

FIELD NOTES | FALL 2012

A Spanish Lesson

By Jerold Lundgren and Joseph Featherall

On April 1, 2010, the U.S. Census Bureau reported that Hispanics constituted 16.3 percent of the nation's population; this number is expected to reach 30 percent by July 2050. For this reason, we decided to study Spanish.

In May of 2012, we traveled to San Pedro, Guatemala to study Spanish on the steep volcanic shores of Lake Atitlán. Here, for five weeks, we drowned in Spanish. When we finally surfaced, we had mastered nearly a year of collegiate level Spanish, but little did we know, our most profound learning experience was yet to come.

Hoping to advance our understanding of the practice of medicine in Guatemala, and to enjoy its rich cultural offerings, we decided to spend our last week in the city of Antigua. Shortly after arriving, we spoke with the director of volunteers at Asociación Obras Sociales del Santo Hermano Pedro, a non-government and non-profit hospital that cares for the disabled and abandoned. After our conversation ended, we expected to return the next morning to shadow physicians and begin learning about the facility's operation and maintenance.

Having convinced ourselves of the usefulness of our endeavor, we were confident and eager to return. Our confidence, however, was shattered that next morning. Entering what seemed to be a transplanted high-school gym, with piñatas strung from the rafters, we were humbled.

As soon as we entered the room, which had been tranquil seconds before, it erupted into a cacophony of unintelligible sounds. It was at this moment our confidence and comfort vanished. The director of volunteers calmly informed us this was where we would be volunteering for the remainder of the week. Without further instruction, she disappeared.

Nearly 50 hospital beds lined the room's walls, a monotony of dilapidated beds interrupted by an adult sized crib used to secure the most unruly of patients. Parked to one side of the room, with military uniformity, were fifteen wheelchairs and their owners. With the exception of a few eager speeders, the patients remained stationary and relatively motionless, affected by 'cerebral paralysis.'

Nervous and overwhelmed, we scurried over to the nearest employees, who were folding clothes. There we remained, eyeing our curious acquaintances from afar. Based on each patient's physical appearance, we assumed they had little or no cognitive capacity remaining. Their persistent staring unnerved us. To our amusement, a shake of the sheets or whip of a shirt generally incited uproar from our audience.

Approximately one hour into this novel and frightening experience, one of the mobile patients approached with great eagerness. Without shyness or the need for formal introduction, the patient began tugging at his pants, grunting, and glancing at both of us. Seconds passed, and we exchanged glances and mumblings of uncertainty, before we understood the patient was requesting us to help him change into his afternoon clothes. The ice was broken and soon we were the resident pant changers, submitting to the request of those who, an hour before, we imagined didn't have any cognitive capacity.

Soon patients were requesting, with unstable arm gestures and relatively unintelligible sounds, to visit their friends throughout the facility, so we pushed them about. At times they would engage us in games: wheelchair soccer and sock throwing were favorites. Although some were immobile, they too participated with their supportive laughs and cheerful screams.

These individuals, we discovered, were not defined by their disability; they were like us. They eagerly engaged us in conversation about their family, sports, and their interests, which made it easy to recognize our earlier misjudgments.

After saying our goodbyes to those who, in just days, had turned from strangers to friends, we reflected on this experience. We were reminded, not by books, introspection, or instructors, but by the ones we had judged, that there is more to discover beyond a first impression. This is a lesson we hope to carry with us into our practice of medicine. Undoubtedly, we will have patients with whom it is difficult to communicate, patients who society has easily misread. Our responsibility, however, is not to assume or to judge, but to communicate, to listen, and to learn about the patient who has entrusted us with their care.

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