

# Bearing Witness to Grief

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## ABSTRACT

Minutes after starting my family medicine rotation, my first patient crumpled before my eyes. She shared a story of anguish and worry, overwhelmed with the grief of her partner's unexpected death and consequential housing instability. As a medical student, I both underestimated and was underprepared for the pain of facing patients experiencing life-changing loss. It is one thing to read about structural trauma and deeply embedded inequalities; it is another to look into the eyes of the patients whose families are, in part, shaped by them. In this essay, I grapple with a myriad of emotions on my first day of family medicine—and contemplate the courage required to show up, wholeheartedly, for our patients.

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"We have a super busy morning, so try to keep it under 10 minutes." Just minutes after we first met, the resident offered this last instruction before her perky red ponytail swung down the hall. It was my first day of my family medicine rotation, partway through my third year of medical school. The resident-run clinic was located in a diverse, historically underserved community in the heart of Minneapolis. In classic medical student fashion, I didn't yet have electronic medical record (EMR) access, so all I knew about my first patient was that she was coming in for "mood problems." Resigning myself to a morning of feeling like I was drowning, I feigned a confident smile as I trotted into the exam room. The patient pushed faded brown hair out of her face; her sweatshirt sleeves pooled over her hands and extra fabric hung from her diminutive frame.

"What brings you in today?"

Tears leaked through the crinkles of eyes shut tight as she pressed her hands to her forehead. A string of unexpected losses and stressors flowed with the tears. Because of her husband's unexpected death a week prior, funeral expenses and lost income meant she would soon be unable to pay rent on the apartment they'd shared with their son for the last 10 years. To make matters worse, the only housing she could afford in her son's school district refused to accept their 12-year-old Pitbull mix, who hadn't left her side since her husband's passing.

She ended her story with a desperate plea. "Please help me. I don't know where else to go or what to do from here. I feel so lost."

My initial reaction consisted of several choice expletives and the burning desire to run from the room in search of my supervising resident. *I cannot do this.* I stared at her soundlessly, willing words to enter my brain. The only thought it managed to offer was a wry lament—*this feels familiar*. This—to sit next to another human as their very bones crumble under the certainty that a cornerstone of their life has vanished. In the last few years, grief has enveloped my loved ones. Cancer, suicide, COVID-19, dementia—I've become deeply familiar with the bitter, desperate, guilt-wracked shock that often follows loss. Recent years have constructed a lovely little house of grief for many, myself included. I know its corners filled with loneliness, its creaks of regret, its stale scent of resentment.

I did not know how it felt to find my spouse of 15 years dead on the couch, as this patient had. But I have experienced a feeling reminiscent of the one that consumed this patient's soul and, after watching the people I love grieve for 2 years, I knew how to sit next to it. So, I did. I told her I was sorry, I handed her tissues, I asked about her husband, their teenager, the family dog. She even laughed, telling me how much he'd loved football and pointing to the logo of the overlarge sweatshirt she couldn't bring herself to take off. At the end, she took a deep breath and

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thanked me for listening. I walked out of that room 40 minutes later feeling like I'd done something good for the world.

As I saw one patient after another, that buoyancy leaked from me. I was not prepared to encounter similar loss 3 more times that day. The mechanisms differed, but all ended with another loved one in the ground, adding to the layers upon layers of grief in this community. Generations of injustice and trauma and senseless death leave invisible scars far more painful than those left by tissue damage. I knew the statistics about gun violence, health literacy, accidental overdoses, food insecurity, barriers to health care, and how these issues disproportionately affect communities of color and those with fewer financial resources. Knowing facts is entirely different than facing the grief caused by broken systems, knowing this pain was *preventable*. Children, fathers, aunts, grandparents, sisters, cousins, friends. One grieving person, I could handle. But by the third weeping patient, I'd started to silently panic.

I do not know how to face the grief of thousands. I am too small, or it is too big.

My last patient of the day told me about the loss of his daughter in a forced, casual tone that warned me not to push further. His voice was quiet as he shared his worries for his 7-year-old grandson, happily scribbling on a piece of paper, who was now his responsibility. He knew his grandson was overweight and was concerned that he could develop diabetes. He bitterly pointed out that their home was surrounded by liquor stores, fast food, and convenience stores that didn't carry fresh produce. Losing his right foot to a diabetic ulcer had made it harder to get around. By this point, I'd become resigned to the fact that I could not fix this for him. It runs counter to my every instinct; doctors (or student doctors, as the case may be) hate not being able to fix the thing. That's

why we entered medicine, right? To find the part that doesn't work and make it better. Or, if that isn't attainable, at least take refuge in small things that we can control—encourage our institutions to enact equitable policies, examine our own biases, find situations in which to leverage our privilege to create a more just world. But none of that helps in the moment you meet the eyes of a patient who has endured more than you can imagine. It may even be a disservice to hide behind good intentions and future goals.

Instead of wallowing in my frustration, I found solace in the matter-of-fact way the residents and attendings carried on despite the weight of the circumstances—and in the strength and resiliency embodied by our patients. Rather than wracking my brain to fix something that was never mine to repair, I simply had to exist with these people as they suffered. My role—then and now—is to bear witness to the grief. Watch as every cell in her body fidgets in a desperate measure to find relief from that relentless, all-consuming devastation. Hear the stories. Squeeze his shoulder, pass over another box of tissues. Don't flinch, don't blink, don't look away. If their grief is a wave, you are the rock upon which it breaks. And when it inevitably surges back to them, maybe, for one precious, sacred moment, it will have lost some of its force.



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