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THE MED SCHOOL CHRONICLES: Getting her feet wet
First in an occasional series

By Debra Gordon

Ask any doctor about the most important year in training, and the answer will be the same: third year of medical school - the first year with real patients.

Doctors 30 years out can still remember the name of the first patient they interviewed. The first baby they delivered. The first patient who died.

Third-year UCI medical student Alfie Meister has started her rotation in internal medicine. Beginning today, we follow her on her yearlong journey - through surgery, internal medicine, family practice, psychiatry, pediatrics and obstetrics.

The man was old, she didn't know how old, with curly, salt-and-pepper hair. He'd died on the way over from the intensive care unit, and now Alfie Meister, medical student, watched as the intern went through the age-old ritual before declaring death. Placing her hand over his mouth to check for any faint whisper of breath. Rubbing her knuckles hard on his chest to see if he felt pain. Lifting his eyelids and watching for the pupils to contract against the light.

Nothing.

He was dead. Not dead like the rubbery cadavers, stinking of embalming fluid, that Alfie had spent three months dissecting her first year in medical school.

This man was still warm.

Se stayed in the room when the doctor and nurses finished, reluctant to let his death pass without marking what she saw as a momentous occasion - but which her colleagues probably saw as part of their day's work.

From the window, she could see the flags flying at half-staff in remembrance of the Americans killed in two embassy bombings. Those deaths were headlines in a newspaper; the one before her was real.

Or was it? She'd never seen a person die. What if he were just taking a really long breath?

She placed her stethoscope on his chest and listened. Nothing. She thought for a second the scope was broken. It was the first time she'd put it on someone's chest and heard only silence.

Then Alfie, 23 and six weeks into her third year of medical school at the University of California, Irvine, did something she'd never done. She prayed. Prayed that this man, whose name she didn't know, was at peace. That he'd made things right with his family. That he'd had a good life.

She didn't believe in God. She believed in science. The science of medicine. Today, however, she realized that this year - the year patients replaced books, the year she learned what it really meant to be a doctor - would change that. Would change her.

She grew up in Denver, living with her father after her parents divorced when she was 3. Raising her, he told her later, was the greatest and best thing he ever did. Every summer, he quit whatever blue-collar job he held and they went driving across the country, camping out, because he wanted her to see what was out there.

He was angry at what he saw as the injustice of a world that would allow a few to have millions and many to have nothing; of a world in which the color of your skin could determine your fate. She absorbed his anger like a sponge, resolving from an early age to find a way to right some of the wrongs he showed her.

When he could no longer afford the tuition at the fancy private school he sent her to, he took a job as the school's night janitor in exchange for reduced fees. But she needed more structure. When she was 11, he sent her to live with her mother. Immediately, Alfie went from bohemian poverty to a middle-class suburb in Denver, where dinner was always at the same time.

She'd wanted to be a veterinarian ever since she read James Herriott at 8. For college, she picked one of the foremost schools for veterinary medicine: University of California, Davis. But when her adviser cautioned her that it would be hard to combine her desire to help children with veterinary medicine, she dropped the dream. I can't do it, she said. I need to make things better for kids who are poor and sick and hungry, more than I need to take care of cows.

She thought about sociology. Then she saw Tom Brokaw interviewing a Harlem doctor about her program to reduce injuries in neighborhood children. Alfie Meister had a new hero - pediatric surgeon Barbara Barlow - and new career plans.

She spent 10 days in New York trailing behind Barlow and her volunteers. As she would later write on her medical school application, "I was horrified that so many children grow up thinking that is all life has to offer." She wanted not only to heal young bodies but also to offer their hearts hope for a better future.

She applied to nearly a dozen medical schools, including the four black medical schools. She'd heard they had a commitment to health care in underserved communities. She wanted to go where that kind of commitment was expected of her. But the only medical school that accepted her was Irvine, deep in one of the most affluent counties in the nation.

So in September 1996, the doctor-wanna-be with a social conscience moved south to the land of Mickey Mouse, convertibles and surfers.

■

She spent the first two years in classrooms and labs. Gross anatomy and embryology. Biochemistry and histology. Mechanisms of disease.There were no grades. You either passed or failed. Thanks to a nearly photographic memory, Alfie passed everything.

She lived in shorts and T-shirts. Spent as much time on the

beach and at the gym as she did in the library. Had a boyfriend. Any contact with patients was at a distance, in clinics, observing. In laboratories, practicing on actors.

Until July 1 this year.

That morning, she dressed in stockings and high heels, a dress and the small diamond studs she always wore. This would be her uniform from now on, designed to assure patients they were being treated by a grown-up.

She clipped on the new badge that read "student physician." But she didn't need a badge to identify her as a neophyte. The white coat did that.

Unlike the flapping, nearly-to-the-knee coats of the real doctors, hers barely covered her behind. The length had a purpose: Anyone could tell she wasn't yet a doctor.

It is her coat of armor for the next two years. Will grow gray with repeated washings to rid it of the triple medals of medicine: blood, vomit and feces. Its pockets will rip from the weight of the "ectopic brain" stuffed in them: the palm-size books, photocopied articles and scribbled notes she needs to get through the day.

In the days before she faced her first patients, she was physically sick with fear and worry. How would she get by on less than the eight hours sleep she needed each night? How would she handle changing hospitals and medical teams and patients all the time? How would she cram in the book-learning during 12-hour hospital days?

She knew the importance of this year. If she failed here, she was finished. Forty thousand dollars in debt, with nothing to show for it but a deep knowledge of biochem and anatomy.

She was terrified.

