

Diversity, Equity, Inclusion, and Justice

A Human Space

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“Are you the doctor?” The frayed undertone alerts me to what’s coming: grievances, both deep and immediate. It’s a particular mosaic of anger and irritation impatiently awaiting a scapegoat. I suppress a sigh. I’ve got 17 patients to see and you were the only straightforward one—this is not how I wanted to start my day.

I fix my face. “Yes, I’m your doctor.” My voice sounds brittle and detached, but I can do little more than dress equanimity in compassion’s hand-me-downs. The hollow words hang silently in the air. The most charitable observer would find no warmth in your gaze. The nurse’s curt assessment of you comes rushing back: “She is difficult and standoffish.” I don’t expect patients to understand why I take pride and solace in my self-control, but trust me when I say it’s for times like this.

“How are you feeling this morning?” I silently repeat the mantra: “I see you, I’m here to help, tell me your story. . . ,” projecting a safe space that doesn’t exist. Your shoulders remain set, rejecting the mirage. The rigid lines etched into your face don’t soften, but your eyes speak the truth. Exhaustion has smothered everything, leaving muted embers of anger in its aftermath. Dread crouches at the periphery with a weight born of chronicity. Your fear runs far deeper than what is happening today.

“I came here because I can’t breathe. I’ve been asked 4 times already if I do drugs. They use different words, but they keep asking the same thing. Why?” This question is not the rustle of an extended olive branch. It’s the crisp crinkling of a test booklet as you prepare to grade my answer. I’m restless and annoyed—precious time is leaking away. I’m losing the battle against soul-deep fatigue. Weariness coils tightly around me, like a boa constrictor made of impotence and cynicism. My legs can no longer bear the weight.

“May I sit?” You nod. I settle in at the edge of your bed. There is no quick way through this conversation. I weigh various approaches. I could tell you that drug use is something we ask all patients about—normalize

it and attempt to sidestep the traumatic undercurrents. I might acknowledge your distress and ask you to tell me more—the medical school answer. I could even say, “I’m sorry that happened,” and then change the trajectory of the discussion by immediately asking about your breathing—the hospitalist answer.

Suddenly, I’m back in high school. We’re being pulled over for the second time in the same night. Five officers for 3 kids. We are searched thoroughly. After 20 minutes we’re let off with a generic warning: “Don’t speed.” Skip forward to college. I’m 19 and an officer is approaching my black Honda Civic with his weapon drawn. He is shouting, “Show me your hands!” They shake uncontrollably as I stick them out of the driver’s side window. I’m told there is a warrant out for my arrest. I’m taken to jail. I spend my one phone call on a friend who doesn’t pick up. I’m released the next day with a gruff apology from the officer: “You weren’t the right guy. Sorry.”

My doctor mask slips exposing the human beneath. My answer is all bitter edges: “Some people get the benefit of the doubt. Others don’t. I can’t promise it won’t happen again, but I’ll do what I can.” I don’t elaborate because I don’t need to. You’re already there, inhabiting the space of shared experience. Something new flashes across your eyes that now glisten with unshed tears. Your shoulders loosen. Only now can pieces of your story begin trickling into the silence.

Your narrative unfolds in stunted fragments, sweeping me along in its disjointed wake. At some point I ask you, “When did your symptoms start?” You have trouble answering me. I reach back to a conversation from 2 months ago for understanding. My Dad told me: “I don’t get why y’all doctors expect us to know the difference between ‘regular’ discomfort and ‘bad’ discomfort. Life is pain. You work through it and it’s fine, or it breaks you, and it’s not.”

My mind returns to our encounter and I reframe the question. “When did your life start getting harder than usual?” Your answer is instantaneous: “5 months ago.” You and I view time similarly: it is measured in increments of responsibility. Shortness of breath, lower extremity swelling, and weight gain are meaningless concepts next to forced lifestyle changes

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and unmet obligations. Gathering the rest of your history becomes easy. You are comfortable with my plan—diuresis and echo. You smile for the first time. “Thank you, doctor.”

Later today, we’ll discuss your abnormal echo results and the details of a right heart catheterization. You’ll cry. I’ll sit with you again. There will be no mention of the upcoming procedure. Instead, you’ll talk about the pressures of your job and articulate the challenges of being a single mother. You’ll reveal all the little daily things you do to shield your family from the struggle. We’ll talk about a primary care provider for you. After quoting accurate statistics about how women of color fare in the health care system, you’ll sheepishly agree that you should have established care sooner.

When I look at you, I see my sister, mother, and aunts. Several lifetimes of hard lessons discouraging vulnerability. You cannot afford to be less than invincible when so many depend on you. And yet you are here—unable to go on as you once did. I don’t have the power to resolve this cognitive dissonance for you. All I can offer is this small, fleeting space carved out with the keen edges of shared trauma. Maybe here you can temporarily afford to be human.

Two days from now you will ask me about the last year and a half as a Black hospitalist. You will listen

intently as I talk about George Floyd, sick family members, protests, and COVID-19. I will no longer track the time during our visit. Flakes of clinical detachment will fall from me like a shattered cast, revealing the exhausted husk beneath.

For the first time in my career, the wall separating the personal from the professional will completely vanish. I cannot escape this encounter that is simultaneously cathartic and triggering. I will be trapped in the lessons of the moment: sometimes, grounding ourselves in the narratives of our patients means sharing a burden we didn’t know we were carrying.

You’ll extend an incredible amount of compassion and grace as tears soak my mask and ragged breaths fog up my face shield. Finally, you will take my hand, lending me your resolve. Somehow, you’ll know exactly what I need to hear: “Don’t give up on us, Dr Williams. You aren’t alone. We need you.”



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