

Beyond Words

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Every now and then, I am humbly reminded that to be an effective medical communicator, one must exceed the bounds of words.

Words are, in essence, binding.

By that statement, I do not mean to imply that words are a replacement for a signed agreement, or that words are to be taken at face value as verbally spoken contracts continuously falling from our tongues onto others' ears.

By the binding of words, I am referring to the bounds they place on our emotions. Words ask us to put what we're feeling into a communicable context that is somehow supposed to accommodate for our indescribable sentiments. Words provide us with a prison in which to place our deepest thoughts and most moving stories, and force us to express them to others in ways that are meant to effectively convey what we authentically feel.

In both a literal and figurative context, many things in medicine are beyond words.

One moment, in particular, stands out amongst the rest. This isn't a moment, per se, but a person. A beautiful six year-old boy with Down's Syndrome, severe developmental delay, and Acute Lymphoblastic Leukemia who came into my life about one year ago.

He looks up at me with big eyes and a curious smile. He doesn't say much, but when he does, it's usually the name of his favourite animal or a call to "Mommy".

I was matched to this incredible boy through the Children's Hospital of Eastern Ontario's (CHEO) "Buddy program" at the University of Ottawa. Dedicated to enriching the lives of both the young patient and medical student, the CHEO Buddy program has been the best experience of my medical school endeavour thus far.

Stepping in to meet my CHEO buddy and his family for the first time, I was immediately greeted with respect and gratitude. Slowly learning sign language in order to meet his communicative needs, I quickly developed quite a remarkable non-verbal relationship with a six year-old boy in but a few short months.

It was a Tuesday afternoon, when I visited my CHEO buddy in his hospital bed that it happened.

Showing him different animal puppets and signing their names, he touched my hand and said it; my name.

With all the effort he could muster to sound out the letters and put them together; he said my name.

It is moments like these where I realize being a medical communicator is truly beyond words. I hear my name on a daily basis, from the classroom to my home-life, to talking on the phone. I have read and written my name in every e-mail, text, and text I've ever endured. But one simple attempt to say my name, from a six year-old boy who barely speaks at all, was enough to give me pause and bring me to tears.

In the medical school curriculum, communication is not only the bread and butter of being an effective physician, but a skill that must be practiced in order to be mastered. Words like "pallor" and "erythema" and "effusion" fly past our tongues in daily conversation over smoked meat sandwiches in the hospital cafeteria. We learn the medical vocabulary and then struggle to refrain from using such words when communicating with patients. We systematically categorize terms and definitions into long-winded algorithms in order to keep everything straight in our minds.

But then we return to moments like these. Moments where we are speechless and left without the terms we know so well. Moments where 'beautiful' is not measured by any pattern on an MRI or a well-stitched wound, but where the words are lost, yet their meanings have never felt so real.

"Yes", I say, choking back the urge to burst into hysterics, "that's my name."

And in that moment, not even all the medical vocabulary in the world could be enough to describe the smile on his face.

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