She drew medicine as the first of her five clinical rotations. Five weeks at UCI Medical Center, followed by five weeks at the VA hospital in Long Beach.

She'd toured UCI once in two years; now it was her office. Actually, more like another country, with its own language and culture. Crits and CBCs. Turfing patients. Gomers. Dig. Blocking. The first two days, she blindly followed an intern, watching things she didn't understand, feeling out of place. She called her friend, a fourth-year medical student. "I hate this," she said, sobbing.

Go into the hospital early tomorrow, he told her. Pick a patient. And talk to him.

So she did. The man had chronic obstructive pulmonary disease. She introduced herself. Checked his labs. Conducted a full physical and history. Wrote up the chart notes all by herself. And suddenly felt better. You couldn't just stick your toe into the pool of third year, she realized. You had to jump in.

■

By the third week, the scared girl who had hidden in the shadows of the hospital was gone. Tall and raw-boned, her shoulder-length blond hair swinging, Alfie strode through the hospital on a late July afternoon, searching for a patient transferred from ICU. Today was call day. New patients admitted to medicine would be assigned to Alfie and

her team: two med students, two interns, a resident and attending physician. They were getting slammed; by 3 p.m., they already had nine admissions. Every time her resident's beeper chimed, Alfie knew it meant another admission. Some nights, she heard that beeper in her dreams.

She finally found Christine McBride in a dimly lighted ward on the fourth floor. A 38-year-old alcoholic, McBride had been one of Alfie's first patients two weeks

earlier, when she was admitted with internal bleeding. She was, like many patients on the medicine rotation, hospitalized with problems caused by their own addictions. Some doctors viewed these patients with disgust, frustrated that there was little they could do to change the underlying cause. Alfie, seeing them through the prism of her childhood, instead asked: "Who hurt them as a kid, that they have to drink so much to deal with the pain?"

McBride, gaunt except for her swollen stomach, sat cross-legged in her bed, an IV tube running from her arm, her dull chestnut hair pulled to one side.

“So you're back," Alfie said to her. "What happened?"

McBride, who has chronic pancreatitis from her drinking, had begun throwing up blood after she was discharged 10 days earlier. When she returned to the clinic for a checkup, she fainted.

Alfie noticed the woman's hands. "That's the spider," Alfie said excitedly, examining the pin-size red dots with the tiny blood vessels radiating out like a spider's legs. Called spider angiomas, they are characteristic in heavy drinkers with liver disease - like McBride.

Alfie had learned about them in a lecture one hour earlier. And just like that, she understood third year. Instead of the Teflon learning of the first two years, in which book knowledge slid off her brain minutes after a test, learning on patients was turning her brain into an iron skillet. Everything seemed to stick.

She'd never forget what a spider angioma looked like.

Then the crucial question: "Have you been drinking?"

"Just the night before."

"How much did you drink?"

"Just six or seven shots of tequila."

Alfie's face was neutral as she wrote. "She knows she shouldn't drink," Alfie said later, having been over and over this on McBride's earlier admission.

It took Alfie nearly 30 minutes of questioning and examining McBride to finish the history and physical, scribbling furiously with each answer.

Later, she would copy these notes into the chart in the shorthand she is learning. Like everything in medical school, this has a mnemonic: SOAP. Subjective: what the patient says she's feeling. Objective: what the physician observes. Assessment: a summary of the patient's problems. Plan: what are you going to do about it?

She can't answer the last one yet. And she isn't expected to. In reality, she has little responsibility and a huge safety net. Everything she writes will be reviewed and signed off on by her intern, then the resident, then the attending, in the strict hierarchy of the hospital. Each will ask McBride these same questions; review the same lab tests; write their own notes in the chart.

It is redundant. But it is part of the apprenticeship, a method of teaching centuries old, included even in the oath doctors take: "By precept, lecture, and every other mode of instruction, I will impart a knowledge of the Art ... bound by a stipulation and oath according to the law of medicine."

■

Dr. Lloyd Rucker, who oversees the medicine clerkship, describes medical students like this: "They enter medical school as idealists. Then we work them 80 to 100 hours a week. They get tired, (angry) and cynical, but we're still talking to them about humanistic qualities and how to talk to patients, and the bright light at the end of the tunnel when they'll be working with patients and see the relevance.

"Then they get to the wards, where the interns take over and tell them, `I can't believe you're still trying to do it the way they told you in medical school. You can't sit there and let the patient just talk to you - you've got to move them' ... so all the good training goes down the drain."

Alfie was determined that that wouldn't happen to her. When she heard the house staff refer to patients by their diagnoses - the gall bladder, the kidney stone - she cringed. People warned her about getting too close. You'll get hurt, they said.

They were right.

He was 42. Admitted to their team with an abdomen swollen with fluid. If she'd known more medicine, the lab results would have told her the cause. But they were still just numbers to her.

She met his family, his daughter and three sons, his beautiful wife; spent all her free time sitting with them, talking to them. "When can I take him home?" the daughter asked. "What's wrong with my dad?"

Alfie didn't know. Not even when she looked at the CT scan, the one that real doctors already knew showed organs riddled with cancer. When her intern told her the news was bad, she started crying right there in the on-call room.

She began visiting the man whenever she had a moment, driving back to the hospital after her family practice clinic; late at night, still dressed in shorts and T-shirts from her gym workouts.

"I'm not afraid of dying," he told her. "Just worried about my three boys. They don't listen well to their mother."

She called her own mother, a surgical nurse with nearly 20 years of experience. Toughen up, Linda Young told her daughter. "This is the reality of what you haven't learned in the past two years: that all of those bodies you worked on were someone's father, someone's grandfather."

