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Family Medicine

NARRATIVE ESSAY

A Shared Humanity

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I am a family medicine program director in an extremely conservative county in rural Pennsylvania. As a liberal-leaning person, I am questioning the direction our country is heading, especially after the latest presidential election. Throughout my 30-year family medicine career, I have been working to advocate for and help the underprivileged and undervalued. The deep divisions, especially as related to immigrants, saddens me. As I watch the dramatic changes in our government, I am frequently demoralized and disillusioned.

Our residency is known for being international medical graduate–friendly. I often have felt that this aspect of our program was perceived as somewhat less desirable to some applicants and colleagues. The Accreditation Council for Graduate Medical Education encourages us to increase diversity, but that directive often seems to prioritize American diversity over international diversity. I recently became more optimistic, however, due to an experience I shared with one of our residents.

As I have matured in my role, I have come to cherish my residents from diverse backgrounds. My children grew up playing with kids of many faiths and cultures, which is unusual for our rural area. Not many 10-year-olds here know to order pizza without pepperoni to avoid potential issues for Muslim friends.

The experience that gives me hope involved one of our internationally trained residents. A few years ago, Bashak entered our program. Many programs never would have considered him because of his long gap in training. I now more fully understand the reason for that gap. He came to the United States from Bangladesh on a work visa after winning a lottery. While studying for the United States Medical Licensing Examination, his father, a respected Imam, became gravely ill. Bashak lovingly described the great admiration and affection he had for his father. Their home village was predominantly Muslim, but Bashak's father treated villagers of all faiths with respect, often financially supporting Christians and Muslims alike. Bashak had followed in his father's footsteps, bringing the approach of a revered Imam or pastor to his medical practice. So Bashak returned home to care for his father, delaying his exams and possibly giving up his chance of a career as a physician in America. As he put it, "There was really no choice."

We were initially hesitant to rank Bashak for the match. On his Zoom interview, he had a heavy accent, and we wondered whether our patients would accept him. Would he have the cultural competence necessary to work with our patient population of predominantly European descent? Would he experience Islamophobia in our Appalachian community? Ultimately, any misgivings were outweighed by his academic qualifications, maturity, and personable manner. We ranked him well, and he matched with us.

Fast forward to his second year. He was the senior resident on the inpatient service and cared for Reverend Manges, who was admitted with a painful compression fracture. The white-haired 88-year-old pastor had led a full life with a wife of 65 years, six daughters, 13 grandchildren, and 19 great-grandchildren. He became an ordained minister of the Brethren church in 1965 and had served the church ever since. Sadly, his 17 d hospital course was complicated. He had aspiration pneumonia and rapid atrial fibrillation. He eventually developed renal failure. Bashak developed a close relationship with the family, providing medical expertise and comfort. After thoughtful discussions, Reverand Manges and his family declined dialysis, and he chose to be discharged with hospice. He died soon after, at home in the presence of his loved ones.

After the pastor died, I asked Bashak whether he wanted to go to his celebration of life. He said he didn't know what that was, but he would like to come. So off we went. He was

wearing a suit and had on his ever-present Muslim prayer cap, which he only removed when playing volleyball. While driving past farms and orchards, I explained the nuances of Christian denominations. The service was held at the reverend's longtime parish. The day was sunny, and the church was situated atop a beautiful hill overlooking green fields and valleys.

We parked in the last remaining spot in the large church parking lot. As we entered, the pews in the sanctuary were filled with well-wishers of all ages, in stark contrast to the services of many of the elderly in our community. A few people recognized me, as usual after practicing in a community for 30 years, but Bashak was a celebrity. While we waited in line to approach the family at the front of the church, multiple people thanked Bashak for his efforts.

When we reached the family, the reverend's wife and each of his adult children and grandchildren hugged him warmly, expressing immense gratitude for his compassion and dedication. This touching moment, which delayed the line for quite a while, underscored the deep connections he had built. I later learned that Bashak would arrive early each day well before clinical rounds to speak with the pastor. Their heartfelt conversations, centered on the most pressing issues someone faces at the end of life, revealed a profound spiritual commonality that overshadowed their differing faiths.

In our divided country and world, we so often hear about our differences. During this experience, I encountered a sense of oneness that transcended differences of religion and culture. I also confronted my own biases about the ideal family medicine resident and what constitutes cultural competence. From this experience, I have hope that the universality of our shared humanity will shine through our differences. Empathy, honesty, and respect can bridge cultural divides. While governments and policies may change, the fundamental goodness of so many people will endure.