UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE VOLUME 3

HEART

Humanism in Medicine

INCLUDED IN THIS ISSUE

1st Place Essay from the 2010 edition of The University of Louisville's Literary Magazine

Reflections, Stories and Poetry from second year students who participated in medical trips to Ecuador, Kenya, Honduras, and Guatemala over the summer of 2010.

Details of a new HEART committee initiative, Heart to Heart Discussion Series

How Far Would You Go?

By Kelly Faber, MD
Resident, Pediatrics
1st Place Essay in the 2010 edition of *Systole*

In March, I spent 8 hours flying from Amsterdam to Chicago—plenty of time to reflect on the past four weeks I had spent in Nigeria. Since this was my fourth trip to the developing world I knew the reverse culture shock that awaited me. But less than twenty-four hours after touching down on American soil I found myself hiding behind my mom in Target® with tears running down my face, the one store where a person can get anything: clothes, food, medicine, toiletries, electronics, and more. I had just left a country where 70% of people live without clean water, and here I was deciding on which brand of cola to buy for Easter dinner. How does one reconcile the disparity? Watching starving children on late-night television commercials from a living room couch *may* bring a tear to your eye. But the conviction of holding a starving child in your arms while his blank stare of resignation pleads for action reaches beyond your pocketbook. You walk away someone else, someone who can no longer plead ignorance, or pretend a simple solution exists, or point to *their* problem. When 24,000 children are dying every day due to poverty, it is *our* problem because it's a humanity problem.

After Easter I was still contemplating my social and personal response to my experience. I grabbed the next patient's chart in clinic. On the front cover sat a familiar yellow sticky-note from the triage nurse that read "Translator Phone," indicating that the patient and the family spoke no English and a phone would be utilized to communicate. Immediately I felt annoyed. How grossly and shamefully ironic of me! I had spent weeks praying for a people and seeking out a way to respond in a meaningful way, and here was one of those people just yards away, and my first reaction was annoyance at a language barrier! I quickly realized my duality and smiled quietly at my own embarrassment.

I sat in front of a lovely African woman and her son, who spoke French along with limited English. We decided that her son needed outpatient labs across the street at the hospital. The exchange was pleasant and I patted myself on the pack for my changed attitude and helpful demeanor. I took time to explain to the family that the Kosair lab was "just across the street and in the lower level" and pointed them to the check out window. Preparing to dictate my note, the secretary approached me to say that the family still seemed confused about where the lab was. Realizing that my day was now complete in the clinic, I offered to bring them over to the lab personally. I could say that my altruism was over-flowing at this point, but unfortunately I was still actively fighting the soft echoes of "inconvenient" resounding in my head.

(How Far Would You Go? Continued on page 8)

Letter from the Editors

In decades past, the citizens of the United States could easily shelter themselves from the ills of their global neighbors. However, the onslaught of multiculturalism of our society, in conjunction with the rapidly proliferative technological wonder and reliance, has necessitated the need for a new view on life. The modern version of the *Hippocratic Oath* states "I will remember that I remain a member of society, with special obligations to **all** my fellow human beings, those sound of mind and body as well as the infirm." In this edition of our newsletter, we are fortunate to be able to focus on some of the efforts individuals have made over the past year that illustrate the principles of this passage.

In 1991, I participated on a medical mission to Madras, India. The itinerary included a visit to an infectious disease hospital dedicated to children living with poliomyelitis. This was one of the most memorable moments of my career. The children didn't wallow in their suffering. Indeed, most of them were enrolled in a work program that provided them with the skills needed to attempt to mainstream them in society. Despite their pride and skills, most of them were shunned from society.

Every generation has its moral blinders, ours included; but our children and their children will see them with 20/20 acuity. Bill and Melinda Gates have given nearly $750 million to help eradicate polio from the planet. We may not be able to be as generous financially. However, when I look at the image I captured in 1991, I am encouraged that any individual can and must be committed to bring quality medical care to people caught in crisis regardless of race, religion, or political affiliation. To provide access to medical care in underserved and vulnerable communities doesn't have to be done on a global scale. Whether it's an international mission trip or improving the health, wellness, medical relief and quality of life of underserved populations in your local communities, we hope you'll pick a fight and proceed humanistically.