"But it's horrible, it's horrible," Alfie cried. "His family thinks he's going home."

He died 10 days after she started working at the VA. By the time she heard, the funeral was over and she was nearly finished with the medicine rotation.

So she mourned him in her own way, in her own special place. A wild, empty stretch of beach. There, perched on a rock jutting into the sea, she wrote in her journal and thought about the man. Not the "great case" the hematologist called in to consult had been excited about; but the man. With four teen-agers and a wife who loved him very much.

She wrote about the life that ended before she knew enough to even realize how sick he was. She wrote something else, too, as the breeze swept the smells and sounds of the hospital away. That she loved what she was doing. The hospital. The patients. The residents and interns. Even the deaths. They were hard. But each taught her something. Reminded her of why she was doing what she was doing.

If she is very lucky, she thinks, the deaths will never get any easier.

Surviving med school

From the "Medical Student Survival Manual," 11th edition

When in doubt, ask for assistance.

Don't lie. (You will most likely get caught.)

Wash your hands between patients. (You wouldn't want to be the vector of the next bubonic plague. It wouldn't look too good on your resume.)

Wash your body every day. (There is nothing worse than smelling like a cadaver in a short lab coat.)

Respect your fellow students. Forgetting that has BAD consequences.

Be kind to the children you see in the hospital. (They need positive role models, and you may inspire them.)

Never forget where you came from, who helped you get here, or where you are going.

Become your own advocate; no one else will.

Perform GI rounds whenever possible. (In time, you will understand.)

Laughter IS the best medicine!

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THE MED SCHOOL CHRONICLES: Days without end
Second in an occasional series
By Debra Gordon

Alfie Meister stood in the middle of the high-ceilinged trauma room, her hands pressing down on the blood-soaked gauze covering the old woman's neck, and tried not to cry.

She'd just come from the operating room where the woman's son, his throat also slit in the same random act of violence, was undergoing surgery.

"How is my son? Have you seen him? How is he?" the woman whispered to Alfie, searching the medical student's face for an answer.

Alfie swallowed hard and looked down. When she'd left the O.R., blood was spurting from the gash in the son's neck. "There's no way he's going to survive," she'd thought then.

Now she pleaded with herself. Don't cry. If you cry, she'll think her son is dead.

The woman didn't know the tall blonde looming above her was just a third-year medical student, exhausted from a 20-hour day, sickened by the violence flooding into the emergency room that night.

"They're taking care of him," Alfie said, her voice surprisingly steady.

She thought she was OK then, as she relinquished her position over the woman and left the E.R. Until she walked onto the surgery unit where the charge nurse chastised her for not wearing a cap in the sterile environment. Suddenly, it was all too much.

The woman and her son. The 15-year-old shot in the head. The drunken driver and the teen-ager he paralyzed for life. The broken 4-year-old hit by a car.

The images and smells and sounds of the brutality that lived in the UCI emergency room overwhelmed her. Two weeks on trauma call and already she'd seen too much tragedy, too much sadness, to comprehend.

Before she knew it, she was sobbing out her frustration and fear and exhaustion onto the kindly nurse's crisp white shoulder, crying right there in the corridor of the surgery suite until there was nothing left.

Then she sat up, blew her nose, and walked down the hall to the operating room.

The time for feelings was over. It was time to work.

■

The rumors about surgery rotation start in a medical student's first year.

Stories of days that begin before dawn and end after midnight, of mind-numbing fatigue, of "train wreck" patients whose every body system fails.

Stories about the surgeons - egocentric, perfectionist gods who have an exacting vision of what they want done and how they want it done. About the one who lets you open and close an incision - after you name three Nobel Prize winners in medicine.

Before they ever step foot in an operating room, third-year medical students know the three golden rules of surgery, passed down by generations before them:

Know what you're going to say if you say anything, because surgeons are notorious for "pimping" you, quizzing you on complexities of the human anatomy you thought you'd left behind your first year.

Stuff your stethoscope in your pocket because only "fleas" - nonsurgical doctors so named because they are the last to leave a dying patient - loop their 'scopes around their necks. Wear yours around the neck and risk jokes about your "flea collar."

Carry a roll of Scotch tape. It gets you brownie points on rounds when the attending or chief resident needs to tape orders to the door.

Alfie was no stranger to an operating room. Her mother was an O.R. nurse, and Alfie had spent college Christmas vacations in the Colorado hospital where she worked, watching surgeries.

The O.R. felt like a second home, the tension in the air as familiar to her as the smell of cinnamon is to a baker.

But nothing could have prepared her for trauma call. Taking up less than one-third of the 10-week surgical rotation, it would change the way she viewed the world ever after:

"My life is happy and protected. I saw how much evil there is out there."

■

Beep. Beep. Beep.

Two bites into a turkey sandwich - the first food she's had all day - and the damn beeper goes off.

Alfie, Dr. Jennifer Bissell, a surgical intern just six months out of medical school, and chief surgical resident Dr. Mitch Cahn - who leads the team - glance down at the pagers clipped to their pockets. MTV. Moderate trauma. ETA: five minutes.

Tossing her uneaten sandwich into the trash can, stuffing a bag of gummy worms into her pocket, Alfie leaps up and half runs, half walks out of the deserted cafeteria to the E.R. trauma room.

As she snaps on her latex gloves, paramedics rush in with the

bloody man, already reading out his vital signs.

Alfie snatches a piece of yellow paper from the desk and begins scribbling. It is her job to catch the numbers and bits of medical history thrown out by the more than half-dozen medical staff simultaneously working on the man, creating a running record of these vital first moments in the E.R.

