BETWEEN THE LINES OF MEDICINE.

When I entered medical school, I believed medical school was about conviction. I thought it was about mastering anatomy, memorizing drug mechanisms, interpreting laboratory values, and learning how to tackle disease with scientific precision. I assumed that being a doctor meant never being without an answer.

Then during my first clinical posting, I met a patient who taught me that medicine is less about answers and more about understanding.

She was a woman admitted for advanced breast cancer. Ward discussions around her were all about staging, chemotherapy options, prognosis, and pain management. During ward rounds, students competed to answer questions. So did I. I wanted to impress the consultant. I wanted to sound intelligent.

After the consultant finished reviewing her, she asked me a question I was completely unprepared for.

“Will my children remember me as a good mother?”

For a moment, everything I had studied felt painfully inadequate.

No lecture had taught me how to answer that question. No medical textbook had explained how to sit beside someone who was afraid not only of dying, but of disappearing from the memories of the people she loved. In that moment, I realized there is a profound difference between treating disease and understanding a human being. One requires scientific competence; the other requires humanity.

That realisation changed my experience of higher education.

As a fifth-year medical student in Nigeria, my education has been shaped by science. Our schedules are merciless. We move from crowded lecture halls to clinics, from overnight calls to examinations that test endurance as much as intelligence. In such an environment, it is dangerously easy to become emotionally detached. Sometimes, detachment feels necessary for survival.

Yet the humanities quietly kept me human.

I began to notice that the doctors patients trusted most were not always the ones with the loudest knowledge, but the ones who listened carefully, and treated patients with dignity. Communication and empathy were clinical skills. A patient who feels heard is most likely to cooperate with the treatment plan. A frightened patient needs reassurance as much as medication. A grieving relative remembers compassion long after medical terminology fades.

One experience during my paediatric posting deeply reinforced this for me. A young boy admitted repeatedly for sickle cell crises refused treatment and became withdrawn. Many of us saw stubbornness, but one resident doctor sat beside him and talked about football. Slowly, the child opened up. He was tired; tired of the needles, hospitals, and pain.

It taught me that what appears to be ‘’non-compliance’’ is often exhaustion or hopelessness. Medicine is not practised on diseases in isolation; it is practised on people, carrying invisible emotional burdens.

Literature and reflective writing gave language to emotions that medical training suppresses. Patients became individuals with histories, families, fears and dreams interrupted by illness.

This shift in perspective also changed how I viewed my classmates, my lecturers and even myself.

Medical school is emotionally brutal. Exhaustion settles into your bones. You witness death and continue as though nothing happened. Failure feels deeply personal. In Nigerian medical schools, where healthcare systems are often strained, students sometimes learn to normalise suffering; both patients’ suffering and our own.

I remember leaving the emergency unit after losing a patient. My first resuscitation failure. The atmosphere afterward was what unsettled me most. Conversations resumed. Documentation continued. People moved on.

But I could not move on so quickly. I wrote about the silence after the monitor stopped beeping. I wrote about the patient’s daughter crying outside the ward. I wrote about the fear that repeated exposure to death might one day make me emotionally numb.

Reflective writing helped me process grief, not suppress it. Feeling deeply was not weakness; it was evidence that I still recognized the humanity in those I cared for.

Ethics also reshaped my understanding of medicine. Before medical school, I assumed ethical decisions were usually obvious. But clinical medicine exists in shades of grey. I have watched doctors navigate conversations about financial limitations, end-of-life care, informed consent, and cultural beliefs surrounding illness. In Nigeria, where socioeconomic realities strongly influence healthcare access, medicine constantly intersects with justice, dignity, and inequality.

A consultant told me, ‘’the best doctor is not the one who knows the most facts, but the one who never forgets the patient is a person first.’’

That statement stays with me because it captures the role of the humanities in medical education. The humanities teach us to see complexity where science sometimes seeks simplification. They teach us that healing is not only biological but emotional, social, cultural and psychological.

Exposure to different cultures and perspectives further broadened my understanding of healthcare. Nigeria is deeply diverse, and medical school brought me into contact with people whose beliefs about illness differed greatly from mine. Some interpreted disease through religious frameworks. Some feared certain diagnoses because of social stigma.

Initially, I saw these beliefs as barriers to effective treatment. I learned that dismissing people’s beliefs only creates distance. The humanities taught me cultural humility.

Looking back now, I realise the humanities did not distract me from my medical education; they completed it.

Science taught me how the heart functions. The humanities taught me what heartbreak looks like in a hospital corridor.

Science taught me how to diagnose disease. The humanities taught me how illness reshapes identity, family, hope, and fear.

Science trained my mind. The humanities trained my conscience.

As I near the end of medical school, I no longer see medicine solely as a scientific profession. I see it as a profoundly human one. Technical competence matters, but compassion shapes how patients experience it.

The woman with breast cancer never knew how much her question changed me. Beneath every diagnosis is a person asking quiet human questions; questions about fear, dignity, love, meaning and memory. And I now understand that medicine is not simply about learning how to cure disease. It is about learning how to sit with humanity in all its vulnerability and still choose compassion.