



See What You Cannot See

Citation

Swendiman, Robert A. 2014. "See What You Cannot See." Academic Medicine 89 (4): 631. doi:10.1097/ACM.000000000000167. http://dx.doi.org/10.1097/ACM.000000000000167.

Published Version

doi:10.1097/ACM.0000000000000167

Permanent link

http://nrs.harvard.edu/urn-3:HUL.InstRepos:27662268

Terms of Use

This article was downloaded from Harvard University's DASH repository, and is made available under the terms and conditions applicable to Other Posted Material, as set forth at http://nrs.harvard.edu/urn-3:HUL.InstRepos:dash.current.terms-of-use#LAA

Share Your Story

The Harvard community has made this article openly available. Please share how this access benefits you. <u>Submit a story</u>.

Accessibility

- 22 Wilper AP, Woolhandler S, Lasser KE, McCormick D, Bor DH, Himmelstein DU. A national study of chronic disease prevalence and access to care in uninsured U.S. adults. Ann Intern Med. 2008;149:170–176.
- 23 Norris SL, Lau J, Smith SJ, Schmid CH, Engelgau MM. Self-management education for adults with type 2 diabetes: A metaanalysis of the effect on glycemic control. Diabetes Care. 2002;25:1159–1171.
- 24 Glazier RH, Bajcar J, Kennie NR, Willson K. A systematic review of interventions to improve diabetes care in socially disadvantaged populations. Diabetes Care. 2006;29:1675–1688.
- 25 Cadzow RB, Servoss TJ, Fox CH. The health status of patients of a student-run free medical clinic in inner-city Buffalo, NY. J Am Board Fam Med. 2007;20:572–580.
- 26 Niescierenko ML, Cadzow RB, Fox CH. Insuring the uninsured: A student-run
- initiative to improve access to care in an urban community. J Natl Med Assoc. 2006;98:906–911.
- 27 Sternszus R, Cruess S, Cruess R, Young M, Steinert Y. Residents as role models: Impact on undergraduate trainees. Acad Med. 2012;87:1282–1287.
- 28 Turner SR, White J, Poth C, Rogers WT. Preparing students for clerkship: A resident shadowing program. Acad Med. 2012;87:1288–1291.

Teaching and Learning Moments

See What You Cannot See

Odin, chief of the Norse gods, came down from Asgard to seek the ability to see all. To do this, he knew he must drink from the well of a mortal, Mimir, the wisest man on earth. He knew he would be required to pay a heavy price to drink from the well. When Odin arrived, Mimir told him that if he wanted the gift of sight, he must tear out his right eye. In his quest for knowledge, Odin obliged.

I recently saw a patient who was fired from her job because she was always late. Often she would get to work after nine o'clock. Even though her performance was satisfactory, she regularly missed morning meetings, and her schedule was unpredictable. Despite repeated warnings, she did not change her behavior. So she was fired.

Her pulmonologist thought she should be evaluated for depression, and this is where I met her—at the outpatient psychiatry clinic. In our first meeting, we spoke for an hour. After conferring with my attending physician, she was prescribed an antidepressant and referred to a therapist. We didn't talk much about why she was chronically late for work. I assumed it was because she was overwhelmed. Being a single mother

was challenging, and her six-year-old daughter was often difficult to get out the door in the mornings.

During our fourth meeting, I finally asked why. She was doing better on the medication, but something was still missing. She had found a new job, but she still was not arriving on time. She mentioned that her daughter had stayed at her mother's house a few times during this adjustment period. So what was preventing her from being punctual? Almost as if she did not realize it was unusual, she let it slip. Every day she got in her car, started driving to work, then returned home to be sure the door was locked. She would do this once, twice, sometimes 10 times each morning. Then she arrived at work, late. Depression was only part of her story. From the age of 7 to the age of 12, her uncle sexually molested her on a weekly basis at family gatherings. She never told anyone. This woman's boss did not see her return home every day, over and over again. He did not see her combing the halls, checking the locks, searching for an intruder. He did not see her pain.

As a medical student, I have been taught to always ask what, when, and where to properly diagnosis a patient. But asking why may be more important. Without the why, we cannot truly see our patients. Sometimes the answer is scary—poverty, loneliness, neglect, or, in this case, sexual abuse. It is easier not to ask. But without this understanding, I wonder how effective I can really be.

After reflecting on this encounter, I now ask every patient to tell me a little bit about themselves. I want to know what matters to them—how they see themselves. I want to see them. And in the end, the why is the reason I wanted to be a physician in the first place.

When Odin drank from the well, he could see the world. He had acquired true wisdom. He rejoiced. But he also saw the sorrow, grief, and pain of all humankind, which saddened him immensely. Thus, Odin took on a new charge—to fight evil and alleviate human suffering for all eternity.

Robert A. Swendiman

Mr. Swendiman is a fourth-year medical student, University of North Carolina School of Medicine, Chapel Hill, North Carolina. He is currently working towards a master of public policy at the Harvard Kennedy School of Government and is a Dubin Fellow for Emerging Leaders, Center for Public Leadership, Harvard University, Cambridge, Massachusetts; e-mail: rswendiman@gmail.com.