In the strict hierarchy of trauma, Bissell and Cahn go down the alphabet, starting with the things that kill first. Airway. Breathing. Circulation. Neurological dysfunction.

They shout at the man. "Do you have any pain anywhere I'm pressing? Can you hear me? Wake up. Talk to us. Where are you right now?"

No answer. The man had been on the wrong end of a baseball bat during an argument. Blood covers his hands and chest, mats his hair, slips down his face.

"Talk to us. Why won't you talk to me? We're trying to help you."

The numbers fly at Alfie.

Heart rate 80.

Blood pressure 120 over 90.

Respiration 18.

"Check his pupils," Alfie coaches the doctors.

The trauma room appears chaotic, with more than a dozen people, including a police officer, milling about. But everyone here has a job. From the nurse, finding an arterial vein for an IV, to Bissell, wrapping the injured man's head in a white gauze bandage, which turns instantly red, to the police officer collecting the bloody clothes for evidence.

Suddenly, everyone stops and scatters into the hall, away from the dangerous radiation of the X-ray machine.

Thunk, the X-ray machine whines.

They rush back in.

"One, two, three," Bissell shouts, and the team rolls the man off the paramedic's backboard in one fluid movement, spattering blood over the white floor.

Alfie keeps writing. Does he drink? How often? Smoke? Drugs? When was his last meal? Her stomach is in knots, as it is during every trauma.

"What if I miss something? What if I don't get it right?"

Suddenly, the man's arms and legs begin thrashing. Alfie holds tight to one leg as the seizure takes over, convulsing the man hard enough to nearly tumble him off the table. He loses control of his bladder and bowels and a thick stink fills the room.

"Blood pressure 90 over 60."

It is 7:29 p.m., just 40 minutes since the page in the cafeteria.

Alfie has been in this hospital since 5 a.m. Has blisters on her feet from so much running and standing. Is on the edge between

tears and wild giggles, she is so tired.

She watched a man die earlier today. Stood in the operating room, her feet slipping on the blood from his wounds, pushing, pushing on his chest in a last-ditch attempt at CPR, only to feel his heart stop beating, the injuries from his fall out of a tree too great to survive.

She'd stitched him up, pushing the needle back and forth through his cooling skin, feeling numb from the horror of it yet still taking a small pride in the neatness of her stitches.

"Too much," the voice in her head chanted. "Too much sadness to handle."

But then the most amazing thing happened: As she walked out of the operating room, the booties covering her feet so blood soaked she would later have to scrub her tennis shoes, she saw a nurse pushing a small bassinet.

A baby had been born in the operating room next door.

One soul goes out, she'd thought, another comes in.

■

As the team wheels the baseball-bat-man out of the trauma room for CT scans of his head - he will later need surgery - Alfie walks into the main E.R., where she is drawn to an 8-year-old lying alone in an open bay.

He got "runned over" by a car and is waiting for a bed in the pediatric intensive care unit.

Alfie taps her finger on the police badge sticker pasted to his pajama top. "You know what that is, don't you?" she asks. "That's a special little badge for brave little boys."

He must be brave because he still needs a stitch in his upper lip, and surgery resident Dr. Brian Campbell has decided Alfie should do it.

"Me?" she asks, shocked.

He turns away and Alfie panics.

"You're staying here, Brian. Don't you dare leave."

She drapes a sterile blue paper over the boy's face, exposing just his nose and mouth, then pulls on a pair of gloves. The suture Campbell hands her is hair-thin, the curved needle almost minuscule, far unlike the heavy, thick thread and needles she used when she practiced stitches on pigs' feet five weeks earlier.

"Don't move, OK?" she says after Campbell numbs the boy's lip. Then she gently grasps the bit of flesh with her forceps.

"OK, OK, just a little push, hold still."

The needle pokes through the torn flap and she pulls the stitch after it. "Almost done. You're being very brave."

Campbell is amazed at the boy's calm. "They're usually not this quiet. They're usually screaming."

Even after she finishes, Alfie stays by the boy's bed, holding his hand, talking to him, rubbing her thumb lightly across his wrist until he is nearly asleep.

She has learned to savor moments like these, to seek them out in the chaotic atmosphere of the E.R.

One night she spent nearly an hour pacing around the E.R., whispering nonsense into the battered face of an abused 10-month-old until he finally stopped screaming.

If she can't find solace in the E.R., she escapes to the newborn nursery, where the nurses let her stand watch over the sleeping infants.

"This is what I'm meant to do. For the rest of my life, this is what I'm meant to do."

■

By mid-November, when her surgical rotation ends, she is so tired she carries fatigue with her like a shadowy twin.

She drinks coffee for the first time in her life, lets her dinner burn when she falls asleep on the couch, reassures people who see her when she gets off call that she is only tired, not drunk.

A physical the day after her final exam shows she is severely anemic, with a dangerously low white blood cell count.

But she feels triumphant. She has finished medicine and surgery - the two hardest rotations.

"Everything I imagined would be so awful, the things I dreaded so much, everything has been wonderful."

It was such a trip to see a heart beating during surgery. To sneak her finger onto the fist-sized muscle, to watch it jump up and down with each pulsation. To lay a hand on a papery-thin lung and feel it turn into a hard balloon as it reinflates with air.

She has always thought of herself as a person who works only as hard as she has to, who rises to the occasion rather than pushing herself from within. On surgery, though, it was different. "I felt I had to take on more, had to be better, had to try harder."

And the myth about cold, unfeeling surgeons? Not the ones she'd seen. She'd followed one into a patient's room, watched him pull up a chair and, with amazing gentleness and respect, tell the patient he would soon die.