Pradip Patel, M.D., and Trish Todd, Class of 2012

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PEDIATRIC MEDICAL TEAM

Dr. Sarah Griffin, Assistant Professor of Pediatrics at the UofL, works with medical students, Alex Bajorek, Angelena Edwards, and Majeid Ali to provide medical care to children in a remote town on the fringes of the Amazon River Basin in Ecuador.

They were joined by 10 other students and physicians for the fourth annual Ecuador Medical Brigade. UofL medical students partner with Quito Eterno (based in Quito, Ecuador) to travel to towns and villages along the edge of the Amazon Rain Forest in east Ecuador to provide medical services.

Brigade Student Members: Jennifer Clark, Majeid Ali, Alexander Bajorek, Thomas Britt, Laura Chmilewski, Angelena Edwards, Christopher Haas, Patrick Kehl, Stephanie Labedz, Jennifer Lin, Kendra McQuerry, Deepa Mokshagundam, Caitlin Mullen, Janathan Perru, Shakira Powell, Brittney

Cleaning Wounds or Washing Guilt? Perceptions of Foreign Medical Aid

By Alexander Bajorek, Class of 2013

This summer I spent two weeks with my classmates providing basic medical care to villages in rural Ecuador. Rambunctious monkeys, Amazonian flora, and edible fish eyes were just some of the highlights of the trip. It was a mixture of exotic vacation and a chance at clinical experience. By day we worked diligently and passed evenings with cards and the local cerveza.

Our medical care by necessity consisted only of basic services and medications, with the exception of a few referrals. We encountered the expected cultural differences and frustrations associated with health literacy. However, we always assumed that at the very least, our help was wanted and appreciated. This may have been true for the most part, and there is no doubt that we made a positive difference. Yet, unexpectedly, several classmates and I discovered that many of the local perceptions were far from grateful. A strong undercurrent viewed our brief forays as irresponsible!

Here we were, swooping in for two weeks of the year to throw pills and money at a very underserved and needy population. Then we would return to our big screen televisions and drinkable water, satisfied with our lives and consciences.

One animated local described this process as a way for Americans to "wash the guilt" for our wealth and prosperity. This phrase evoked a visceral response of denial from our group. How could our help be taken this way? Did he have a point? Were we failing to look at the medical need from their perspective, in their eyes?

My personal conclusion to these questions is predictably moderate: the answers lie somewhere in the middle. Certainly as medical expatriates we provide a sorely needed service, but this medical care ultimately pales in comparison to what is truly needed. Something may be better than nothing, and we should not ignore the feel-good emotions of altruism. Yet I think we cannot ignore the disquiet in the back of our minds. Our presence abroad is more complicated than vaccinations and passport copies, and good intentions don't always precede good results.

MAMBO SAWA SAWA

Translating to "It's all good," this phrase was used frequently during the University of Louisville School of Medicine's student medical trip to Kenya by both the locals and the team of students, physicians and nurses who traveled there. According to student, Amanda Jo Lott, "The Kenyans were always high spirited…[Mambo sawa sawa] pretty much sums up their happy lives!"

In the photo, the whole team poses at the Indian Ocean in Mtwapa, Kenya, before going to Clinic. The hats worn by the team were donated by University of Louisville Hospital along with a significant portion of the medical supplies the group collected for their clinic.

Team Members: Katie Huber, Jeremy Walco, Travis Boyd, Melissa Huscusson, Joe Grossman, Jessica Drews, Jessica Holloman, Amanda Wood, Amanda Jo Lott, Matt Love, Phil Oliver, Dr. Ralph, JoAnn McIntosh, RN and Bekah McClure, RN

University of Louisville School of Medicine: Kenya Medical Mission Program

By Amanda Jo Lott, Class of 2013

It was a beautiful day at the Wema Center orphanage, where my medical team and I worked to serve the local community in a makeshift clinic. There were 300 patients signed in and waiting to be seen. I could not wait to see what was in store for me and my novice medical knowledge. At Registration, a mother was holding her 6 week old baby and said, "Look." She unwrapped the baby from the colorful Kanga that she had used to carry the child on her back and revealed a large, oozing mass on the lumbar region of the baby's back. I had never seen it in person before, but I knew what it was: severe spina bifida. And there we were in Mtwapa, Kenya - no OR, no surgeons, and not a thing I could do to help her. I had come here to help people, but in this case, I was helpless.

