

Thursday Memo – September 24, 2015

A Complicated Story - by Aqib Chaudhry

Over the course of last two weeks, I have had the privilege of meeting many patients with different backgrounds. Throughout this time, one story stuck with me more than others.

Earlier this week, I met WC in Dr. Barnard's clinic. WC is a Hispanic female in her 30s, who presented for a medication follow up. As part of this appointment, I was able to talk to WC about her dental hygiene, overall health, and social situation. WC has a very complicated medical history. She told me that she is otherwise healthy but has significant "psychological issues." She suffers from a major mood disorder and is currently being managed with medication and outpatient therapy. She also has a longstanding and complicated oral history. At the age of 15, she had dental trauma and had some of her teeth removed then. She has not taken particularly good care of her teeth and is currently in the process of scheduling a dental surgery for removal of teeth and reconstruction.

While talking to WC about her health history, we started talking about her social history and current circumstances. When I asked her for more details about her upcoming dental surgery, she told me that it was hard for her to schedule her surgery since it is difficult to find transportation. This issue of transportation has made her miss doctor appointments in the past. She also talked a little about her financial constraints. She comes from a lower socioeconomic class and has Masshealth for insurance. She also mentioned frustrations with her insurance not covering all the needed procedures. For example, she had dental trauma at age 15 but couldn't have a reparative surgery done until the age of 21 because the insurance didn't cover it. I tried to dig a little deeper into her psychological history and she told me that she was in an abusive relationship with her ex-boyfriend, who also sexually abused her children. It was a very trying time for her and she developed major depression. During this period, she also experimented with drugs especially methamphetamines. She said that she wasn't aware of its effect on teeth "probably because she never paid attention in school."

After talking to WC for an extended period of time, I realized something I hadn't really thought of before. Throughout the conversation, WC kept bringing up extenuating circumstances and social barriers that keep coming in the way of her getting quality care. Also, we talked extensively about how her psychological health affected her oral health and vice versa. In previous years of medical school, we have spent quite a lot of time talking about social barriers and how they may affect the quality of care. Still, I had never really thought about how one aspect of your overall wellbeing can have a significant effect on the other. For example, WC

talked about how depression led to drug use and that led to a further deterioration of her oral health. At the same time, her dental health had a negative effect on her self-image, which, in turn, further worsened her depression. She reinforced the fact that everything is connected and that we may need to look further beyond the obvious.

As medical students, we sometimes develop a habit of pigeonholing ourselves. Very rarely do we get a chance to stand back and look at the person as a whole. After a lengthy conversation with WC, I realized how her problems are all interconnected. It is important to remember that patients may come to us with an isolated problem but we need to look at the person as a whole. Only when we do that, we can get a complete understanding of our patient and how to provide the best care.

At the end of the appointment, I thanked WC for trusting me with such personal details and teaching me the impact of social barriers on getting quality health care.