From him she learned how to let a patient retain control over dying, how to be comfortable and honest talking about death.

Gone was the fumbling, scared student of the late summer. Now she routinely moved at a near-run, scribbled pager numbers and lab values on her hands and arms, learned to sleep for 10 minutes and wake somewhat refreshed.

She'd been tempted by the surgical bug once during her rotation,

when she spent two weeks on the cardiothoracic service. Something about fixing hearts - the very essence of a person - appealed to her.

But her heart led elsewhere.

One more rotation. Then pediatrics.

VITAL STATISTICS

Ralfella "Alfie" Meister
Age: 24
Hometown: Denver
Undergraduate degree: Psychology, from University of California, Davis
Career goal: Pediatrician
Reason for becoming a doctor: It provides a way to combine her love of children with her desire to make a difference in the world.
Hobbies: Sleeping, working out, watching sunsets from the beach
Favorite part of medicine: The children. Not doing medical procedures to them, but making a connection with them, making them smile
Last book read: "The Wonder of Boys: What Parents, Mentors and Educators Can Do to Shape Boys into Exceptional Men"
Long-term goal: To practice pediatrics in a low-income urban setting.

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THE MED SCHOOL CHRONICLES: Unlocking Minds
Third in an occasional series
By Debra Gordon

Harry lay on the bed, his long, thin body covered by blankets. He was quiet now, the restraints tying his wrists to the railing unnecessary.

Third-year medical student Alfie Meister held the 72-year-old man's hand through the railing, marveling at his calm. Was this the same man she'd seen throwing chairs at the nurses? Cussing like a sailor? Peppering her with lewd suggestions if she dared wear a skirt?

Now he nearly cried as he talked about his wife.

"That's what kills me," he said over and over. "I just love her so much." "I know," Alfie soothed, not sure what to say. "I'm sure she knows." This, she thought, must be the real Harry, the one hiding inside the man she'd seen nearly every day since starting her rotation on the geriatric psychiatric unit at UCI Medical Center in Orange in November.

That Harry, the one whose brain was being destroyed by a series of silent strokes, was a ranting, raging bull of a man who needed to be tied to his bed and watched constantly by a nurse.
Moments like these were too rare on the psychiatric unit.

Usually, Alfie saw only the outer patients, deep in the throes of a mental illness that made them hear voices, slash at themselves, sit catatonic, staring at their hands. The person inside, the one the doctors tried to coax out with their colored pills, talk therapy or electroconvulsive treatments, nearly always hid.

That's what made psychiatry, her third rotation during this critical year of medical school, so difficult.

For the first time, Alfie, 24, felt distant from her patients.

The ward was like a stage, the patients playing characters on the bizarre end of human experience.

Then there was the pace.

Coming to psychiatry after the 18-hour days of surgery was like slamming on the brakes

while speeding along at 90 miles an hour.

The first few days seemed endless. Just sitting, talking.

Compared to surgery _ where rounds started at 6 a.m., where routines moved with the precision of a military drill _ psych was like a laid-back college class.

On surgery, she was constantly running _ new admissions, workups, discharges. On psych, the patients were there for weeks.

The medical residents ordered their own labs. Rounds started when they started. Maybe 9. Maybe 10.

There were advantages. For the first time all year, Alfie had a life. Baby-sat. Dated. Worked out at the gym. She even caught up on the episodes of "ER" her roommate taped for her.

But the work itself just didn't carry with it the same satisfaction. No matter what the staff did, it was only temporary.

Unlike surgery, where doctors could actually fix a heart, repair a wound, here they could only temporarily stay the infection of mental illness.

With Harry, for instance, the primary goal was to find the right mix of drugs to calm him down enough so he could go to a nursing home.

For mental illness lives in a person like a virus _ sometimes quelled by the vast pharmacopeia psychiatrists have at their disposal, but always lurking in the background, waiting to re-emerge.

And she was never quite able to escape that feeling of disconnectedness from her patients _ even after weeks with some of the same people.

Communicating with the bipolars, schizophrenics and psychotics who peopled the ward was like talking through a mirror.

"They're not getting what I'm saying and I'm not getting what they're saying," she said. "It's like we're talking in two different languages." Like the Samoan woman with bipolar disorder, who was severely depressed. Yet every time Alfie asked how she was doing, she'd say wonderful.

"Life is beautiful," she'd say. "I love you every day.
You're going to be a great pediatrician."

Eventually, Alfie learned to keep walking so as to avoid getting cornered by the woman.

The irony is that doctors who did choose psychiatry _ like Jerry Maguire _ felt exactly the opposite.

Maguire, a short, snazzily dressed man with glossy black hair, saw psychiatry as one of the few specialties where doctors can relate to the whole patient instead of just the disease.

"I didn't go into medicine to talk about patients as `that gall bladder in bed A,' " he says.

He trains about 15 medical students a year and knows he's lucky if one decides to specialize in psychiatry.

So his goal is simple: Teach the "baby docs" how to listen.

It's a skill every doctor _ except, maybe, a pathologist _ needs.

"I want my students to be able to appreciate every patient in a humanistic way," he says. "To talk to them as a human being," no matter how they may behave.

He sees his patients as fascinating, unique, challenging, a perspective he tried in vain to pass on to Alfie. "You can go into child psychiatry," he told the budding pediatrician. She just shook her head.

But even with no intention of becoming a psychiatrist, Alfie loved the teaching on the rotation. Not only the formal lectures she and the other students attended several times a week, but the informal lessons imparted between patients, over the lunches Maguire treated them to, even at monthly movie nights with the residents and other attending physicians, when they rented videos with psychiatric themes, such as "One Flew Over the Cuckoo's Nest." Alfie had never seen the picture, which shaped an entire generation's view of psychiatric hospitals, so she was unprepared for the reality _ or unreality _ of the ward.

