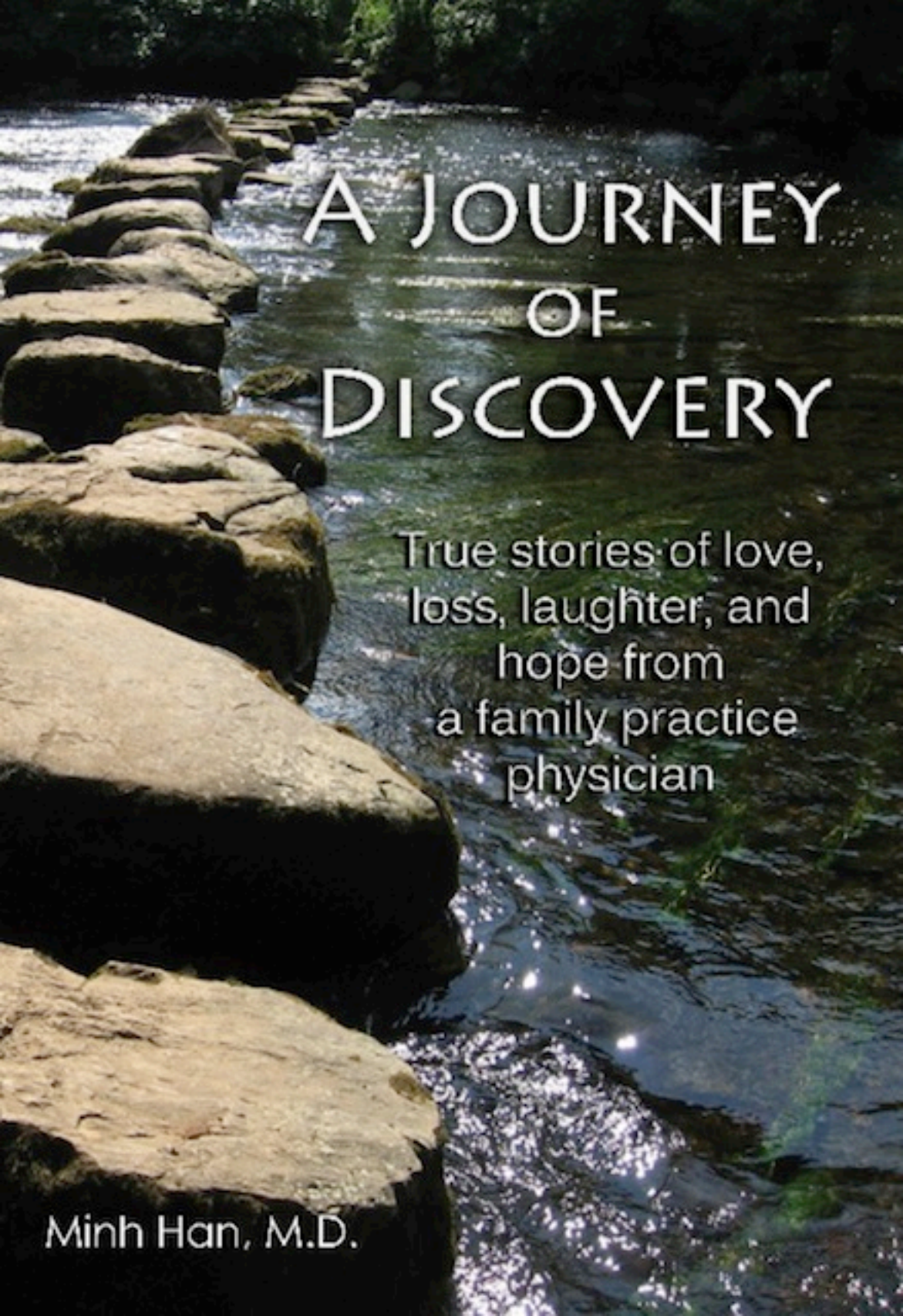
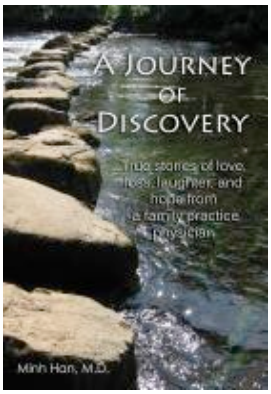

A Journey of Discovery
True stories of love, loss, laughter, and hope from a family practice physician
Minh Han, M.D.



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While all of the incidents in this book are true to the author's best knowledge, some of the names and personal characteristics of the individuals involved have been changed in order to protect their privacy. Any resulting resemblance to persons living or dead is entirely coincidental and unintentional.

