

Stranger No More: A Reflective Conversation

By Arden Gewirtz

Presumptions and implicit biases are unfortunately embedded in human nature. Despite trying to mitigate these instincts, there are moments they unwittingly reappear... unwelcome, but undeniable. In my first year as a pharmacy student, I experienced just that... and through it, I became aware of the pinnacle priority in healthcare – truly seeing the person in front of us.

I first met my “Health Mentor” in September 2018, through the Jefferson Health Mentors Program, an interprofessional program that pairs students from various disciplines with patients living with chronic health conditions. Upon first impression, I noticed my “Health Mentor” was a double below-the-knee amputee, had an indwelling urinary catheter, and sat confined to a motorized wheelchair. She also seemed too young for such a host of problems. Immediately, I thought that if she wasn’t a victim of a motor vehicle accident, then she was probably a diabetic who didn’t bother with controlling her diabetes; I likely conceived this backstory within 30 seconds. Less than a minute later, we started the real dialogue.

It turns out a few years after turning 40, she awoke one morning with a pins and needles sensation in her right foot. The feeling continued as she readied herself for work, progressively spreading up her leg, leading her to call her son for transportation to the hospital. Over the next few days, replete with a series of diagnostics, her paresthesia continued to spread, eventually crossing her midline. During this time period, she lost the ability to walk and use the bathroom without assistance. She was diagnosed with a rare neurological disorder in which the entire width of the spinal cord is inflamed; its course is spontaneous, devastating, and often unremitting. The next few years brought a permanent indwelling catheter, two amputation surgeries, home health aides, modifications to a handicap accessible living space, the loss of her two-decade employment, and the workplace friends along with it. This was a moment of



4th year Jefferson pharmacy student Arden Gewirtz (center) with her classmates.

Photo courtesy of Arden Gerwitz.

great sorrow for me, to hear everything that had happened to this woman; my empathy increased 10-fold as she revealed her diagnosis. Why did I think I knew her story in the first place? Why would I have somehow felt “less” sad if she had “brought on” her own complications/misfortunes? While I was always sympathetic that she had limited mobility and bodily impairment, is it acceptable that my compassion increased when I found out she didn’t cause any part of her suffering? Or had she? She was a drug abuser for several years prior to getting diagnosed.

It’s difficult to answer the questions I’ve posed to myself. On the one hand, let’s take for example, a drug user who damages his/her organs, and then wants to get on a transplant list. This is perhaps a more black and white issue. Or is it? What if this person attributes that drug abuse to the mistakes of youth? Certainly, there are countless others with substance use disorders who never face life-threatening complications. Is it fair that if they do face such impediments, and then do the therapeutic work to detox, they should be denied an organ? I bring this up to illustrate

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that our compassion often seems to have boundaries and boxes, which need either ethical quandaries or personal conviction to overturn. My ability to subjugate this bias is diminished in situations wherein I think a patient brought about their own demise. But the thing is, no one willingly chooses a lesser life. It is naive to craft a narrative based on what little we can see of our patients at first glance – a physical disability, a questionable affect, a medication list, a prescription. My conversation with my “Health Mentor” opened my eyes to why I should never write the dialogue of my patient. As interprofessional care is increasingly advocated for, I hope along with it comes a return to the humanistic side of medicine, one

that evolves through conversations with our patients, like the one I had with my “Health Mentor”. The diegesis of healthcare education should encourage future practitioners to recognize that a patient is always more than the person we see at first sight. I’m grateful the Health Mentors Program taught me that.

We are excited to announce that Thomas Jefferson University will be hosting the upcoming Sex and Gender Health Summit 2020.

We invite all health professionals to submit a poster abstract about sex and gender health education initiatives within your institution. Please visit the following link to submit the details for your abstract: <https://form.jotform.com/92721278377163>. For additional details, questions or concerns, please contact: jeffersoncpd@jefferson.edu.