Medical Radiation Science Narratives

A letter from a radiographer

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Dear reader,

Please do not call me a button pusher, for I am more than that.

In radiography school, my lecturers taught me that medical imaging was more than the science behind it - it was an art form. Adjusting the exposure factors, adapting our technique to suit various body habitus, required understanding physics, anatomy and physiology - the sciences. On the other hand, the art of compassion, empathy and communication, were the skills that were often hard to teach. These interpersonal skills constantly humbled me and reminded me that at the other end of my equipment was always another human, waiting for my help. Through my years of being a student and now a qualified radiographer, my empathic nature has found the art behind it all most intriguing.

I have encountered several memorable 'firsts' that have shaped my beliefs and values, with some leaving me feeling accomplished and hopeful, while others made me feel anguished and hopeless. Most importantly, these encounters taught me more than the university textbooks ever could, and I deeply thank the patients whom I had the privilege of serving for my multiple life lessons.

I first felt like I was making a true difference when I performed a series of ankle radiographs. The patient had rolled her ankle walking down a flight of stairs one morning on the way to work and could barely weight-bear on her affected leg. Sensing her immense worry, I’d sent her pictures off to the picture archiving and communications system (PACS), a unique database for all patients’ radiology images, before heading to the radiologists’ room to check if they had seen anything sinister.

When I was able to relay the radiologist’s good news of a normal ankle joint back to her, the audible sense of relief from her was delightful! Through rejoicing with her and actively listening to what she had to share with me, I learned that she was a professional dancer. The upcoming months would have been her last few performances before her retirement. I had taken the radiographs that literally determined how her dancing career would have unfolded for the subsequent months. I was new to the world of medical imaging then and realized the impact of these truth-telling images that could determine the future. By the end of that examination, I had made a promise to myself. I promised to see patients as more than just a number in the system – I began to treat my patients like my friends and extended family.

Active listening has been suggested to have an empathic association, allowing for patient-centered care1. I once again learned the value of actively listening to the patient behind the diagnosis during another clinical placement on a Monday morning. I had just received a relatively typical request for a radiographic examination of the hand. “Laceration on dorsum aspect of hand, #? (shorthand for: is there a fracture?)” was written on the radiological request for a series of hand radiographs.

I called out for my patient in the waiting area, and saw a disheveled, frightened female patient walk towards me, hugging her bandaged hand. She recounted that she had used the back of her hand to shield her face from the blows of a broken beer bottle. The blows that belonged to her drunk husband from the night before.

With her tear-filled eyes, she shared that he had left home shortly after, bringing with him all of her valuables and personal identification. She was left with nothing in her name. My heart
ached. I felt guilty for initially assuming that I was about to perform "just another radiographic examination of the hand". I realized then that there is always so much more to a patient than what is written in the clinical records.

A few months after, my residential hall at university held an event for the White Ribbon campaign, a global movement originating in Ontario, Canada, to end male violence against women and girls. This patient inspired me to volunteer for it and I have never stopped supporting the cause ever since.

My third memorable encounter occurred when I was rostered on to perform mobile imaging to patients from the emergency department (ED). The ED nurse over the phone had conveyed, "Hi, I’ve got a patient here for a mobile chest radiograph. Her saturation levels are dropping, please come soon." I obliged and drove the mobile x-ray machine down the corridor from radiology to ED. Several nurses and doctors were fussing over the patient when I reached, ensuring her cannula was in, her blood was drawn, and physically examining her. She was hunched forward, perspiring profusely and struggling to breathe – classic signs of acute pulmonary oedema.

I immediately got to work placing my digital image receptor and setting my machine up for an Antero-Posterior (AP) erect chest radiograph. For the dignity and privacy of the patient, in addition to radiation protection purposes, I ensured the bay had no other staff around before taking the picture. When I returned to my machine to review the radiograph, two palm-sized circular symmetrical opaque densities over the chest image seemed to somewhat obscure my view of the lungs and heart – breast implants. Immediately after that thought I heard the nurses snickering next to me, "wow a boob job, hey?" They scoffed at the screen. The connotations were clear, they assumed she had undergone breast augmentation for cosmetic reasons and had mocked her for it. I smiled shyly to hide my shock. Whether for cosmetic purposes or not, I did not think these nurses should have been judgmental of the patient’s breast implants. Additionally, I had someone close to me undergo a single mastectomy just a year ago after a breast cancer diagnosis. Their self-esteem had plummeted as they had been wearing stuffed bras to balance out their uneven breasts; they were now considering a single breast implant. What if this patient of mine had had a similar diagnosis?

