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From the Corner of the OR

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I never knew what it meant to be someone's "b*tch" until I was walking down the halls of the hospital, following closely behind two male ENT resident physicians, and carrying a heavy bag full of their medical supplies. The other female medical student on the rotation and I apparently weren't there to learn. We weren't there to see patients and hear their stories as we had hoped to do from a young age. We weren't even there to be acknowledged, really. We were there to carry their sh*t. "B*tch bag" in hand, I followed the residents down the hallway and into the elevator, listening to their banter, and observing them as they never so much as glanced in my direction.

Perhaps this was better than observing *bad* behavior, though, as I had from the resident physicians on my neurosurgery rotation the week before. A woman with a rapidly advancing life-threatening tumor infiltrating most of her brain was delivered this news in a two-minute conversation at the crack of dawn by a resident with a callous glaze over her eyes. The patient's husband, receiving the news with her at bedside, eyes welled up with tears, was comforted only by the heel turn of the resident walking out after dropping the bomb shell.

I trudged on, a shadow in the corner, a ghost on the wall. My existence was only acknowledged by my sweet, sweet patients who, even in their sickest, most vulnerable states, found the space to love me. The physicians in charge of my learning, however, between their long working hours and little sleep, couldn't even make the space to hate me. To them, I was invisible.

As I stood behind the ENT surgeons in the operating room, their blue gowns obstructing the entirety of the small dissection window carefully draped for the surgery, I couldn't help but think to myself that if I died right there in the OR, they wouldn't notice, or care. They wouldn't even know my name to file on the accident report without consulting the white board at the entry way where I had scribbled it down under the words "medical student." In contrast, the patient on the operating table, once weaned from sedation, would be able to tell them my name. He would be able to tell them who I was. He cared to know my story.

In the culture of surgery, physicians don't talk about their patients as people. They address them as *cases*. In the emotional distance that they place between themselves and their patients, they harden, and forget what it's like to be seen themselves. These physicians often operate without first looking their patients in their eyes or holding their hands. As a result, nobody looks into the *surgeon's* eyes. Nobody holds the *surgeon's* hands. Human interaction goes two ways. When these physicians harden themselves, they forget that they, too, are human.

I wanted to join the profession of medicine because I wanted to be in the business of helping people, caring for the sick, and the vulnerable; those whose voices are too often ignored. Perhaps I was a fool not to realize that throughout my training, my voice would be stifled, too.

How could I expect to be judged solely by the depth of my knowledge or the fortitude of my character in a career where people with similar stories to mine were historically excluded? Now, as I carry the title of “doctor,” I will not soon forget the times that I was someone’s “b*tch.” Because to refuse to hear others’ stories is to erase their being.

As life goes, one day, it will be the physicians’ turn, and we will find ourselves on the exam table. Perhaps, we will learn that our days are numbered, or our old age and disability will render us dependent on someone else. And then, we, too, will yearn for someone to hold our hand and for someone else to hear our story.

About the Author

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