

By Neal Emery

The sun slithered through the drawn blinds of our exam room, illuminating the walls in spite of our best efforts to find darkness. Outside the window, the gray Harlem River and the sooty snow caking the Bronx reflected the winter sun. Nervously, I asked my partner for our tutorial to pick a spot on the wall and focus.

A few minutes before, I had for the first time fumbled through assembling my \$500 ophthalmoscope - now my second most valuable possession. My right hand now on my partner's forehead, I brought the 'scope to his right eye and looked through the point aperture. I saw nothing. Then, a flicker of yellow bisected by red. Then, again, nothing. His pupil constricted from the light. I bobbed my head back and forth, sometimes catching a glimpse of more vessels, but primarily seeing nothing but tight brown iris.

Flipping through lenses and increasing brightness clarified the images, but the pinhole through which I saw his fundus never expanded, never felt sufficient to see what lay within. Over the course of 5 minutes, I developed a neck cramp, temporarily blinded my partner, and pieced together a sketch in my mind of the vessels on the back of his eye.

Interviewing requires the same mosaic building. Each question provides a pinhole for a fleeting glimpse into someone's inner life. We cannot ever see the entire interior through the pinhole; we rely on iteration and in the hope that, with enough glimpses, our mosaic will approximate a low resolution version of the reality within.

If we must justify this intellectual pursuit within the purview of the clinical encounter rather than as an end in-and-of itself, qualitative research can offer medicine lessons in humility and self reflection.

When we learn to interview in medical school, we are taught a set of laudable axioms: ask open questions, let curiosity guide us, honor the patient's experience. Yet, watching gristled docs in the hospital, the interview is often more algorithm than art. Time is scarce, doctors become jaded, and no one has a satisfying solution. Seeing inside patients with so few angles, physicians may get at the immediate complaint but miss the unknown problems that one cannot ever anticipate, those hidden in endless, in-bent fractals that compose our existence. To ask more questions seems an act of humility: embracing the limits of what we see through our ophthalmoscopes

Like a great clinical encounter, qualitative research celebrates its limits: it seeks truth grounded in the ephemera of individuals' experiences in that place at that time rather than generalizable $p < 0.05$ truth. It holds up the collection of glimpses inside an interviewee and says "here's what I got" without ever claiming that represents the whole picture.

Outside of a few standardized patients early in their training, physicians rarely have the space to reflect on what their questions beget.

While it seems banal, there is value in the process of obsessing over wordings, listening over and over to our own recorded verbal tics and tones as we pause, rewind and transcribe. Each word becomes intention, transcendent, and we begin to see hints of meaning in what remaining unsaid.