As long as I can remember, I have wanted to be a doctor. And almost as long as that, I have wanted to go to Africa. In the fall of 2009, I found a meaningful way to make both of these things happen. I looked around at my opportunities for the summer between my first and second year of medical school. I wanted to go to Africa, where the needs of healthcare are so great that people there die every day from the simplest of diseases to treat: diarrhea, measles, malaria, etc. I wanted to *really* help people who have very little access to medical care. Kenya was just the place. I partnered with Mercy and Truth Medical Missions (MTMM). I recruited 10 other rising second year students and made our trip a program at UofL, which I will see to completion over the next couple of years. Many have asked why I would go to Mtwapa and Mombasa, Kenya of all places. I'm no hero. I'm certainly no saint. All I can say is that I sensed a deep, hollow *need* to go there and do something about the incredible poverty and lack of healthcare. To me it was simple: I saw a need and I knew just the people who could help.

(continued on following page)

(Kenya Medical Mission continued)

Amanda Jo with children from the Wema Center Orphanage in Mtwapa, Kenya

So I sent a few dozen emails, got a faculty sponsor (Dr. Mary Carter, without whom none of this could have been possible), made a few phone calls, talked to a few dozen people, did a lot of paperwork, raised some money (with the help of our Fundraising Chair, Jessica Drews), got a large amount of medical supplies (with the help of University Hospital and our Supplies Chair, Matt Love), and organized some training sessions. I never looked at the process as a daunting task; the next step in making the trip a reality always seemed to present itself one day at a time. I just knew I had to get over there and I was willing to do any amount of work to make that happen. The trip was well worth all the hard work. I was needed in ways I could not have foreseen. I was exposed to a wide variety of cases: malaria, typhoid, African Sleeping Sickness, spina bifida, nystagmus, HIV/AIDS, uncontrolled high blood pressure, diabetes, guinea worms, schistosomiasis, and more. Most, however, were depressingly simple needs that had not been met due to the Kenyan population's utter poverty and ill-equipped healthcare system. Most patients needed simple antibiotics, vitamins, ibuprofen, antifungal cream, eye drops, glasses, or cough syrup. I was shocked at the sheer poverty of the living conditions. Most people live in simple mud huts. I walked past piles of trash in villages and saw children playing in the streets without shoes on. I saw people walk waist deep in landfills on the side of the road, searching for anything that might be of value.

The hardest part of doing a mission like this is discovering what one cannot do. One person cannot change the country. One person cannot cure the AIDS epidemic. One person cannot eradicate malaria or save every dying patient. One person cannot solve the healthcare crisis in Kenya. But a team of 11 second year medical students can help approximately 1200 patients in less than two weeks. They can remind the people of Kenya of all that they need to know: there is *hope*. And help is on the way.

Amanda Jo with a young girl at A Mother's Vision Orphanage in Mombasa, Kenya

Amanda Jo is currently working to raise funds for this orphanage so the young girls being taken care of there can have a place to sleep at night. For more information on how you can get involved, please contact her at ajlott02@louisville.edu

Ode to Honduras

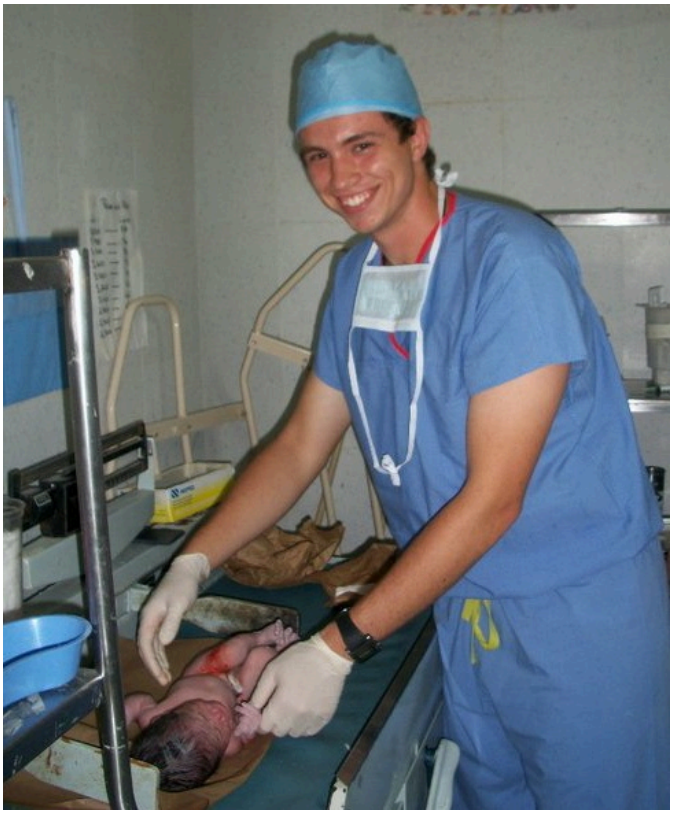
By John Daly, Class of 2013

Querido Honduras, land o' the blazing sun,
To thee we owe more than the melanomas we developed on your touristy beaches.

