

The silence after discharge: when patients leave, but their stories stay

Le silence après le départ : quand les patients partent, mais que leurs histoires demeurent

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Published ahead of issue: Jun 3, 2025; published: Jul 2, 2025. CMEJ 2025, 16(3) Available at <https://doi.org/10.36834/cmej.81605>

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Discharge summaries are completed. The bed is prepared for the next admission. A new name appears on the chart. But sometimes, a patient doesn't leave with the paperwork. They stay with us. I remember caring for a woman in her early forties. She was quiet, but her wide eyes always searched mine. She had unexplained weight loss and fatigue. Her labs and scans offered no clear answers. Each day, I explained what we were ruling out. Each day, she nodded politely and said, "Thank you, doctor." Then, without a diagnosis or closure, she was discharged for outpatient follow-up. But I carried her with me. I still wonder—did I miss something? Was it anxiety, or something more insidious?

During my medical training, I learned to pursue answers, document findings, and move on. But the human mind doesn't discharge easily. Some patients echo in our thoughts, resurfacing during rounds, in quiet call rooms, or while reviewing another case. These lingering stories aren't dramatic or diagnostic milestones. They are the ones that remain unfinished.

This emotional residue once felt like a flaw. Now, I understand it as part of being present. These silences are not empty—they are full of our effort, empathy, and unspoken hopes. I believe that this emotional labour is foundational, though often unacknowledged, in medical training.

One editorial that deeply resonated with me described how emotional labour is often relegated to junior learners, even though it affects all levels of practice.¹ I believe we must normalize talking about these silent burdens. Reflecting on patients who stay with us—even without answers—can deepen our empathy and resilience.

Maybe letting go doesn't mean forgetting. Maybe it means honouring what we gave, even when outcomes remain unclear. And maybe that's enough.

Conflicts of Interest: None

Funding: None

Edited by: Marcel D'Eon (editor-in-chief)

Reference

1. D'Eon MF. Emotional labour in learning to doctor. *Can Med Educ J*. 2024 Aug 30;15(4):1. <https://doi.org/10.36834/cmej.79935>