“Oh, honey. Are you hiding from your attending?”

I unglued my eyes from the ceiling and lifted my head from the floor of the break room. As I scrambled to my feet, I muttered something about a headache to the nurse who had found me horizontal.

“A headache? You need Tylenol and caffeine. Follow me.”

She led me down the hallway to a staff locker room with a private bathroom attached to it. It smelled of Clorox and lavender.

“You can go in this bathroom, turn off the lights, and lie down as long as you like.”

The locker room code is etched on my heart. I spent many lunch breaks gazing at the ceiling, my back to the tile. The maintenance crew definitely thought I had tummy problems behind that locked door.

Every day just before 1:00 p.m., I braced for impact and sat up. A white-hot wave swept over my head. For six months, the headache had become my constant companion. It was familiar and predictable, like little else in the life of a third-year medical student. Flipping my body from vertical to horizontal always brought immediate relief from the pain. I vomited into the toilet and returned to rounds.

Our team went from room to room discussing the different pathologies and treatment plans of our patients. I wanted to tack my vignette to the end of our list and deploy our collective brainpower to my own aid. But I’m becoming a psychiatrist, so I’m working on my boundaries.

At the end of every day, I returned home to the apartment I share with my younger brother John James, a first-year medical student.

“Hey loser, how’s your head?”

Reflex hammer in hand, he emerged from his room and asked a favor of me. He had a standardized patient exam the next day and needed to practice.

“You can be zontal,” he offered.

I agreed to be his standardized patient, although I’d already seen several physicians. An MRI had revealed a 12mm herniation of my cerebellar tonsils. Some doctors explained this finding as incidental. Others explained how brain decompression surgery would alleviate my symptoms. Those who undergo this operation claim the title “zipperhead” in honor of the impressive scars they wield, as I learned scouring internet support groups. On the other hand, perhaps my headaches were due to stress, as several other physicians had assured me. Or alternatively, maybe my symptoms were a figment of my imagination.

Throughout the year, I’d played a dozen different patients for my brother, full of surprises and complications. That day, I was just me. He sat on the sofa, and I laid on the floor. Like any good medical student, he began with two open-ended questions. Then he moved through my history of present illness with conscientious precision, scribbling on his loose leaf and asking about the pain: location, onset, characteristics, alleviating and aggravating elements, timing, environmental factors, associated symptoms.

"And how would you say your symptoms are affecting your day-to-day life?"

Sometimes, the only power patients have left is to tell their own stories. John James dignified mine by listening, and the words leaked out of me. After my white coat ceremony, I wasn't sure whether it was the sip of champagne or the headache or the medications, but I'd exited through the side door of the restaurant halfway through the main course. I hadn't disgraced the red brick sidewalk but vomited instead into the flowerbeds. The valet had handed me a napkin and a pecan praline to-go, apologizing if the food was to blame. I'd thanked him and said, "No, it's just me," and climbed into the back seat, sideways. John James listened with his brow furrowed.

He performed a neuro exam, and then he did something quite unexpected. My brother joined me on the ground. We laid side by side, watching the ceiling fan spin in circles. Something within me healed right then.

"Hey loser, I think we should get your spine scanned."

Looking at the world from my vantage point, the gears turned in his mind. He realized his patient had low intracranial pressure, not high pressure. Without rhyme or reason, I'd been leaking cerebrospinal fluid like a kitchen faucet for months. My cerebellar tonsils had wandered down an inch from their home by the time we discovered what was wrong.

Spinal CSF leaks are treated with a targeted injection of blood and fibrin glue. My brother was my first phone call after I got patched. I joked about getting a "brain lift," and he laughed. The fluid returned to my head, and my cerebellar tonsils floated back up where they belong. I've been headache-free since that day.

As I prepare to begin residency, my mind wanders back to those moments staring at the ceiling with my brother. During the eight months I'd misplaced my spinal fluid, I'd become well-acquainted with ceilings. I'd routinely jilted noon conferences and dinner dates and birthday parties in favor of reclining a bathroom floor somewhere. It had become routine enough that I'd started rating ceilings on a five-star scale. John James was not only bearing witness to my physical pain. He was also bearing witness to all I'd lost while I was gazing at the ceiling instead.

As I care for my own patients, I'll cling tightly to the memories of my horizontal time, the desperation for relief or simply a witness to the pain. For all this pain had taken from me–and the list was long–it had given me something I wouldn't trade for the world. I received the gift of compassion that met me in the thick of my suffering. It's my most sincere hope to treat my patients as my brother treated me. As physicians, we step into the places our patients can't bear and can't leave, even as they glue their eyes to the ceiling and rest their head on the floor.