

## Uber Urology Clinic: The Therapeutic Value of Listening

Natalie Hartman  
University of Southern California Keck School of Medicine  
Los Angeles, CA

My dad is a dermatologist. As such, he's often subjected to the "Can you take a quick look at this?" exam everywhere from Sunday mass to grocery stores to parties. Skin problems are usually not embarrassing, and people feel comfortable soliciting a derm consult in social settings.

I thought becoming a urologist meant no one would solicit my advice in public. Skin problems? Acceptable conversation. Genitalia issues? A bit more taboo.

But, I was wrong.

This fall, I applied to urology residency, and did 19 interviews in all corners of the US. Every trip involved Ubering to a medical campus; inevitably, conversation would shift to why I was in town. When I mentioned I was interviewing for urology, I was shocked to find that many drivers perked up and excitedly divulged their own urologic problems.

"I don't like that Loopon (Lupron), what else can I do?" my Chicago driver quizzed me about his prostate cancer. My Lexington driver "asking for a friend," wanted to talk erectile dysfunction options after failing PDE5 inhibitors. In Madison, my driver was frustrated by BPH and asked if Chinese herbs could fix nocturia. Houston, kidney stones. Buffalo, relative with ileal conduit. I finally thought I was off the hook when I had a driver under age 30 in Iowa. Nope; he was a kidney transplant patient.

I noticed that even though many of these problems were incredibly personal, my drivers all seemed relieved to talk through these issues with someone well-versed in urology.

Running an impromptu urology clinic from the backseat of my Uber made me chuckle at the time, but in retrospect, these encounters highlighted an important insight about urology: that listening itself is a therapeutic intervention. Surgery is not the only tool in the urologists' toolkit.

Urologic problems are intimate. Pride, identity, and self-worth are all tightly intertwined with patients' sexual function or ability to maintain continence in public. Urologists deal with delicate issues that patients often won't discuss with spouses, let alone friends. Patients can become social hermits in an effort to keep these troubles private. It becomes isolating to not only have a personal issue, but to not have any avenue for debriefing it.

Urologists, however, provide that outlet. They're not just surgeons; they offer a safe space for patients to discuss every insecurity, internet myth, and logistical question. Urologists greet intimate issues with understanding and a healthy dose of humor. They normalize experiences that make patients feel alone. And often the relief of talking through the issue- with a real urologist or just an applicant in the back of an Uber- becomes as much of a therapeutic intervention as any procedure or surgery.

Along the interview trail, programs loved to showcase the surgical side of training. Autonomy, robotic vs. open, fellows' impact resident experience were all discussed ad nauseam. But with my Uber urology

patients in mind, I always made sure to ask about clinic time. The OR is not the urologist's only responsibility. Developing skill at talking through intimate issues is an essential component of training. I once had an attending ask "Did you do the DRE on that guy? Because if you didn't you're basically just a geriatric psychiatrist." It's a flippant joke, but it does echo the sentiment that urologists have more to offer than surgery. Active listening is a therapeutic intervention across all specialties, but it's particularly impactful when it comes to personal urologic problems.

As I start urology residency this summer, I hope that my panel of Uber urology patients will serve as a reminder to really listen in clinic. Bringing patients out of social isolation, normalizing the things they find debilitating, and helping them find a bit of humor in intimate issues; learning to do that is just as important as advancing in the operating room.