THE WARD: ANOTHER REALITY

"It's not my fault, it's not my fault, there were guns and it was in Paris and we had to get around the world. We couldn't get passports ... ." Her name was Sally. She was a middle-age woman with severe bipolar disorder. One minute she was manic _ asking strangers about her "babies," handing them slips of paper ("Here, I give you a million dollars. "). The next she was sitting in the corner, head in her hands, sobbing.

Another woman had driven down from Northern California, guided, she said, by a laser beam from outer space. That same beam sent her crashing into other cars on the freeway and eventually landed her at UCI Medical Center.

At first, the patients left her feeling uncomfortable and awkward. But by her last week on the unit, the strange had come to seem commonplace.

She'd even begun questioning her own assumptions about sanity.

"What is normal? " she asked herself, finding no clear answers.

Another thing struck her. "The creativity of the human mind is unbelievable if they could believe these things really are happening," she said. How much imagination did it take to invent an entire world of voices in your head, to imagine laser beams crisscrossing the day room? The visions may have been psychotically induced, but they had to come from somewhere, from some well of creativity that existed long before the disease took over.

"There's so much suffering they go through and so much triumph," unit nurse Kymm Lester says of her patients. "I don't know anyone else, no normal people, who can get so much satisfaction out of personal growth and enlightenment and stabilization like these people." "How they can maintain that spirit to go on for a little while longer I don't know," said Lester, an 11-year veteran of psychiatric nursing. "If I lost my mind I don't know how I'd go on." Alfie wished she could form the same kind of bond with her patients. But she couldn't.

"One day they'd remember who I was, the next day they wouldn't," she said after her rotation ended. "Or one lady would say the same thing to me every day." She wanted to become a doctor not for what she could do to or for her patients but for what she and the patients could do for each other. In the smile of a child, or the shared confidence of an old man awaiting surgery, she found a sense of self, of mission, of completion.

In psychiatry, though, all too often the patients were just too sick to engage, their minds too foggy. There was just no way for her to gain purchase.

THE CORE OF TREATMENT

But there were exceptions.

Like Joan.

A former movie actress, the 68-year-old had been diagnosed with mild dementia and bipolar disorder. She'd been in and out of the unit several times since Alfie started her rotation, and now, during the medical student's last week, was preparing for a weekend visit to her sister.
Alfie found her in the laundry room, pounding on the washing machine to get it to start.

Gently, Alfie reached over, turned the knob to the "on" position and led Joan, a tiny woman dressed in a lime-green tennis outfit and white sneakers, by the hand into the large, bright dayroom, the heart of the psychiatric unit.

They settled together on the couch, the never-silent television blaring in the corner, Sally ranting in the background, so Alfie could take the pulse of Joan's mood.

Joan was frightened of her husband, the older woman whispered in Alfie's ear. He wasn't giving her the right medications and he'd threatened to cut her out of his will.

Alfie took the information seriously. For, contrary to when she'd arrived several weeks ago --manic to the point of taking her clothes off in the dayroom -- Joan was now behaving pretty normally, thanks to the tinkering doctors did with her medications.

If there was one thing Alfie had learned these past weeks, it was that drugs formed the core of psychiatric treatment.

Patients came into the outpatient clinic clutching bags filled with pill bottles. Rounds centered on which drugs patients were taking, should be taking, or needed to be taken off. For every positive benefit of a drug -- lifting someone from depression, calming their manic state, quieting the voices -- there was an opposite, unintended effect that had to be dealt with. Liver or kidney damage. Anxiety. Shaking or seizures.

Psychiatry, it seemed to Alfie, was a constant balancing act between the drugs and their side effects.

Joan's normalcy, seen in her perfectly arranged cloud of white hair, the sharp blue eyes fixed on Alfie's as they sat talking like two women at a tea party, had a price. The drugs that allowed her that sanity also affected her blood platelets, exposing her to potentially dangerous clotting disorders.

But when she was like this, quiet, calm, Joan reminded Alfie of her own grandmother -- before the Alzheimer's took over.

"There's the same look coming out of her eyes, even if what she's saying doesn't make sense to me," Alfie said. "The blue eyes are the same; the way she pats my hand is the same." At Christmas, when she'd visited her father and grandparents in Chicago, she found herself comfortable around her grandmother for the first time since the older woman's illness began.
She attributed the change to the psych rotation, and to the former starlet.

"She didn't scare me anymore," Alfie said of her grandmother. "I could look at her less like my grandmother -- which broke my heart -- and more as a sick person."

IMAGINE YOU HAVE ONLY ONE YEAR LEFT
Patients at the Betty Ford Center in Rancho Mirage complete this exercise:

Alfie Meister's answers: Three people you'd like to spend more of your time with: My mother, my father, Kevin (a 9-year-old boy Alfie has baby-sat since he was a baby).

Something new you'd like to try that you've never tried: Kayaking, Spanish, dance, developing photographs, cooking, ceramics, having children.

Something you'd like to find out about: motherhood and history.

Some place you'd like to visit: Katmai, Alaska (for the grizzlies) and Africa (for the culture).

Some contribution you'd like to leave behind for others: Raising great, caring, thinking, giving, purposeful children. Having provided good care for many poor children.

Something that makes you happy that you'd like to do more of: write, read, go to the beach, sleep.

Two words to describe the kind of person you would like to be remembered by others as: loving, devoted, passionate, committed, compassionate, focused.