Indeed, to you, *patria mía*, we are indebted for the experiences you shared with us *gringos*.
Although we are now separated by more than just miles,
We will always remember our four weeks as *hondureños*.

How could we forget
The shouts of street vendors as they hawked their wares and woke us up at 5am?
The feeling of being soaked with sweat from just walking across the room?
The sight of poor, sick children forming lines out the door of the emergency room?
The anxiety of being alone in a consult room with an inmate escorted by
guards with machine guns?
The nervousness of inserting a catheter as dozens of people passed through the
hallway where we were seeing patients?
The taste of tortillas at every breakfast, lunch, and dinner?
The thrill of bartering in Spanish with souvenir merchants?
The disappointment of realizing all our bartering only saved us the
equivalent of ten cents?
The pride felt while admiring our suturing of a machete wound?
The smell in the operating room where we scooped maggots from a woman's leg?
The rush of delivering a baby in a taxi cab?
The feeling of being as tall as Shaq while in a room with only Hondurans?
The sound of the crank hand saw the neurosurgeon used to drill into skulls?

Students with the rotation's director, Dr. Mary Carter, before their first day at the hospital. Preparation for the trip included months of meetings, Spanish lessons and clinical skills sessions coordinated by Dr. Carter.



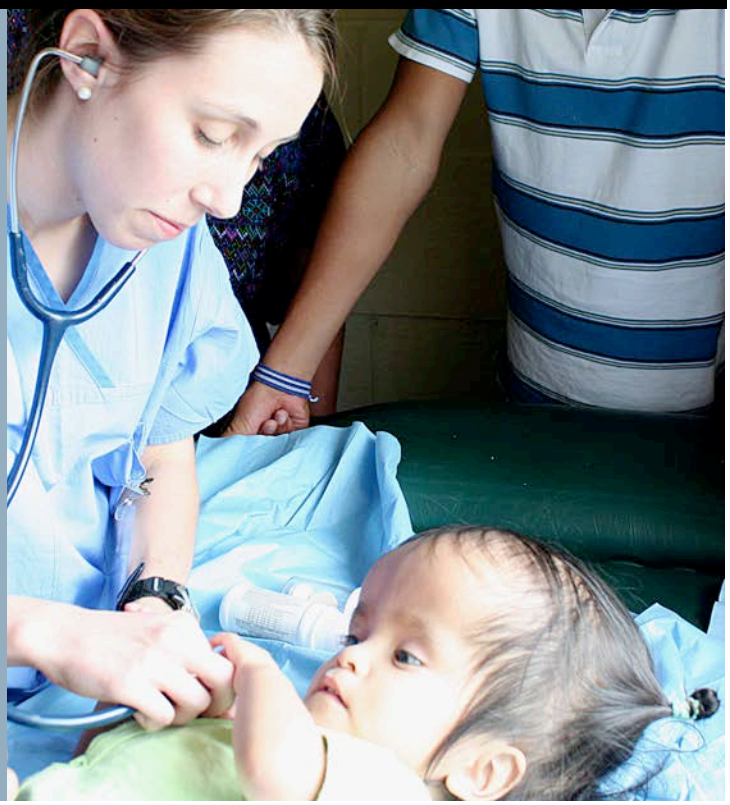
"The Weigh-In": Ryan Jones weighs a baby he just helped bring into the world. Ryan was joined on the trip by fellow students, Brittany Ewing, John Daly, Andrew Todd, and Evelena Cousins-Peterson.

For all these memories, *Querido* Honduras, we are forever grateful.
You may be a third world country, but you will always be número uno en nuestros corazones.

CHIJONTA TEY PEDIATRIC PATIENT

A sweet 3 year old girl suffering from hydrocephalus at the clinic we held for the Mam tribe in Todos Santos, Guatemala. The prolonged severe conditions in children who would receive immediate medical treatment in the US, such as in this child, were difficult to witness.

