

AWAKENING TO AWARENESS AT THE BEDSIDE

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For the period of sub-internship of medical school, the following-up in the disciplines of surgery was one of the activities demanded by the curriculum. During the training in the Urology discipline, the sub-interns must participate in both the ambulatories and wards, being responsible for treating, examining and developing the patients with the help of the interns, residents, and preceptor doctors.

Moreover, there were scientific clinical meetings of this department, in which all professors, preceptors, residents, interns, and sub-interns discussed the new cases treated during the week. The undergraduates were demanded to prepare the cases to be presented in these meetings.

In the day before one of the meetings, wondering if there would be any time left, in that morning, for studying and preparing myself for the medical internship tests that I would face by the end of the year, I hurriedly examined the patients confined to the beds under my responsibility.

At the end, while I was going towards the door after saying good-bye to the patients, I heard a request that displeased me at that moment of hurry: "Doctor, please, would you come here to see me, too?", asked the patient who was on the last bed of that room. I approached with some disregard; I was anxious and would not want to waste any time. I told him I was not the doctor responsible for that bed and requested that he patiently waited for couple minutes because other doctor certainly would come to see him.

At that moment, the patient stared at me very sadly, looked down and said in a relief tone: "I only want to know if I will survive, if I am cured!". After a short pause, he added, sighing: "It has been days since I was interned at this hospital. The only thing I know is that I had to undergo a new surgery to

discover if my disease had returned. No one came to tell me what I really have. I cannot stand this sorrow, anymore."

This reaction astonished me; I felt embarrassment for not give him some attention, before. I asked him to wait a second and we would soon talk to each other.

I checked over the patient's file to obtain some information about the case. Four years ago, the patient had undergone a partial penectomy due to a verrucous carcinoma and, at ambulatory care was found the presence of three lymphonodes at the right inguinal region. The hypothesis of tumor relapse was raised and the patient was interned and submitted to right and left inguinotomy with dissection of the lymphonodes of the inguinal-femoral surfaces. Post-operative anatomopathological exam was negative for malign cells. Patient was not discharged due to complications in the post-operative wound.

I met the patient again. I told him to stay calm and explained that the disease had not returned and he was still at the hospital because of post-operative wound complications.

Probably, he would be at home in the following week. He carefully paid attention to all my words and, in the end, held my hands and told me with his eyes full of tears: "These are the happiest news that I have ever heard in all my life. Thank you very much! Sir, you cannot imagine my despair during all these days".

I left the hospital, after that moment, without the same hurry of the beginning of the morning, remembering what happened. After hours of thinking, I really realize what many professors tried to teach me, but until that moment I had not completely understood: in Medicine, more important than treating the disease, is treating the sufferer.

"... strength of evidence is often judged by conventional tests that rely heavily on statistical significance and estimation of confidence intervals (CIs). Less attention has been paid to the clinical significance of the practical importance of the treatment effects".

Kaul S, Diamond GA. Trial and error: how to avoid commonly encountered limitations of published clinical trials. *J Am Coll Cardiol.* 2010; 55(5):415-27.

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