Debra Gordon covers medicine for The Orange County Register. She can be reached at (714) 647-6853 or at debra_gordon@link.freedom.com.

THE ORANGE COUNTY REGISTER

THE MED SCHOOL CHRONICLES: What It's All About
Fourth in an occasional series
By Debra Gordon

The baby didn't seem to be in pain until you touched her knee, which was red, swollen and warm. Two months old, she lay in her mother's arms, tiny gold balls glinting in her pierced ears.

The pediatrician had sent her to Miller Children's Hospital in Long Beach late that afternoon, concerned the knee was infected. By the time the initial tests were completed, third-year pediatric resident Jeffrey Messinger was also worried. He wanted to tap the knee: draw out some fluid to test for bacteria.

But not only had he never done such a procedure he'd never seen it done. He called the pediatric orthopedists on call to no avail. The tap could wait, one doctor told him. What's the rush?

Alfie Meister, Messinger's medical student, watched as the resident begged doctors to come in, quizzed every resident and physician he saw about the case, and agonized over what to do. If there was an infection, Messinger knew, waiting could permanently damage the knee.

Alfie was nearing the end of her third year in medical school: the first year spent not in the classroom but in the hospital, focused on patients, not textbooks. Tonight, however, the true responsibility of the physician became clear. Regardless of what the other doctors advised, the baby was Messinger's patient; the decision was his to make. And sometimes the science of medicine didn't count as much as simply listening to your inner voice, your gut.

Messinger's gut told him to tap the knee.

With the help of an emergency-room doctor and an open textbook nearby, he carefully inserted a needle into the joint and withdrew some fluid. An hour later the results were back: The knee was infected, and the baby needed an operation.

Messinger got back on the phone, went back down the list of orthopedists. The doctor on call didn't answer his page. Another refused to come, offering no explanation. A third at least gave a reason: not enough money. The baby had MediCal, the state health-insurance program for the poor.

Alfie watched in amazement as Messinger hung up again and again, defeat written all over his face. She just couldn't fathom what was happening. Here was a baby with a diagnosis even the textbooks classified as an emergency, and no one would come.

By 3 a.m, Messinger was desperate. He finally gave in and called the one surgeon he knew would show, Dr. Arabella Leet. He'd talked to her earlier and knew she had two major surgeries later that morning and needed her sleep. But there was no one else, and he wasn't willing to wait any longer.

Leet arrived with her hair dripping, not angry at being called out of bed or resentful of the small fee. She was used to being the doctor of last resort. That's why her home phone number was on the white board in the residents' on-call room. She saw every child, regardless of payment.

When Alfie introduced herself, Leet shot her a look of pity. "You're seeing the worst medicine has to offer," she said, referring to the surgeons who had refused to treat the baby.

"Oh, no," Alfie said. "I'm seeing the best. You came."

Leet represented the reason Alfie was becoming a doctor. Not just any doctor. A pediatrician. And not just any pediatrician. One who took care of the children no one else wanted.

It was a dream forged as a child growing up with a liberal father who decried the excesses some had while others starved. Honed during the college weekends volunteering in a Sacramento free medical clinic. Polished during the two weeks tagging after a doctor in Harlem who had dedicated her life to improving the neighborhoods surrounding her hospital.

Tonight had shown her some of the thorns of that dream. Leet bluntly told her what it cost to be one of the few who came when called regardless of the payment — costs both in time and money. But she had no regrets, she told Alfie.

"This is what medicine is all about."

THE FIRST SPINAL TAP

There's something different about a hospital like Miller Children's in Long Beach. Maybe it's the animal menagerie that marches around the borders of the rooms and the polka-dot curtains covering the windows. The cage-size cribs instead of beds and wooden red wagons instead of wheelchairs. The tiny koalas climbing up doctors' stethoscopes.

Or maybe it's that you don't expect to find children in a hospital. Children just aren't supposed to get that sick.

But they do. At Miller Children's, 9,000 kids a year spend at least one night; some stay weeks. And never is it as busy as it was when Alfie started her rotation the last week of February at the peak of RSV season.

For most kids and adults, RSV, or respiratory syncytial virus, means a nasty cold. But for newborns and for toddlers with chronic lung diseases, RSV can be deadly. When Alfie started at Miller, occupancy was running about 100 percent, and nine of 10 admissions were likely to be RSV. It was like starting boot camp amid a war.

It took about two minutes for Alfie to fall in love. With the hospital, the children and the staff. She walked the halls on air, her eyes glittering with excitement, energy pulsing through her.

'It's probably the way you feel when you meet the person you know you're going to marry," she said.

On a rainy Sunday evening, her fourth night on call, Alfie's team received word of a 2-week-old admitted for fever. Fevers in babies that young can be deadly and infections difficult to diagnose. The only way to know for sure what is going on with these babies is to culture their blood, urine and spinal-cord fluid. And the only way to get that spinal fluid is with a long needle during a procedure called a lumbar puncture.

"Ever done an LP?" asked Catherine Berry, the third-year resident heading Alfie's team that night.

Alfie shook her head.

"Aww, babies are easy. A piece of cake," Berry said to the suddenly terrified medical student as they entered Room 211.

Twelve-day-old Marissa Landeros of Lynwood had dark hair, a temperature of 101.3 degrees and a weak, yet angry, cry. But Alfie saw not one but two patients. Marissa and her mother, Bertha. The woman was clearly terrified, stricken with how quickly a simple fever had escalated into a hospital admission.

Alfie tried to soothe Bertha even as the woman tried to calm her daughter. She gently asked about the birth, about Marissa's behavior at home, how she was eating. She complimented Bertha on the infant's beauty, assuring her over and over again that Marissa would be OK.

