She was the last patient of the afternoon. I made a mental note of the pertinent information about her case before leaving the workroom: Return OB visit. Flu symptoms. Recent ED visit. First trimester care completed.

With my favorite blue pen in my pocket and a blank piece of paper folded into quarters, I walked around the clinic until I found the correct room. I ran my hand over the pocket that held my stethoscope. I was ready. After I greeted her and introduced myself, I asked her, “How have you been doing since your last visit?”

The patient appeared well and was in no acute distress. She was seated on the exam table with her legs hanging off the end. Her puffy winter jacket was half-zipped and a Kleenex was poking out of the left pocket. She was looking down at her phone but quickly slipped it into her pocket. The front desk must have given her a mask to wear; it was now ill-positioned at her neck. She made no effort to cover her mouth. Instead, she greeted me with a warm smile.

“Hi, I’m doing OK,” she responded. She seemed shy. She covered her mouth with her hands for a very wet-sounding cough— as if her nasal and hoarse voice wasn’t convincing enough.

“Oh,” I said sympathetically. “That doesn’t sound fun.” I rolled the stool from the computer desk and took a seat in front of the patient. She towered over me from the exam table, but the height difference seemed appropriate to me. We started with my agenda. I asked about her pregnancy. She was almost out of breath and coughed frequently as we talked. I tried to keep the conversation short. Finally, I asked her about her “cold,” which she seemed more eager to talk about. It had persisted for a week, and she had had difficulty breathing and fevers at times. She had visited a couple of different emergency departments during the last few days and had been prescribed an inhaler for her shortness of breath along with instructions to rest. However, with a new job and two young children at home, there was simply no time to rest. The “cold” just wasn’t getting better.

I asked some questions to clarify. Did she have a history of asthma? Had she been using the inhaler she was prescribed? Did it help? Her answers were brief, but she indeed had a history of asthma. I probed some more and discovered she could barely afford food, let alone an inhaler. She apparently had planned to see a financial counselor in the hospital after leaving this appointment. I made a mental note of the time. The financial counselor’s office closed in less than half an hour. I quickly finished up the rest of my questions. As I made notes on my paper and stood to leave, I asked if there was anything else she wanted me to address today.

“Well, there is this other pain, ” she said hesitantly. With my pen and paper tucked away I stood in front of her and gave her my full attention.

“I feel deep pain on my bones here sometimes. ” She was pointing to her groin bilaterally. “Maybe you know what I mean ….” I tilted my head to one side and waited for her to say more. She finished with, “It’s the same pain I felt when I was raped.”

Raped? I continued to look at her. There was absolutely no change in her expression when she said the word. Questions and concerns flooded my mind. What was really going on? Did I completely miss the fact that this woman wanted to discuss something besides her pregnancy today?
“Did I completely miss the fact that this woman wanted to discuss something besides her pregnancy today?”

Prerana Bhatia is a fourth-year medical student at the University of Minnesota. She says: “Moving patient encounters leave a lasting impression, yet there is rarely a chance to discuss their impact. This piece was written in an effort to reflect and discuss the significance of connecting with a patient on the basis of trust and respect.”