

Lukewarm Water

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“Patient with hematemesis, 20# weight loss, in the South Emergency Department, non-English speaker, COVID-test pending.”

As a medical student rotating through the gastroenterology consult service, I receive this page to evaluate a patient. I arrive at the room sweaty and frustrated, having gotten lost in the basement labyrinth of emergency department rooms and waiting on hold for eight minutes before finally connecting with a Punjabi phone interpreter. After donning a gown, gloves, eye goggles, and N95 mask, I knock impatiently on the patient’s door. I step inside to find an elderly Indian man resting in bed with a hospital blanket pulled up to his chin and a burgundy cap sitting upon his head. I introduce myself using the phone interpreter and swiftly pull up a chair.

“Hi sir, I’m a medical student. I’ll be asking you some questions about your vomiting.”

The patient has his eyes closed as he nods his understanding. He murmurs answers to my questions: onset, severity, and associated symptoms. I am surprised to recognize a few of the Punjabi words he uses—my paternal grandparents speak Punjabi at home. The words exchanged between the patient and the interpreter’s tinny voice sound vaguely familiar, somewhat soothing. I rapidly scratch notes on my yellow pad.

“Do you have family we can call?”

At the mention of family, he opens his eyes as he nods yes. For the first time, I see his chocolate brown eyes. They are filled with kindness, immediately reminding me of my own Punjabi grandfather who is lying in a hospital bed of his own, hundreds of miles away in California.

And in that brief moment, my experience in the emergency department room takes a new and deeply meaningful turn. My patient is seamlessly transformed from a non-English-speaking, COVID-test-pending, practically anonymous person lying on a hospital bed to a familiar, multifaceted human with dreams, jealousy, a family, disappointments, inside jokes, and neighbors. His vulnerability in this moment is suddenly obvious: he is alone and barely able to communicate. I want to ask questions beyond a gastrointestinal review of system.

Questions spill out of me. “Are you warm enough? Are you drinking enough water? Do you know why you are here?”

As a mixed-race individual with Indian, Japanese, and Irish heritage, I know how it feels to stand outside of the dominant culture. At a predominantly white primary school, I stood out with my tan skin and dark brown hair. Attending middle school in Italy, I experienced the vulnerability of not speaking the local language and thus relying on language interpreters. My Japanese relatives think I look Indian, my Indian relatives see me as Japanese, my Irish relatives are just confused. I don’t fit into any pre-existing ethnicity box. Sometimes, I feel akin to my patient, who now finds himself far outside of the medical system’s culture. Luckily, I am becoming an established member in this particular system and can help guide him inside.

After finalizing a diagnostic and treatment plan for our patient with the gastroenterology team, I call his daughter. Taking care to correctly pronounce her name, as my own name is butchered all too often, I explain the clinical plan and attentively listen to her concerns. I am relieved when she announces that she will visit him tomorrow.

Later that evening, I FaceTime my grandfather as he lies in his Kaiser hospital bed, an olive-green beanie sitting snugly on his head. Together, we decide what to order for his dinner—halibut with a side of steamed vegetables and chamomile tea—and catch up on family gossip, or “gupshup.” His nurse soon enters the room and my grandfather proudly introduces me as his granddaughter and a medical student. I jump into my role as a medical provider in training.

“Are you changing his IV? Has he been eating his meals? Did he receive his antibiotics yet?” She patiently fields my inquiries.

The next morning, when I go to round on my patient, I hear sounds of commotion from his room.

“Move up on the bed! Scoot up!” Someone shouts at him. My patient is responding equally loudly in Punjabi, frustrated and confused. Disturbed, I open the door and remind the nurse aide that our patient does not speak English. I wait to give his medical record number to the phone interpreter as I put on personal protective equipment and scramble to enter the room. Confused voices emit from the room.

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“The doctor is coming in!”

“No, I think that’s his daughter.”

“Sir, uno momento!”

With the phone interpreter eventually on the line, I rush to the patient’s side and ask him what he needs.

“What is going on? What are they telling me?” He asks, perplexed.

“They need you to roll over in bed so they can change your sheets.”

“I cannot roll over, I’m having bad gas, I need to have a bowel movement.” He grimaces.

I relay this information to the nursing team and decide to return later. In my mind, I replay the assumptions others made about my role. Is she the doctor? Is she the daughter? I am certainly neither, although I feel like a tiny bit of both.

Later in the afternoon, I am glad to see his daughter sitting at bedside. She is slightly older than me, with the same gentle eyes as her father.

I introduce myself and update them on today’s plan.

“We are worried about your kidneys. It is important that you drink lots of water today.” I motion toward the white Styro-foam cup on his tray, filled with ice water.

His daughter interprets for us: “He cannot drink the water. It is too cold. The nurse doesn’t understand.” The patient nods his head in agreement.

But, of course—my Indian relatives also prefer to drink water without ice. In my family, we jokingly refer to serving water “Indian style” if we are drinking it at room temperature. To this day, my father and grandparents prefer to drink lukewarm water.

I rush outside and ask the nurse to only provide lukewarm water for the patient. He nods, distracted by his beeping pager. I am not quite sure he heard.

Stepping back into the patient’s room, I write a clear message on the patient’s whiteboard to reiterate his need for water sans ice while the patient says something to me in Punjabi.

The patient’s daughter smiles at me, translating for her father: “He wants to know if you’re Indian.”

I nod, glad that the patient noticed my Indian features even underneath a face mask and goggles.

“Yes, my father is Indian, from Punjab.” I say proudly, eager to demonstrate my connection to him. The patient smiles after hearing the translation.

I leave the room with my chest feeling warm and my spirit energized. I type out a quick text to my grandfather: “My patient reminds me of you. He’s Punjabi just like us! Someone mistook me as his daughter earlier.” My grandpa responds with a heart emoji.

It has now been three months since my rotation on the gastroenterology consult service, which has been ample time to unpack my interactions with this patient. He reminds me that our patients are more than anonymous beings wearing hospital gowns: they are fellow humans, more similar to us providers than they are different. He also reminds me that I often struggle to know where I fit in, which has become a great strength during my training.

As a medical student, I occupy the void between layperson and provider. As a person of mixed ethnicity, I have partial access to multiple worlds, though never full access to a world of my own. As the granddaughter of an intermittently hospitalized patient, I oscillate between the roles of caring family member and discerning health professional. In those moments with my patient, when I was able to travel between cultures, between worlds, to inhabit the liminal space that allows me to both understand snippets of Punjabi and identify myself as Indian to my patient’s family and at the same time round with a clinical team, I recognize the benefits of being simultaneously part of the “in” group and the “out” group. From this vantage point, vulnerability is easy to identify and advocacy follows closely behind.

My physician father always tells me: “Treat your patients like family members.” I can only hope that when I am not there, someone else is listening to the needs of my hospitalized grandfather and making sure he receives lukewarm water of his own.

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