



The Diagnosis I Wasn't Trained to Treat

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Walking out of the room, I wonder if I actually helped my patient.

I asked the relevant questions and attempted eye contact while my hands dashed across the keyboard to record their complaints.

But did I grasp the real reasons why they were in my clinic today?

Did I feel what was behind the calloused hands that I shook?

Did I recognize that their tattered clothes had first belonged to two others?

Did I see what their chapped skin, beaten from the wind, had experienced earlier today?

Did I hear the rumbling stomach of their daughter as I handed her a book?

Did I spot the glance between the couple as I stated the need for a specialist appointment located a few hours away?

I listened to their heart and lungs as the toddler next door shrieked.

With the press of a button, their prescriptions were sent off to the pharmacy.

But will my treatment plan truly help my patient?

How do I treat a diagnosis of “decades of hard times”?

How do I remedy a condition that began before my patient’s life?

How do I manage the fallout of “although punished, I did not do those crimes”?

How do I solve a system that limits medical care to just a visit or two?

How do I help when the roots of these inequities run nearly as deep as time?

At the end of the visit, I asked my patient to please return.

Although, I knew it may only be possible if they were in dire need.

When my patient’s goal is day-to-day survival, what will my interventions do?

I was taught to treat the conditions I had just seen: asthma exacerbation, diabetes mellitus, generalized anxiety disorder.

I was not taught to treat race-based discrimination, historical trauma, or social injustice.

One day these issues may not plague their home lives, but today their weight is crushing.

With all these problems I cannot undertake, I feel some defeat.

Yet, just as I hope to see the benefits of today’s preventive care in the years to come, I hope the seeds I plant each day will help overpower these inequities.

Walking to the next room, I say to myself, “Maybe I can help this one.”

I take a moment to pause, breathe in, breathe out, as I glance at the paper outside for my next patient’s name.

Three knocks on the door and I push it open with a smile, ready to try my best against the diagnosis I wasn’t trained to treat.

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