shock. For reasons I no longer recall, I ran the code with help from only two other sets of hands. The bedside nurse heroically did the jobs of three people. My first-year attending colleague, eyes as wide as mine over his mask, charged the defibrillator. Although it felt to me like we fumbled through the resuscitation with too few staff members and too little experience, we successfully constructed the illusion. I know we did, because the young woman's mother later found my mother on social media to tell her so: "Dr. Erica was in complete control." We delivered the patient largely unscathed back into the arms of her family.

The patient went to college at Michigan State, where her dorm was shot up by a gunman last year. I do not tell the medical student that in my darkest moments, I have wondered if I have ever done any child any favors by patching her up and sending her back out to struggle in this violent world of heat and guns and contagion that adults have created for her to grow up in. I do not tell him that given sufficient time, Death will win every battle.

I do not tell the medical student what I often tell my fellows: that it gets easier, but it never gets easy. I spent so much of my training expecting that once I was a senior fellow, once I was an attending, once I was an attending with a few years of experience under my belt, I would no longer be afraid. The gnawing would ease, the weight would lighten. When this comfort did not materialize, I wondered what was wrong with me, why I was such an awkward failure, why I so often felt more culpable than capable.

I do not tell the medical student that I now recognize it as pathology to be unafraid to lose a child.

What would happen if I did tell the medical student? What if we revealed, to each other and to ourselves, the people behind the illusion? Would I bring him into a fold of people who could better support one another by collectively shouldering the weight of our shared fears and vulnerabilities? Who could better support the people we are supposed to be caring for by interrogating the realities and illusions of our own control and power? Would he be better prepared for the grueling days of his training and career that are yet to come?

Or perhaps I would crush an illusion that is necessary for us to continue doing this work, an illusion that sustains us by promising, even untruthfully, that someday such fearless mastery will be ours. Perhaps our patients also, at least sometimes, need to believe in this illusion.

I don't know. And the elevator doors are opening.

"Thank you," I say, as he walks away. "I'm glad you enjoyed your time here."

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From the Division of Pediatric Critical Care Medicine, C.S. Mott Children's Hospital, University of Michigan, Ann Arbor.

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