The Neglected Eye

The eyes are just an extension of the brain. I learned that young—not from a textbook, but from the inside out. As a child, I was diagnosed with strabismus. My brain had quietly decided to favor one eye over the other, dimming the weaker one like a candle it no longer needed. I wore an eye patch every day, forcing the neglected eye to face the world on its own. It was uncomfortable, unglamorous, and oddly profound. That something inside my skull could shape the way I experienced reality—that the brain could both betray and heal you—never stopped fascinating me. What struck me then, and stays with me still, was not the inconvenience of it—but the mechanism. My brain hadn't lost the eye. It had simply chosen not to use it. The capacity for sight was always there. It just needed something to force it open.

That idea never left me.

In medical school, that early wonder sharpened into something more deliberate. I learned to appreciate the physical exam. In Neurology, above all, each element of it offered another piece to the puzzle—the body quietly narrating its own story, if you knew how to listen.

Being a medical student in clinic can become mechanical. You don't notice it happening—it creeps in slowly, somewhere during core year rotations. We all develop a phrase that habitually comes out the moment we sit down. *What brings you in today?* And then the mental checklist begins, running quietly in the background like a program you can't close. History of present illness. Past medical history. Family history. Medications. Physical exam. We trudge through the list in our heads, checking things off, shaping the narrative we'll present to the attending. Rinse and repeat, over and over again, until the rhythm of it becomes almost comforting in its predictability.

I never thought of it as cold. I thought of it as efficient.

Looking back, I wonder if that was my brain doing what it had always known how to do—favoring the stronger eye, the more practiced one, and quietly dimming everything else.

For months my dad had been noticing weakness and changes in speech. He had begun to move with hesitation and slowness, unlike him. His speech had slowed; his words could no longer keep up with his mind. It had started gradually enough that we'd explained it away—stress, fatigue, the ordinary wear of getting older. But it had been going on long enough now that he was sent to see a specialist. A neurologist.

And yet, even as I watched him slow, I kept returning to who he had always been.

My father had played football at the University of Iowa and served as a captain in the Army—a man built from toughness and steadiness, someone who moved through the world with a quiet, physical certainty. He had been recruited to play at Stanford, but chose Iowa instead, turning down the prestige to stay close to home and the people he loved. It was a choice that told you everything about him. He had grown up in a town of 1,500 people, where everyone knew your name and your family, and where how you treated people was the only currency that really mattered. That was never something he had to learn. He was the one who stood outside every single day the summer before 8th grade, rebounding basketball after basketball. He was the one who taught me where to find morel mushrooms and how to set a trout line, who could identify poison ivy from twenty feet away and made sure I could too. He sparked my love for the outdoors. He was the kind of man you'd call on *Who Wants to Be a Millionaire*, because he knew a little bit about everything and wore it without arrogance. He was the one who never said no to taking my grandpa on a Sunday drive, or to our local diner when my grandpa lived with us after my grandma passed and his memory faded. He read me stories long past the age when most kids stopped asking. His hands had always been the steadiest things I knew. And now those same hands trembled. His voice—the one that had called out *square off your hips* before pitching me softballs in the front yard—had slowed to something unfamiliar, his words struggling to keep pace with a mind that was still entirely his.

I told myself that was fine—that we would know more after the appointment, that there was no use speculating. But as a medical student, I knew how to read between the lines of a referral. I knew what a neurologist looked for. And somewhere beneath the reassurances I kept offering, a quiet and terrifying differential had begun to form.

I went to his appointment, telling myself I was there to help—to ask the right questions, to be the bridge between his fear and the clinical language that would soon surround him. But the moment we sat down in that waiting room, I felt something shift. The fluorescent lights, the worn chairs, the quiet hum of anxiety in the air—I had moved through rooms like this a hundred times and never once felt what I felt then, how terrifying it was to be on the patient's side.

I thought about how long my father had been waiting—not just in that chair, but for this appointment. Months had passed between when he first presented with symptoms and the moment we finally sat down in that room. To the clinic, it was just another slot on a schedule. To my father, it was the day he had been counting down to for months. I had never felt that gap before—between what an ordinary clinic day is to a physician and what it is to the person waiting on the other side of it. Patients do not arrive with symptoms alone. They arrive with everything they have been carrying since the day something first felt wrong. That does not show up in the history of present illness. But it is always there.

The resident walked in. She was young, composed, clipboard in hand. She sat down across from my father, smiled, and said it—the phrase I had said myself a hundred times without thinking.

Hi, what brings you in today?

I watched my dad pause before answering. I watched him search for the right words to describe something he didn't fully understand yet, something that frightened him, something he had been quietly carrying for months. And she listened, nodded, typed. History of present illness. Past medical history. Family history. Medications. Physical exam.

As she excused herself from the room, I found myself imagining exactly how she would present him to the attending. *"59-year-old male presenting with progressive dysarthria and bilateral upper extremity weakness, onset approximately six months ago..."* I knew the cadence by heart. I had spoken it myself, in different rooms, about different people.

But this was my father. And somewhere between the checklist and the presentation, I wondered—did she see him? And would she remember him? Not the case. Not the diagnosis. Him—the man who paused before answering, who chose his words carefully because they no longer came the way they used to. I didn't know the answer. I wasn't sure I would have known it about myself.

The neurologist moved through the exam thoroughly, and I watched with the split attention of someone who was both a daughter and a student—tracking his every movement while simultaneously trying to read my father's face. When he finished, he sat down, folded his hands, and spoke with the measured gentleness of someone who had delivered difficult news many times before.

ALS, he said. Amyotrophic Lateral Sclerosis.

I knew the word. I had written about it in exams, recited its pathophysiology without hesitation, spoken it in the same flat clinical tone I used for everything else. But sitting in that room, hearing it applied to my father, it became something else entirely. Something that didn't fit neatly into any framework I had been given. I understood every word the neurologist said—the prognosis, the progression, the clinical markers. And yet I sat there, silent, watching my father's face move through emotions he didn't have words for. Confusion softening into something quieter, something between grief and acceptance. I wanted to say something—anything. I had come to this appointment to be useful, to translate, to help. And I had nothing. But the room felt very far away, and my father looked very small in that chair. All the clinical language I had spent years learning sat completely useless inside me.

I couldn't speak. All that knowledge, and I couldn't find a single word.

That room changed something in me. It brought me back to my eyepatch-wearing days, to the curiosity about the brain that started there, and made me wonder whether training had slowly, quietly taught me to dim certain things—the trembling hand, the searching eyes, the fear sitting just beneath the history of present illness—in favor of moving efficiently through a checklist. The clinical eye is necessary. Without it, we are not physicians—we are simply well-meaning strangers in a room. But it was never meant to work alone. There is another way of seeing, quieter and slower to develop, that takes in not just the symptoms but the person carrying them. Not just the diagnosis but the life it has interrupted. Training sharpens one eye with precision and repetition, but the other has to be chosen. Deliberately. Every time you walk into a room. That, I think, is what medicine at its most honest asks of us.

Our duty as physicians is not always to cure—sometimes the disease has already decided that. What remains is the willingness to step outside the comfort of the checklist long enough to see the person sitting across from you.

I still want to be a neurologist. That hasn't changed. But I carry something with me now that no curriculum prepared me for—the understanding that the most important thing I can offer a patient is not the precision of one well-trained eye, but the willingness to use both. To hold the science and the suffering together. The capacity was always there. It just needed something to force it open. I think that is true of medicine too—and I think that is what my father gave me, without either of us knowing it, in that fluorescent-lit room.