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research narrative

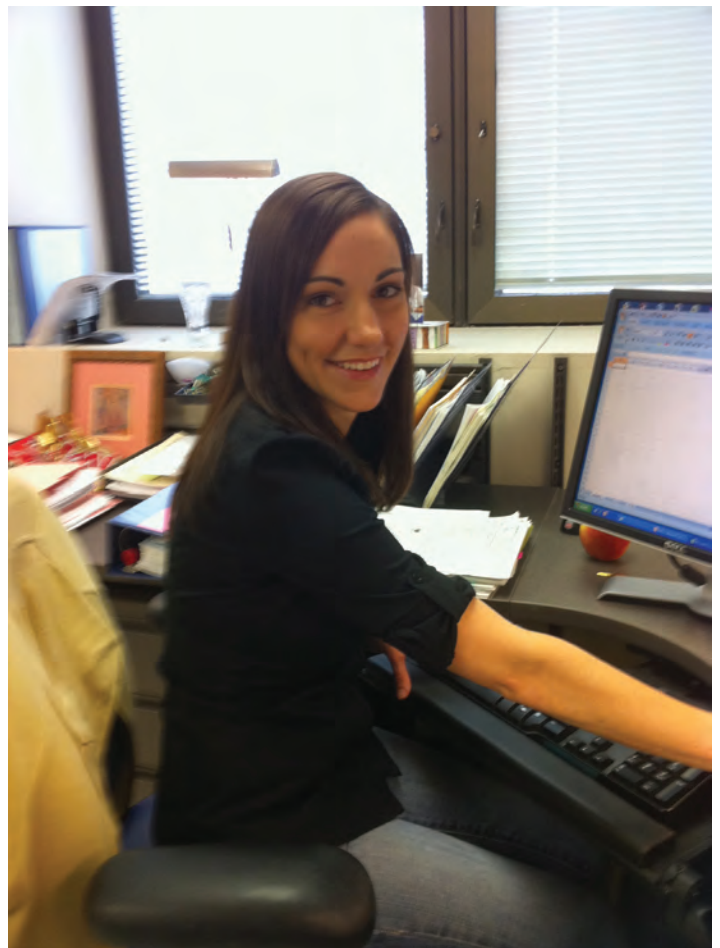
A Fairy Tale

Amanda Melnikoff

For most of us, our image of physicians has been shaped by two primary sources – TV shows and our personal experience as patients. From Dr. Kildare in the 1960s to the current House series, TV serves up endless variations on the theme that doctors rush feverishly through their work days relieving suffering, making extraordinary diagnoses, and solving patients' personal problems with a wisdom that few possess – and doing it all with little more than a stethoscope and a Sherlock Holmes eye for detail. I'm exaggerating, of course, but you know what I mean. TV has a profound influence on our image of physicians.

Then there's our personal experience as patients. We visit the doctor (usually) because something's wrong that the doctor is trained to understand and fix. So we make an appointment and show up and write our name down at the receptionist window. We don't really know why we're required to sit in the lobby so long before our name is finally called, or why the nurse sticks her head out the door and pronounces our names as though it were a question. Melnikoff? Amanda Melnikoff? But at that point we don't care. Why? Because we are hurting and from that moment forward we are hopeful and trusting and eager to find relief from whatever disease we suffer. We bring with us a reverence for that doctor's skill that is otherwise reserved only for ministers and messiahs.

Medical school admissions committees often give weight to an applicant's first-hand knowledge of the medical profession. You've got to be academically accomplished, of course, simply to be considered for admission to medical school, but knowing something about the real duties and experiences of physicians is also a valuable admissions criterion. Why? Because admissions committees understand that TV characters and patient experience alone are poor barometers of the medical profession. Medical school is expensive, and time-consuming. The work is grinding and



the demands are intense. Better to be disabused of fairy-tales on the front end than to be disillusioned and debt-ridden later.

That's why I'm glad for the opportunities I've had to shadow physicians at their offices and work alongside doctors in a clinical drug-study setting. Short of that, I'd be lost in a wonderland of fantasies about what it means to be a physician.

Shadowing helped me understand why I've often had to wait so long in the doctor's lobby before my name was called. I never knew how much a physician might be doing behind that closed

lobby door – reading charts, bouncing down the hall between one patient and another, answering questions, soothing fears, sharing concerns, recording the nature of a patient’s situation, managing personnel and office issues as need requires, taking and making phone calls, performing medical procedures with the care that their patients expect, and somehow dealing with those personal issues that interrupt all our workdays at one time or another (arranging transportation for a child’s soccer practice, taking a call from the accountant or insurance agent, meeting with the computer software guy or the drug rep, taking a five minute coffee break after four or five unrelenting hours, just to name a few). Knowing what goes on behind that lobby door enables me better to understand why it sometimes takes so long to hear those magic words: Melnikoff? Amanda Melnikoff?

periodically neglects to do so, or if the patient takes the dosage as prescribed, but waits three weeks after the bottle is empty before returning for follow-up tests, that patient’s test results may prove worthless to the researcher. And did I mention the paperwork that both parties must fill out – not once but regularly and in detail – if the results are to be certified? Sometimes patients forget details of their medical history that the researcher needed to know at the beginning, details that the patient may later reveal when filling out paperwork and that may have disqualified the patient from participating in the study had the information been revealed earlier. I didn’t realize just how much paperwork is involved in medical research.

Knowing what goes on behind that lobby door enables me better to understand why it sometimes takes so long to hear those magic words...

Working alongside doctors in a clinical drug-study taught me even more. I learned, for instance, that doctors and patients are dependent on one another in ways I’d never stopped to consider. In a doctor/patient relationship, we typically think that only the doctor has an obligation, namely, do the best you can to help the patient. But what about the patient’s obligation?

The medical researchers I worked for were studying Chronic Obstructive Pulmonary Disease. More specifically, they wanted to know if the lungs of patients suffering from COPD might respond to a drug indicated for cardiovascular disease (particularly, heart attack). If their intuitions were correct, the drug might lead to a dramatic reduction in COPD exacerbations, hospitalizations, and mortalities.

Only problem is, if the study is to be instructive, the patients must follow the protocol established in the study. If the study requires that patients take the drug each morning and night, but the patient

Long story short, I’ve learned a lot from shadowing physicians and working with clinical researchers. My advice to anyone considering applying to medical school is this – if at all possible, get some experience in advance. Be proactive. Call people you know. Let them know your ambitions and ask for their help. You’ll be surprised at what might happen. Even more, you’ll be surprised at what you learn.

You have nothing to risk but fairy tales.