The 20-minute clinic visit

It’s sometimes easier for physicians to bring up what families cannot.

BY JENNIFER LE

I walked into an exam room and was greeted by a small middle-aged Hmong woman and her interpreter. Her chief complaints were facial acne, shoulder pain and wrist pain. It was her first visit to the clinic. It was also the first week of my family medicine clerkship, so I was still grappling with how I was going to fit this visit into 20 minutes.

When the allotted time was up, we had only covered her acne and seemingly straightforward musculoskeletal pain. As I began gathering the rest of her history, it became apparent that there was a much larger issue looming beneath her concerns. Her husband had passed away five years ago, and she was unemployed and raising a 14-year-old son on her own. Without income, she could not provide for her son, who was living with her brother while she bounced from home to home every night searching for a place to stay.

“Have you been feeling depressed? Or anxious recently?” I asked.

“Yes,” she replied.

“Have you considered suicide?”

“Yes,” she again replied.

As I asked more about depression, it became increasingly clear that her wrist and shoulder pain were not the primary reason for her clinic visit. Both her PHQ-9 and GAD-7 scores were above 20.

My grandfather had struggled with depression during the end stages of congestive heart failure and had threatened to hang himself. Although he was the picture of depression with suicidal ideation, my fam-

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ily had been unwilling to talk about it, even with one another. When I asked my mother how we could help him, she just said, “That’s normal; all families have their own secrets behind closed doors.”

I marvel at how easy it was for me, as a medical student, to have that conversation with my patient. I felt I could ask her about her depression and get an honest answer. Perhaps it is the expectation that I can help find solutions to patients’ problems that makes me feel this way.

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So that got me thinking: If it isn’t OK for family and friends to ask about depression, yet it is socially acceptable for me—a complete stranger and medical professional—to ask about it, then where else would a patient go for help if not to me?

I realize that not everybody has the same difficulty breaking through the social stigma associated with depression, and that it is somewhat related to culture, environment and other factors, but I feel it is my responsibility, as a health care professional, to spend the necessary time to recognize a patient’s hidden condition and ask the right questions.

This experience made me realize how physicians can ask questions that no one else can, whether it’s about depression or sexual health or drug use or other issues. And as health professionals, we have a responsibility to ask those questions—to address all aspects of our patients’ well-being.

The visit with my Hmong patient ended with me recommending that she see a therapist for her depression and my attending prescribing her some medication. Although I never saw her again, her story still resonates with me. MM

Jennifer Le is a fourth-year medical student at the University of Minnesota.