But there was no question the baby was sick. A thick white crust filled her mouth -- a fungal infection called thrush. Her umbilical cord was red and oozing. And when Alfie moved Marissa's legs in and out during the physical exam, she felt a 'click," a possible sign of a dislocated hip.

Every touch, every movement, had a purpose. When she ran her hand over the baby's head, it wasn't just to give comfort but to feel for a sunken soft spot, a sign of dehydration. She looked for the same thing when she pressed her arm, watching to see how long it took the skin to rebound.

As the nurse struggled to find a vein for an IV, the baby began screaming, tiny, pearl-like drops falling from her eyes.

"Good, she has tears," Alfie says. Then she leaned in close to Marissa as if sharing a secret: "You're wasting your fluids," she warned the frantic infant.

All too soon, it was time for the spinal tap. Alfie gently lifted the baby from Bertha's arms, suggesting Mom go downstairs to fill out paperwork, and carried her down the hall to the treatment room.

"The first thing you're going to do is prep," Berry says as Alfie reaches for the needle on the surgical tray. She scoots the baby over on the bed and Alfie, arrayed in sterile jacket, gloves and mask, swabs dark orange Betadine over Marissa's back. The cold liquid sends the baby shrieking, and resident Jeff Sven, Alfie's other assistant, fights to keep her from rolling off the table. Then he and Berry curl the baby into a tight "C," giving Alfie a clear view of the tiny bumps marching down her back.

With one hand, Alfie carefully counts down from the top of the baby's neck, looking for the space between the second and third vertebrae. She picks up the needle and carefully inserts it between the two bony ridges, angling it perpendicular to Marissa's head.

Her world has shrunk to this: the vertebrae and the needle. No screaming baby. No coaching residents. Just a triangle of skin framed by sterile blue drapes. With exquisite concentration, she points the needle against the baby's back and pushes. With her fingers and her ears she listens for the "pop" she's been told will come as the needle pierces the dura, the protective covering over the spinal cord.

"Feel it give?" Berry asks.

Alfie shakes her head. The needle feels like it's stuck, and she's worried about going too far. She slowly withdraws the stylet but no fluid follows. So she pushes the needle back in, slowly, slowly, barely moving it forward. There! She felt it.

She pulls the stylet out, and a few drops of clear fluid appear.

"You're in!" Berry says. "Strong work. Good job, very, very good job."

With excruciating care, Alfie carefully fills three vials with the valuable fluid. When she finishes, she looks up and takes a deep breath -- what feels like her first since beginning the procedure.

The fluid will show an infection, and Marissa will spent nearly 10 days in the hospital, battling a variety of problems and becoming Alfie's favorite patient.

Right now, however, there is just joy at her success. Dancing and humming, holding the vials aloft as if they were gold, Alfie skips down the stairs two at a time to deliver her precious cargo to the lab.

In the newborn nursery

In late March, Alfie began what was supposed to be a one-week rotation in the newborn nursery at UCI Medical Center in Orange. Nothing had prepared her for the sheer perfection of babies just hours old. For the way they stared at her with the most serious of gazes. The way their still-slick skin felt to her fingers. The way they stopped crying when she wrapped them up like burritos in their blankets and held them close.

This had so little to do with doctoring and so much to do with love. She asked for an extra week.

Her weeks with the babies came at a particularly devastating time for Alfie. After more than a decade of decline with Alzheimer's, her grandmother had died three days before Alfie started in the nursery.

Although it wasn't unexpected, the finality of it stunned her. Her grandmother had been an artist, and it was her love of the human body that led to Alfie's love of anatomy. Her love of literature that led to Alfie's fascination with people. Her lectures and teaching that shaped Alfie's social conscience. Although her grandmother's memory began failing long before Alfie decided to go to medical school, she thought it was fitting that her grandmother had willed her body to a medical school for teaching.

Unable to go to Chicago to be with her father and grandfather, Alfie mourned alone, moving like an automaton outside of the hospital, spending most of her free time talking to her father, writing in her journal, thinking of nothing but her grandmother.

But in the nursery, she felt reborn. Every time she held a newborn, it was like a soothing salve poured over the pain of death. The past two months of croupy infants, frightened toddlers and angry adolescents had taught her well: Children give love, even if you're not their parents. They nurture you even as you're nurturing them.

She spent the last six weeks of her third year on obstetrics and gynecology. Delivered three babies. Spent about a day being jealous of the obstetricians because they got to share in the most joyous moment of a couple's life. Then realized that she, like the parents, got the next 18 years. Had the most joyous moment of the year when one of her first patients from last August -- a 20-year-old woman with an unexplained heart infection -- came in for her first prenatal visit.

Amid her OB rotation, the massacre in Littleton, Colo., occurred. Alfie had grow up near the high school, in another Denver suburb. The shootings, she said, proved she'd chosen the right field.

'Our only hope is to pour every bit of energy we have into our kids," she said. "We have to forget everything else. That's the only way we're ever going to change anything."

When she finishes her third year of medical school next month, she'll take a few weeks off before starting the grueling list of pediatric rotations she's signed on for her fourth year. Neonatal intensive-care unit. Pediatric infectious diseases. Pediatric intensive-care unit. A month on a special child-abuse service in Denver.

She's giving up four weeks of her vacation next year to squeeze in an extra rotation, a sacrifice she gladly makes. Medicine, Alfie realized this year, isn't just a 9-to-5 job.

In medicine, especially the kind of inner-city, family based pediatrics she plans to practice, life is going to be messy, with patients and their families bleeding into every aspect of her own life.

She can't wait to get started.