What’s in a word…

Vulnerability… one word, thirteen letters, and a pretty straight forward definition. And yet…

Having reached the clerkship stage of my medical training, I find that I have reflected on the concept of vulnerability time and time again. I continue to be in awe of the courage and trust that my patients have shown by their willingness to be vulnerable, which I find is often a stark contrast to my own experience. This in itself has been an incredible lesson that one won’t find on any medical school class syllabus.

When we see patients, we expect them to be good historians and to allow themselves to be stripped down metaphorically and literally. We expect that they will share all of their problems and struggles, that they will admit to all of their “bad habits” and past failures, and that they will share their deepest, darkest secrets and fears. And shockingly, most of them do. They do this with a complete stranger whose name they may not remember by the end of the appointment, all by virtue of this stranger being a “doctor”. The incredible thing about this patient-doctor interaction is that it allows for accurate diagnosis and management of the patient’s problems, which may not have been possible if not for the vulnerability.

Despite how integral this kind of openness and honesty is to the field of medicine, it appears to me that physicians and medical trainees themselves have a very difficult time with vulnerability. We don’t like talking about our failures or mistakes, admitting our vices or “shameful” habits, or exposing anything that is less than perfect. Instead, we exist as a shadow of our impostor syndrome, hoping to get by without getting uncovered. But why? Do we think that having failed a test and having to work a little harder to fill in the learning gaps makes someone forever an incompetent doctor? Or does a history of sexual assault and overcoming one’s struggles with depression make them forever unstable and not fit to practice medicine? Why is it that there is this tendency to view ourselves as less worthy, less knowledgeable, or less lovable as a result of our past struggles, mistakes and imperfections? And how come we shy away so much from this vulnerability when it is that same vulnerability that we expect and applaud in our patients?

I have learned many lessons from my patients, but this has been the hardest one. I am trying to remind myself that it is ok to be vulnerable. In the same way that our patients trust us to be caring and compassionate and understanding when they bare themselves open, I am learning that I can also trust my colleagues and friends and loved ones to do the same. I am a strong believer that openness and honesty can lead to incredible growth, resilience, and connection, which is something I hope we can all foster in ourselves and our health system.

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