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First Edition

Dedicated to my grandmother By Quy Nguyen, an inexhaustible source of love and wisdom

Acknowledgements

There are so many people in my life that deserve my heartfelt thanks for helping me to get where I am. I thank my mother and late father for sacrificing everything to get our family out of war-torn Vietnam and give us a better life. You loved me, encouraged me, and prodded me to strive for excellence. Thank you to my step-father, Giao Hoang, M.D., whose medical practice I took over after residency. You gave me a place to land after my training and a set of wonderful patients.

Thanks to all my teachers and mentors from Hastings, Rice, Baylor, and Roanoke. Your lessons and example were not lost on me, even if they seemed to at the time. I fully recognize I had quite a number of rough edges and character flaws. Without you, I would have neither knowledge nor wisdom. Thank you for exemplifying both.

A tremendous thank you to David Dachner, Bob Posey, and all the staff and volunteers at *Discovery! Austin*. You all astound me with the depth of your giving, taking hurting, broken people and helping them find hope and love. That also applies to my *Discovery* Class, who have stuck with me through my personal journey of discovery. I love you all.

Thanks go out to all the patients who have entrusted their lives—and more importantly, the lives of their loved ones—to my care. It is with great honor and humility that I serve as your physician. I take that responsibility very seriously, and I commit to doing my utmost to help you have the best quality of life possible for the longest time possible. You are the reason that I get up every morning and go to work loving my job.

Finally, I thank my life partner Michael, who has supported me during the challenging years of residency, moved to Connecticut with me, and helped me establish a thriving practice. You have seen all those flaws no one else gets to see, and yet you've still stuck around. I love you, and I look forward to a lifetime of years together.

Minh Han

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Preface

This collection of stories began as two different projects which have been combined into one work. A number of years ago, I realized that I regularly encountered situations throughout my medical career that made me laugh hysterically. I started to write down as many stories as I could remember from my medical training and then jotted down humorous situations as they arose in my office. Every now and then, I would reread those stories to remind me of life's funnier moments. It helped me break out of the cynicism that the grind of a medical practice invariably produces.

The second part of the project began as a series of e-mail exchanges with a group of people I met in Austin, Texas from the program *Discovery!*. *Discovery! Austin* and its sister program *Discovery! Dallas* are non-profit organizations that seek to help individuals find more joy, self-worth, clarity, and purpose in their lives. By the invitation of a close friend, I attended the three parts of *Discovery!* from January to March of 2011. Even as a physician with nearly twenty years of clinical experience, I found the life skills imparted during *Discovery!* to be immensely powerful and effective, both for myself and my patients.

During the third session of *Discovery!*, trainees craft a Mission Statement, which helps give self-guidance and purpose. My Mission Statement is "*to help those who cross my path find greater physical, emotional, and spiritual health through my life experiences and my profession as a physician.*" The e-mails detailing my attempts to live out

my Mission became the seed for the stories included in this book. Therefore, *Discovery!* is often featured in these stories.

The names and/or identities of the individuals involved in these stories have been changed to protect patient confidentiality, or the individual has given permission to disclose information regarding his/her care. The photographs included in this book were either taken by me or supplied by the patients in the stories.

These stories are all true and are accurate accounts of patients' lives and challenges, which invariably are messy and often not pretty. To honor the patients and their difficulties, the stories are not scrubbed and sanitized. Yet in the midst of great pain and struggle there is also faith, hope, and love. Ultimately, these stories are about overcoming the bumps in the road of life. I hope as you read them, you will find your own path to a life of greater fulfillment, purpose, and passion.

Respectfully,

Minh Han, M.D.

SERVICE

“Everybody can be great. Because anybody can serve. You don’t have to have a college degree to serve. You don’t have to make your subject and your verb agree to serve.... You don’t have to know the second theory of thermodynamics in physics to serve. You only need a heart full of grace. A soul generated by love.”

~Martin Luther King, Jr.

A Night in Ben Taub

When I was attending medical school at Baylor College of Medicine in Houston, the curriculum consisted of eighteen months of intensive class work and lectures followed by clinical rotations starting the second half of the second year. The advantage of this system was that it afforded an extra six months of clinical rotations. Students could spend that time exploring various specialties before deciding on one that for all intents and purposes would lock them into that specialty for the rest of their lives.

There were, however, several disadvantages to this arrangement. During the eighteen months of Basic Sciences, students had essentially no contact with actual live patients. Because there were no names, faces, or stories to attach the information to, all the class work was overwhelming and frequently became rote memorization of huge lists. Also, students were thrown into the proverbial lion's den at the beginning of clinicals, without even the first clue of basic hospital procedure.

