My Patient the Ex-Con— An Evolution of Perspective

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is name is Frankie and he walks into my office on a busy Monday. "I've been in jail for 21 years and was released last week," is the way he introduces himself. He does not look at me. He is in his early 40s and has an Italian accent. His body language is closed; and seems to curl up into himself even while seated on the exam table. Maybe he is cold, I think.

"Why were you in jail for 21 years?" I ask, trying to know him a little better. I could not have prepared myself for his answer.

"I am a pedophile."

He meets my eyes as I look up from reading his chart. The surprise and shock at his statement are reflected in my gaze. Immediately, I think of my babies at home. Does he know how to look up where I live? I make a conscious effort not to recoil. I am a new mother and his disclosure fills me with apprehension and distaste.

I don't know how to ask more questions or delve deeper into his story. I get his basic medical history and leave it at that, aware that I am being superficial. As a young mother and a newly graduated doctor, nothing in residency has prepared me for this encounter and I struggle to disguise my conflicting emotions. He curls back into himself as I silently finish the exam. I do not want him to perceive my thoughts. I am working hard to care for him without judgment, yet my protective maternal instincts try to gauge if he is still a danger to others—to my children. These instincts are hard to suppress.

NARRATIVE ESSAYS

As I start his paperwork, he starts to talk again. "I need help. In prison, there was a schedule: they fed me, clothed me, told me what to do, and gave me everything I needed. I just had to follow the rules. Now I am free and I don't know how to go about my day. I need direction otherwise my mind wanders. I need to buy food, supplies, find a place to live. I get a check every month but I don't know how to balance a checkbook. My mother died while I was in jail. My sister refuses to help me. She gives me a ride to the clinic and says that's all I can expect from her." He explains all of this to me earnestly.

My team helps him get connected with social support services. I learn from follow-up visits that he is slowly adjusting to civic life in his affordable housing unit. I see Frankie often, sometimes even every month as we try to adjust his medications. We slowly develop a doctor-patient relationship, each working on understanding the other.

Frankie is lonely, and engages in activities bordering on criminal. Every few weeks he asks to be tested for HIV. He has multiple partners. "Do you protect yourself?" I ask.

"Well, I go with whoever agrees to help me for the day. They can give me money, help me fill out paperwork, give me advice or even just company. I do not have sex with children anymore," he clarifies. I realize his behavior is geared toward survival—sex in return for favors. Crime as a means to earn friends and money.

I am unable to trust Frankie enough to share any details about myself, but I learn to talk to him as a fellow human being. Frankie's honesty in confessing his sexual encounters and almost childish dependence on everyone around him allow me to overcome my initial disgust at his crimes. He knows he has had a sexual attraction toward children since he was a young adult but has no insight as to why. He has spent the majority of his life in prison and when he was released, his world was completely changed. Frankie shows me in his own way that time waits for no one. Growing into a productive adult requires resources and support. He did not get that social development, as everyone he knew abandoned him after his crime. Now he has no access to family or friends. While I do not pardon Frankie's behavior, I understand that he has been woefully unprepared to navigate life; perhaps even before he went to prison, and certainly after.

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Frankie needs someone to help him take care of his health, not just his diseases. His limited understanding and lack of support results in high-risk behaviors—a vicious cycle that he finds hard to break.

One day, on a labor and delivery shift, I pick up the newspaper and read a small news column about a fire. A building burned to the ground. There were many code violations with the building and one person died—Frankie.

I knew Frankie for a short time and I think of him every time I drive by the new building that now stands in place of his affordable housing unit. I hope I was able to give him good medical care, empathy, and the sensitivity he needed. I hope he had the safe space he needed to come into my exam room and talk and tell me about his life.

Frankie was part of a community that I serve. Our community plays a role in who we grow up to be. It takes a village to raise a child, but then there is a lifetime of learning ahead. Frankie missed part of that learning while in prison, but he taught me the lessons of listening and understanding. I was never able to forget or condone Frankie's crimes, however knowing him taught me to be compassionate, and less quick in rejecting him.

I don't know if anyone still remembers Frankie, but I do, and I always will. **ACKNOWLEDGMENTS:** Thank you to Lu Marchand, MD, BSN, for mentoring me in the writing of this piece.

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