When the world comes to us

The world just won’t stay out of our exam rooms. Clinics can seem like hermetically sealed systems geared for the rush of patients coming through the door—take the history, examine, diagnose, treat, next—with a regularity approaching monotony. Yet as our mentors taught us, each patient is unique and comes with a present, past and, sometimes, hidden history that we are charged to uncover.

Increasingly, we are finding that some of that hidden history includes parts of lives lived far from the Minnesota tundra, with sagas fraught with danger, uncertainty and trauma. Formerly monochrome Minnesota has become a colorful polyglot of ethnicities with rich, though troubled, pasts that present challenges to the delivery of medicine.

In the past 15 years, Minnesota cities of all sizes have seen a seismic demographic change as people trying to escape poverty, war and oppression in countries such as Somalia, Ethiopia and Mexico landed in a state ripe with cultural and meteorological polar opposites to their country of origin. For these arrivals, adapting can be rocky and traumatic. For physicians, caring for them can be challenging. Histories frequently come via the filter of an interpreter, leaving us to wonder if we got “the whole story.” Patient attitudes toward health and disease can seem tangled and even mystifying, confounding our attempts to establish rapport and prescribe treatment. The art of medicine gets complicated when dealing with the wider world.

There’s an added twist with undocumented immigrants, currently estimated at 90,000 in Minnesota. Fearful of jeopardizing their status, these patients may withhold information when the doctor starts asking questions. Hints in the history can be subtle. Body language may not translate, so clues can be missed. Physicians have always had to read between the lines, but undocumented immigrants may use more invisible ink than most patients. And they frequently have no health insurance, which forces doctors to put on their social worker hats and do the daunting work of advocating for their patients as they navigate a health system unfriendly to them.

As physicians, some of this additional work might seem like an unnecessary burden, arduous duty requiring skills not acquired while in training in order to help people who have technically broken the law. But our charge and our mission is to be healers who don’t choose whom we heal, to help those in need regardless of race, ethnic origin or financial capability. To do this job well, we may need to reanalyze our attitudes toward the potpourri of humanity we encounter in the exam room and question whether we carry biases that compromise our roles as doctors.

This job is easier when we understand the patient’s history. When we hear where and how far they have walked, we can imagine what we would do if we had to travel that same odyssey. And then we can stretch wide our arms and welcome the world into our exam room.

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