In an effort to break the humdrum of an endless series of classes and get some clinical experience, some students decided to spend several hours during a midnight shift at the Ben Taub General Hospital emergency room. Ben Taub was a community hospital serving almost exclusively an indigent population. Spanish was the predominant language spoken, but so many other nationalities were represented that it was more like a United Nations of sick people. Houston also had a very active "knife and gun club," with almost daily stabbings and shootings. As a *Level One Comprehensive Trauma Facility*, many of these patients were brought to Ben Taub for

evaluation and stabilization. Car accidents and other major traumas rounded out the list of issues presenting to the ER. Thus, in any given night, one could have a patient with a hang nail or a multiple-car pileup. The Ben Taub ER was many things, but it was never boring.

The administration knew that first- and second-year medical students were "moonlighting" in the ER. The practice was neither encouraged nor sanctioned. Maybe the school's insurance policy did not cover students unless they were doing a specific clinical rotation. Maybe they wanted us focusing on the studying first and worry about the clinical aspect later. Or maybe the chief residents complained of having a clueless medical student wandering around the ER looking for exciting things to do and see. Whatever the case, it was an open secret, and until the school specifically barred the practice, students would continue doing it.

I decided to take a Saturday night to experience Ben Taub's ER first hand. For some reason, the medical students called it "going commando." I guess it was the predominance of traumas that were seen in the ER. My plan was to get to the ER at 11 PM and stay until about 3 AM. That way, I would miss all the people who came during the day and used the ER as a clinic for frivolous matters. Bars were also winding down at 2 AM, so maybe I would be lucky and get to treat a car accident victim or a stabbing. Basically, I was hoping to profit from someone else's misfortune. My notion of the ER was based on the stylized scenes from Hollywood and my own preconceptions. My imagination was far from reality.

When I walked into the ER from the tunnel that connected the school to the hospital, the place was unusually quiet. A bunch of fires were just put out, and there was nothing going on at that moment. I found the surgical chief resident in charge of the trauma side of the ER. I introduced myself to Chuck and told him what I was doing. He chuckled and nodded his head. I'm sure he had seen plenty of first year medical students *going commando*

before. Chuck was an atypical surgical resident: he was personable and pleasant. He took me around the surgical side with the nurses' station, the five trauma bays, and the small exam rooms along the back hallway for minor surgical procedures such as suturing lacerations.

Chuck then pointed with his whole arm through an open door. I could see an expansive open room filled with patient stalls, each separated by a thin curtain for the barest semblance of privacy. "That's the medical side of the ER," Chuck said. I had this image of Yoda pointing to the cavern and saying to Luke Skywalker, "That place is strong with the dark side of the Force."

Shortly after the tour, the intercom blared, "MVA five minutes out."

"The EMS calls the ER to let us know when they're bringing in a person from a car accident," Chuck explained. "That way, we can get the team together before they arrive." There was only one injury, and word was that it wasn't too serious. Sure enough, the nurses and medical technicians sauntered to the trauma bay, relaxed but ready to take action. When the ambulance arrived with the patient on the gurney, the trauma team came together with practiced efficiency. The patient was transferred to the trauma table, his clothes were sliced off with bandage shearers, and his vitals were recorded. His neck was immobilized by a cervical collar, and Chuck examined his neck to determine if it was broken. After Chuck was confident that there were no cervical injuries, the C-collar came off. He was then sent for X-rays and other tests. The entire encounter took a surprisingly short time.

That man was only the first car accident victim. There were several more, some in much more serious condition. But it was not only car accidents that ended up in the trauma unit. While Chuck and his team were working on one patient, another was being tended to in the adjacent bay. A fifteen-year-old boy was just brought in with a self-inflicted shotgun injury

to his head. He missed the lower part of his brain, so the heart and lungs were still pumping. But his pupils were blown, and he was completely unresponsive. The X-ray of the boy's head was on the viewer. The metal shot lit up white against the dark field of his brain. It was like looking at a nightmare sky with deadly stars. There was no hope for the boy's survival. The Spanish translator was called in to explain to the parents what the prognosis was and to ask them permission for organ donation. People could hear the mother's agonized wails throughout the ER.

Over the course of four hours, dozens of patients were seen in the surgical side of the ER. Most of them were minor lacerations or fractures, but a few were major traumas. Fortunately, other than the young teenager, no one lost his life for the rest of the shift. At the end of my stint, I thanked Chuck for his time and teaching, and I prepared to leave.