Team Members: Douglas Ansert Jr, Neil Gupta, Saurabh Gupta, Andrew Luckett, Elizabeth Hall, Kim Leake, Michelle O'Brien, Anne Oliphant



Chijonta Tey

By Kim Leake, Class of 2013

Three hours of uneven dirt roads hugging the edge of the Cuchumatán mountain range lie between Huehuetenago and Todos Santos, between routine hustle and bustle and a peaceful way of life tucked away from the world. We stumbled out of a beat-up van into the dream-like, self-sufficent, hard-working culture of the Mam Indian tribe. Smiling faces surrounded us, adorned in bright red and white striped pants and the most artistically elaborate brocades woven by Mam women.

The lack of access to health care in this extraordinary culture exposed during our clinic was paradoxical. Especially difficult to swallow were the prolonged severe conditions in the children, conditions that would receive immediate treatment in the US: a three year old girl with hydrocephalus, an 8 year old boy with radial club foot, an 11 year old with congenital dislocation of the hip.

Surgeries were arranged through the CAMI organization. But, my ability to help these children was limited to listening sincerely and passionately empathizing -- I felt useless. Yet, this raised spirits and gave new hope. They reminded me not to undervalue the healing power of human connection. For this Chijonta tey -- thank you for all you shared with me.

Heart to Heart Discussion Series

On September 28, 2010, UL med students attended the inaugural group discussion series. The topic of the session was Conflict Resolution in Gross Anatomy: Relevance Beyond the Classroom. The session began with a brief introduction on why conflict in medicine is important to be aware of. The medical director of Kosair Children's Hospital, Stephen Wright, MD, then gave frank examples of experiences and faculty he has had to confront in order to resolve conflict. A small group discussion then ensued to cover how conflict management starts early in a physician's career as a medical student. The student participants were encouraged to reflect on their experiences within Gross Anatomy peer groups as an example of where conflict may arise. Future sessions are being planned and will be announced soon. These are open to all students. All four classes were represented at the first session.
Please contact Alex Bajorek at ajbajo01@gmail.com if you are interested in participating in the series.

(How Far Would You Go? continued)

Once at our destination I explained their language barrier to the receptionist, along with their need for assistance getting to the bus. Feeling satisfied I turned to say good-bye. Before I could speak I heard, "You will wait for us?" Although I knew the hospital staff could help her, I also saw her fear and knew she trusted me. I reluctantly wrote down my phone number and told her to call me if she had trouble. She took the scrap piece of paper, grateful yet disappointed, as they called her son's name. Watching them walk away, I slumped into the waiting room chair with failure draped over me —"*You'll travel 6,000 miles but you won't wait 15 minutes.*" The voice of conviction isn't pleasant, but it sure can be sweet when you still have time to change. People in need are all around us, but sometimes giving help seems easier in a foreign land than in your own backyard. It's not as glamorous, and the pictures aren't as good. You don't get donations for the time spent, and you don't look courageous to everyone around you. True service—it's rare, it's raw, but it's real.
The woman and her son didn't hide their surprise at seeing me as they approached. I didn't take them to the bus stop—I took them home.

Doctors learn an ideal in medical school labeled "The Doctor-Patient Relationship," safe guidelines that keep us from getting too involved or too invested in our patient's lives. Some call it keeping a professional distance. Many may think I crossed that line, and maybe I did. Perhaps I should have given the family a map to Kosair with arrows and symbols, or I could have passed off responsibility to the secretary to show them to the exit. It might have been enough to point to the bus stop from the hospital door. Is that the sound of a safe doctor-patient relationship? I hope not.

How much better would patient-care be if we stepped away from the Doctor-Patient and pushed towards the Relationship? When we run away, hiding behind the excuse of professionalism, no one takes notice, but we all suffer from it. Twenty-four thousand children die from poverty every day because of the "safe distance" kept between people who have the knowledge and power to change things and the people who need it. How far are we willing to go to help our friends? Our neighbors? Our patients?
I changed when I was in Africa—as a person and as a doctor—and I will never be the same. But I changed even more in Louisville, Kentucky, when I realized that, in my heart, I was more willing to travel 6,000 miles around the globe than 10 miles across town to help a person in need. I didn't cure the world of poverty the day I took a mom and her son home, but I drove home ready to *serve* anyone, anywhere.