Looking back now, I probably should have defended my patient, for after I had returned back to the department and looked up her previous records, she was indeed, a breast cancer survivor. The quote “do not judge a book by its cover” rings true, and I know that for a long time to come, I will be standing up for those who cannot stand up for themselves.

Another lesson in humanity arrived when I was working the night shift in ED. A female patient had been wheeled to my x-ray room for imaging by two nurses who had a simple warning for me – she had overdosed on a narcotic and was mentally unsound. They did not think she was competent enough to hold a conversation nor comprehend what was being said to her. I took the nurses’ warning with a pinch of salt and entered the room. Upon verifying her identification, I asked if there was any possibility that she could be pregnant before we could proceed with her x-ray. Her half-hearted murmurs were barely audible, so I calmly repeated my question. What she lashed out next was nothing that radiography school could have prepared me for. "I don’t know, and I don’t care [if I’m pregnant or not]! I just got raped, that’s why I’m in the hospital." I was shocked beyond words – this was my first encounter with a rape victim. I did not know how to react, nor was I ever taught.

I recovered from my shock enough to carry on explaining the rest of my examination professionally and empathetically, even helping her to change out of her own clothes into a clean patient gown. After her imaging was completed and she was wheeled out of the x-ray room, I could not help but feel inadequate. I had not known how to reassure her. I began to pay more attention to what gestures I could do or say kindly, to help comfort my patients through the difficult ordeals they were in. I simply did not want to be tongue-tied and in shock again. I have since found that a gentle squeeze of their hand, or simple encouragements like, "you’re doing great, just a few more small adjustments and we’ll be done!", "thank you for collaborating with me!", "focus on your breathing, it’ll help with the discomfort” have worked well. This encounter reminded me to be a more compassionate healthcare professional.

"It is mandatory that all female patients of childbearing age are asked about their pregnancy status before imaging using ionizing radiation can proceed.”

My final unforgettable encounter began with a trauma call whilst I was on a night shift. A trauma call is one that takes on a life of its own and is often the aftermath of a road traffic accident, a suicide attempt, or something equally dire. When this call is activated, it is the most important case at that moment. It is almost as if the entire ED drops everything they are doing to standby for some intense life-saving.

The doctors, nurses and medical imaging staff wait in anticipation for the familiar sound of wailing sirens in the ambulance bay before the patient comes through the doors flanked by the paramedics. Once the patient is transferred from stretcher to hospital trolley bed, it is organized chaos – imagine the typical “she’s crashing!” scene on medical dramas, but everyone is working calmly yet swiftly.

In the wee hours of one early morning the call was made for a young adult male who had drunkenly jumped off an overhead highway crossing in a failed suicide attempt. He had a plethora of imaging requests, and it was only him and me in the resuscitation room. Such examinations are considered a marathon because of the stamina required to physically move the equipment, and the willpower to persevere till the end. He was bare naked, save for a cloth covering his torso, with a bloodied face and abrased limbs.

As I maneuvered my x-ray machine, adapting my technique for a trauma patient on spinal precaution, I realized my biggest struggle was not going to be the science: he had begun to cry loudly. He was asking me why the medical team had bothered to save him. "They should have left me to die! No one cares! My parents just love my sister, my girlfriend hates me!"

I still had several images to go, and I needed something to distract him so that he would remain in position for me. As a
certified mental health first aider, I did the first thing that came to mind, I listened non-judgmentally and gave reassurance. The mental workout I experienced from engaging him in thoughtful conversation, whilst thinking out of the box to image certain body regions, was an unexpected challenge. However, what I had done had helped tremendously; he became calmer. This encounter showed me the mental stretch that I was capable of and reminded me to always be kind in my interactions with anyone. We simply do not know what they are struggling with.

The encounters during my career have literally defined me, shaping my thoughts and beliefs. I anticipate that these memories and their associated trauma will remain with me for a long time to come. But I will look back and know that it made me a better healthcare professional, and for that I am grateful.

So you see, dear reader, please do not call me a button pusher, for I am so much more than that. I am a diagnostic radiographer, the eyes of the doctors, and I am proud of what I do!

Disclaimer: All characters appearing in this work took inspiration from real life events. However, to respect all patients’ privacy and confidentiality, details such as gender, clinical conditions and/or conversations have been altered. Any resemblance to real persons, living or dead, is purely coincidental.

References