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Dear Dr. Olders:

Happy new year! It's been 3 months since I completed my rotation with you but I trust that you still remember me!

My experiences in those last few months have been quite amazing. I spent six weeks after I left the Douglas in Arizona doing family medicine in the 2nd largest Indian reservation in the United States. It was one of the friendliest places I had been to and by the time I was leaving, I really felt a strong attachment to those people. It opened my eyes to the problems of native Americans and the particular challenges facing them. You would be interested to know that the very first patient I saw was a 15 year old boy who had just been diagnosed with schizophrenia and was showing marked akathisia secondary to Haldol. The spectrum of psychiatric problems there was wide; from depression to conversion reactions to alcoholism. The staff was very impressed by how comfortable I was dealing with psychiatric problems, thanks to you!

After Arizona, I went on the interview circuit to complete 18 interviews! Suffice it to say that I plan to write satirically about that experience one day.

I have been doing internal medicine at St. Mary's now for 6 weeks. In those six weeks I saw more suffering and death than during all of medical school. I have had so many things to work through. One of my first patients was an 87 year old man dying of renal failure. I saw him deteriorate from a great sense of humor and excellent mental status to a body without spirit or character. I found myself spending long times at night by his bedside giving him a sip of water or putting a cool towel on his forehead. I didn't realize why I was so attached to him until he passed away. I never got a chance to spend with my grandfather (who was also dying of renal failure) his last few days of life. Mr. Randolph, my patient, gave me that chance.

I have discovered that physicians are notoriously wrong about matters of life and death. Sign out rounds on medicine sometimes feel like a life/death game. "This patient, that patient, and the other patient will probably die tonight." But patients hardly ever fulfill predictions and a fair number make dramatic recoveries. About four weeks ago on call around 3:00 AM, I went to see Mrs. Pare, a very sweet 77 year old religious French lady who that night was in severe bronchospasm and acute pulmonary edema. She was in so much pain. I did everything I could but there was hardly any

improvement. Finally, I stopped all the poking and prodding and said a sincere prayer from the heart. She improved and within a few days had made a recovery no less than miraculous. It is reassuring for me to ascertain that we're not really in control, something you frequently emphasized.

I still don't know exactly what I am going to do in terms of specialty and so on. But I do have an inner sense of peace and a feeling that it doesn't really matter very much as long as I am in a field with continuous patient contact. I'll let you know what happens.

I would still like a recommendation letter from you, not aimed towards any particular field, but just about how you found me as a person working in the medical field (or anything else you would like to comment about). I know you wanted me to list strengths and weaknesses. To be honest, any list I submit would be largely superficial. Looking back at these last two years in the hospitals, I feel I have probably two major strengths and one major weakness. First, I care. The majority of medical people at my level care about patients and certainly do their best for them. But I still feel I am particularly strong in that area. I am now on a service where it is common for a patient to have been hospitalized a dozen or more times and for families to have dealt with a 100 or more staff physicians, residents, and medical students. The one comment I receive most frequently from my patients, their relatives, and nursing personnel is that I care in a manner they have not encountered before. My second strength is that I continue to see medicine in the greater context of life. It is just one weapon in an arsenal of methods to help patients. I find so many of my colleagues already disillusioned with medicine because when they find that medicine is impotent in tackling a specific problem, they are reluctant to offer anything else. My biggest weakness is that I am inflexible. I like to do things my own way and I accept alternative approaches often only after I prove mistaken. I need to listen better and be more accepting of others' opinions.

I apologized for the length of this letter. I know how busy you are. But, Dr. Olders, you are perhaps the only physician who taught me as much about myself as about medicine. I wanted to share these thoughts with you. Thank you and God bless.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sherrif". The signature is written in dark ink on a white background.