On my way out of the ER, I decided to poke my head into the medical side. The room was packed! All the curtained bays were full, and patients lined the walls, sitting on plastic folding chairs. I made a quick sweep and decided to walk through the room because it was more convenient. Near the exit, I could hear Vietnamese being spoken from behind a curtain to my left. Everyone else was speaking Spanish, so the Vietnamese sliced right through the din. A woman was talking to a man, who I assumed was her husband. She was lamenting the fact that he was so sick, and she could not understand what the doctors were saying.

I found my steps slowing down, and I decided to speak to her. I got her attention and said, "I am a medical student, and I speak Vietnamese. What is going on?"

The woman's eyes lit up and she pointed to her husband lying on a stretcher. His skin and eyes were yellow, and his stomach was distended. Frankly, he looked terrible. "My husband has liver problems, and he's been

sick for a long time. Now, he can't eat or drink. I took him here, but we don't understand English. I think he's dying."

"I'll see what I can do," I assured her. I asked for the nurse in charge of the patient, and I met an attractive middle-aged woman. She was both thankful and relieved to run into someone who could translate for her.

"The patient has liver cancer from Hepatitis B," she told me. "He's in critical condition. He's not a candidate for further treatment because he's under hospice care. We don't think he's going to make it."

I relayed this information to the wife, and she was not surprised, but more resigned. "I thought so," she said.

I asked her if there was anything she needed or that I could do for her. She said, "There is one thing. It's so noisy and crowded here. Is there somewhere we could go for some privacy? If my husband is going to die soon, I don't want it to be here."

When I relayed the wife's request to the nurse, she was chagrined that she had not thought of that herself. "Of course, I'll get right on it." Fifteen minutes later, she came back and led us to a private room that even had a couch. How the nurse managed to find a room like that when the entire hospital was filled to the rafters was beyond me.

The wife was very pleased with the room, and she said "Thank you, thank you," to the nurse over and over in her thick accent.

"There's not much more to do," the nurse told me. She took stock of the bag I had in my hand and correctly deduced that I was heading out. "Why don't you go home?" She suggested.

"No, I can stay for a while," I said. "If the couple needs something, I can help translate."

I helped the nurse fill out a few forms and dealt with minor requests, and I tried to make myself both available yet unobtrusive. I sat waiting quietly on the comfy couch. It was close to six AM, and I had been up all day

and night. The adrenaline from the hectic night was wearing off. At some point, my head leaned back and I nodded off.

I woke up to a gentle nudge by the nurse. She was the only other person in the room. “I’m sorry to wake you,” she apologized. “You must be beat. I wanted to let you know that Mr. Tran passed away a short while ago. We saw you were sleeping, and we didn’t want to wake you up. I really appreciate everything you did for that couple. It could have been much more difficult if you hadn’t been around. You should really go home and get some good rest. You deserve it.”

I somehow made it back home without an accident. My whole body was aching from sleep deprivation. I ended up sleeping until early afternoon.

When I started the evening at Ben Taub, I was referring to patients by their ailments. “The gunshot wound in Five.” “The head-on collision in Two.”

But behind each of these ailments was a person. Each had hopes and dreams, I daresay much like mine: stability, happiness, health. These people were much more than the ailments that caused them to seek medical attention. That night, I came face to face with the humanity and the tragedy of illness. I wish I could say I never again referred to patients by their illnesses, but I did. Through medical school and residency, it was easy to slip into that depersonalizing medical shorthand. But I would correct myself quickly and tried to respect the patients who trusted their lives to my care.

About the Author

Minh Han was born in Saigon, Vietnam. When the Communists took over the country, he and his family fled to the U.S. Dr. Han grew up in Houston, completing his bachelor's and doctorate at Rice University and Baylor College of Medicine, respectively.

During medical school, Dr. Han fell in love with primary care and international medical mission work and chose to pursue the field of family medicine. He then did three years of residency in Roanoke, Virginia, during which time he also served as a county medical examiner.

After Virginia, Dr. Han moved to Connecticut, where he has established a thriving medical practice. He also serves as an assistant clinical professor for the University of Connecticut School of Medicine and continues to do medical mission work around the world.

He currently lives with his partner Mike and son. His hobbies include organic gardening, sustainable living, knitting, and church activities.

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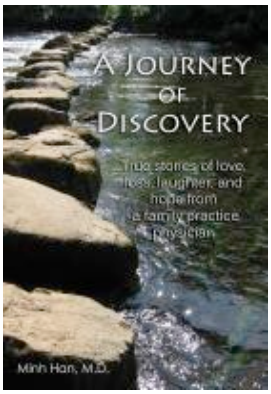

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