PGY2040: Beyond the digital hum

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I sigh. My eyes get dazed by the blinking toilet, notifying me of yet another microhematuria episode in this morning's urine. The digital monitor displays a staggering +250 RBCs, and thus triggers, without my consent, a cascade of notifications to my air-car, phone, ID chip, and probably my mother, my neighbor, and eventually my program director about my persistent microhematuria. I brace myself for the impending conversation with Dr. Smollgrass, my program director, hoping to reach the hospital before he decides to tele-hologram into my shower for an impromptu consultation.

Last night's holo-consults were a challenging mix of technological complexities and patient eccentricities, none of which were, in fact, urologic matters. Mrs. Duvet, my spirited 90-year-old patient, sought guidance on syncing her Medi-Robot to apply her vaginal estrogen for her. I told her I don't know how a Medi-Robot works, she told me she will sue and hologrammed herself out of my bedroom before I could say anything else.

The last surgical procedure I witnessed was during my PGY1 year, preceding the government's embrace of nano-rejuvenation particles and tricellular embryonic surgery protocols. Since then, patient care has morphed into troubleshooting Medi-Robot synchronizations and house filtration systems. As the coffee machine recites its programmed morning anthem, I daydream about encountering a traditional lower urinary tract symptoms (LUTS) consultation — an anomaly in a world where even my morning coffee is a byproduct of house-filtered, diagnostic urine.

This morning, I decide to visit Dr. Roche, my seasoned mentor, at his retirement pod, where he lives surrounded by holographic memories of a bygone era. He regales me with tales of palpating renal artery pulses and DaVinci robots — intra-abdominal surgery feels all so distant in our technocentric world. Dr Roche, forever old-school, still relies on a WiFi connection. He logs me in, and together we spend hours practicing old-school laparoscopic and robotic techniques.

Suddenly, a power outage plunges us into darkness. The holographic displays flicker and fade, leaving us surrounded by a rare silence devoid of digital hum. In the dim glow of emergency lights, Dr. Roche chuckles, as we now rely solely on electricity.

Hours later, in the midst of the blackout, an urgent case demands immediate attention. With no access to holographic imaging or robotic assistants, I seize the opportunity to perform surgery with my bare hands, as I had practiced with Dr Roche. Guided by memory and tactile sensation alone, I navigate through the complexities of the human anatomy, relying on instincts honed through hours of searching old archives about abdominal surgery.

In that extraordinary moment, I rediscover the essence of medicine, which I craved so badly — a harmonious blend of art and science, tradition and innovation. With each suture, I'm reminded of the profound privilege of operating, transcending the limitations of technology.

As the lights flicker back to life and the machines hum to resume their tasks, I carry forward this feeling and find a renewed purpose to continue my journey. I embrace the boundless possibilities of a future where compassion remains the cornerstone of medical practice. The touch of a skilled hand, however, still holds timeless significance amidst the ever-evolving world of healthcare.

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