A PIECE OF MY MIND

Journal of the American Medical Association

April 18, 2024

“The Patient”

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Mrs T was a 58-year-old female admitted to the intensive care unit (ICU) for respiratory distress secondary to pneumonia. On her 10th day of hospitalization, she developed septic shock. Despite escalations in care, it became clear Mrs T would not survive. After a goals-of-care conversation with her husband, her 2 adult children, living outside of the state, were called to come to say their goodbyes. With both children at bedside, a woman wearing scrubs and a long white coat walked into the room and announced, “I’m Dr A, an ICU resident.” She explained the medical data and summarized to the family that “the patient has no chance of survival.” Although this statement was objectively correct, it failed to acknowledge that “the patient” was also a community advocate for equitable education, a wife of 40 years, a lover of mischief, and my mom.

The night before my mom passed, I cleaned my kitchen as we spoke via FaceTime. She watched as I wiped down the counters. She seemed tired, but said with a laugh, “I think you missed a spot over there.”

You can’t see anything. You aren’t even wearing your glasses,” I replied.

“I don’t need glasses to know you missed a spot,” she quipped, not missing a beat.

Early the next morning, my dad called me to come home. After multiple flight delays, including a medical emergency, which required us to stay on the tarmac for 45 minutes, I finally arrived at my mom’s bedside knowing that she would take her last breath that day.

I was not surprised to hear about her poor prognosis. But I was surprised at Dr A’s choice to call my mom the patient. Is this how everyone is told their best friend was going to die? How could my mom be just the patient if her fingernails were still painted with Christmas trees and snowflakes?

Years later as a medical student, I was taught to think about patients both holistically and also to reduce them to a one-liner. There is clinical significance to having an accurate, concise depiction of a patient’s history and current medical needs. There is also equal clinical significance to remembering the person behind the one-liner. It is common to hear medical professionals use the following structure: “Patient is a 58-year-old female with past medical history of type 2 diabetes and laryngeal squamous cell carcinoma admitted for pneumonia complicated by septic shock.” This example accurately depicts the clinical scenario; it also fails to recognize the patient as a person.

A small, simple change would be this: “Mrs Sissy Thure is a 58-year-old female with past medical history of type 2 diabetes and laryngeal squamous cell carcinoma admitted for pneumonia complicated by septic shock.” The latter does not lose the clinical information; however, it allows my mom to keep her name and maintain one of the proudest parts of her identity—a wife to my dad.

Throughout medical school, I learned the patient is not the only person to lose their name. “The attending,” “the resident,” “the intern,” and “the medical student” are among the cruel casualties. One day on the wards, as I sat in a windowless room with a team of residents and attendings, we received a page: “24-year-old female, no past medical history, please evaluate for psychosis.” Moments later, I heard a senior resident say, “Take the medical student with you.”

Without thinking, I said out loud, “My name is Katie.” The room fell quiet. After several seconds of awkward silence, I stood and asked, “Where are we going?”

When we choose not to use someone’s name, we are choosing to reduce them. We are indirectly saying, “You are no more than the one-word descriptor I have given you.” The patient is not a human but just a pathology needing to be addressed. The resident is not a human but rather a trainee trying to address the pathology. One of the easiest ways to show respect for one another is by using someone’s name.

Over the years, I have spent a fair amount of time trying to figure out how my mom became the patient. Maybe Dr A was at the end of a long and difficult shift, maybe that was not the first bad news she had delivered that evening, maybe she was never trained to be empathetic, maybe it is just the culture of medicine.

Or maybe there was no reason at all.

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