

# The Gold–Hope Tang, MD 2014 Humanism in Medicine Essay Contest

## First Place: There’s an App for That

Kendall Bradley

The phone rang in one of the operating rooms. “You need to get me the images as soon as possible,” the neurosurgeon demanded, over my attempted objections on the other end of the line, before hanging up. Over 9,000 miles away, I stared at my phone as the call ended. I quietly rose from my chair and walked into the next room. The films on the light box jumped out at me. The brightness of the whited-out area that consumed an immense region on the brain MRI screamed at me for attention. This wasn’t a simple request for records that could easily be couriered over to a referring hospital. I knew I could only do the next best thing. I raised my iPhone, tried to hold it as still as possible, and captured digital evidence of the sizeable stroke threatening the life of my 22-year-old best friend in the heart of Vietnam. I e-mailed the photo as an attachment to the neurosurgeon, praying it would be adequate.

It had been such a quiet morning. My Vietnamese students sat quietly on their benches as I began the day’s lesson. Medical school was on the horizon as soon as I returned home. For now, I was enjoying immersing myself in a new culture on the other side of the world, volunteering in a summer camp I had helped establish. Then chaos began. My friend and I had both played Division I college soccer together and were accepted to the same medical school. He was the picture of health, but now he was in the back of the classroom crumpled on a bench. I grabbed my cell phone charger, carried him to the bus, and raced to the nearest hospital, a 90-minute drive on bumpy Vietnamese roads. He looked terrible. At the hospital, between the vomiting and the language barrier, he was given an IV and an abdominal ultrasound, despite complaining of headache and dizziness. I learned

firsthand how geography and linguistic challenges can pose as barriers for patients. We were admitted, and his acute symptoms appeared to slowly resolve. I spent a few days abusing the international phone plan set up by my family before I left the States, contacting anyone who might be able to help. But between my friend’s shuffling gait and uneven pupils, I knew something was not right. While we were reassured that he simply had an upset stomach, I did what any future medical student who had spent time shadowing in a neurology clinic would do: I pulled out my iPhone and used the flashlight on it to check his pupillary light reflex. To my dismay, his pupils were not equal and reactive. The Vietnamese physician insisted he was just fatigued and discharged him. We rambled back down the beaten roads to our hostel. By the next morning he reported that his head felt like it was in a vice. That was it for me. I argued my way for us to go to Ho Chi Minh City, a five-hour trip by car. We arrived at an expat clinic where he quickly deteriorated. We were whisked off to what seemed to be a large garage-type complex for his MRI, and the films were printed off in a weight room.

As soon as the doctor had put the films up, I was on the phone to my physician mentors back in the States, one of whom just happened to be an outstanding oncologist and the other an exceptional

neurosurgeon. They told me that my friend had only a 30% chance of making it through the night. The 12 hours rushed by as I was given tasks over the phone about the medical management steps that should be taken. I was told to record serial neurological exams and report back. I was on the phone with a politician’s aide (the nongovernmental organization with which we were working had taken and mislaid our passports), health insurance companies (to arrange prior authorization), parents, and administrators, as I scrambled to get us medically evacuated out of Vietnam. It seemed the only time I was not on my phone was when I was using it to perform and record his neurological exam, searching for any changes that could predict further trouble. Call it luck, an act of God, or hard work by a lot of people I barely knew (I later counted over 60), we were air evacuated to Bangkok the following day. The flight was risky, and I was given his power of attorney “in case.” Staying was not an option, as Vietnam lacked appropriate resources. Fortunately in Bangkok, under the care of a physician trained by my U.S. mentors, my friend stabilized. After relearning how to walk, he walked his mother down the aisle a month later at his sister’s wedding.

Technology can often drive a wedge in the patient–doctor relationship when we rely on it to triage and treat patients

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The Arnold P. Gold Foundation was founded in 1988 with the mission of maintaining the balance between medical science and human needs by ensuring that doctors value and provide patient-centered care that is both compassionate and cutting edge. The Gold Foundation’s annual Humanism in Medicine Essay Contest was launched in 1999 to allow medical students to reflect on their experiences through writing.

In 2014, students were given the prompt: “Using a real life experience, describe how technology played a role, either negatively or positively, in the delivery of humanistic patient care.” The submitted essays were reviewed by a distinguished panel of judges ranging from esteemed medical professionals to authors in the field of humanistic medical care.

The top 3 essays were selected along with 10 honorable mentions. Winning essays were published on the Arnold P. Gold Foundation Web site ([www.humanism-in-medicine.org](http://www.humanism-in-medicine.org)) and will be published in consecutive fall issues of *Academic Medicine*.

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without truly seeing or listening to them. I have learned over the past three years of medical school how much listening, and the art of the patient–physician interaction, is essential to patient care. Putting our hands on patients is invaluable to diagnosing and treating disease. Technology can interfere with our caring for patients, but it is an absolutely

invaluable tool that must be married with the more traditional tools of the physical exam and physicians themselves. Seizing the opportunity to improve care through access to information and mobile apps is medicine’s future. Technology, in the form of an iPhone, allowed me to examine “my patient” and communicate with collaborating physicians, sharing

information half a world away. There’s not an app for empathy, compassion, critical thinking, or the art of medicine. But technology ultimately was the tool that enabled my friend’s team to bring him home to his family. It saved a life that might otherwise have been lost. I admit that I will be forever grateful that there was “an app for that.”