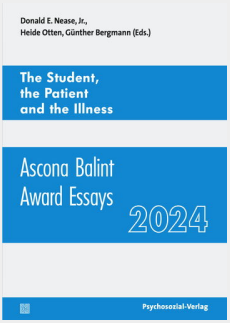
Laura Mota Vieira Lima

The Healing Process Provided by the Doctor-Patient Relationship



Ascona Balint Award 2024
Jr. Nease, Heide Otten, Günther (Eds.) Bergmann
The Student, the Patient and the Illness
Ascona Balint Award Essays 2024
Seite 83–95
Psychosozial-Verlag
DOI: 10.30820/9783837962710-83

Psychosozial-Verlag

Bibliographic information of the Deutsche Nationalbibliothek
(German National Library)
The Deutsche Nationalbibliothek lists this publication in the Deutsche Nationalbibliografie; detailed bibliographic data are available at http://dnb.d-nb.de.

Original edition
2024 Psychosozial-Verlag GmbH & Co. KG, Gießen
E-Mail: info@psychosozial-verlag.de
www.psychosozial-verlag.de
Typesetting: metiTec-Software, www.me-ti.de
ISBN 978-3-8379-8503-0 (Print)
ISBN 978-3-8379-6271-0 (PDF-E-Book)

The Healing Process Provided by the Doctor-Patient Relationship

A Case Report in the Amazon Rainforest

Laura Mota Vieira Lima

Introduction

Here in Brazil, we have a unified public healthcare system. It was established 32 years ago with the goal of providing free healthcare to everyone, now known as the Unified Health System – commonly referred to as SUS. This system shares the same principles as the National Health Service (NHS) in the United Kingdom, advocating for free healthcare for all citizens, with equity, promoting accessibility, and universality. However, with a population of 214 million people and a vast geographical territory, the quality-of-service delivery varies significantly between states. Consequently, private health insurance is prevalent nationwide. Thus, we divide our healthcare between public services and private insurance, ensuring that no one is left without assistance if they cannot afford their own treatment.

Within SUS, healthcare is distributed across basic health units, typically staffed by doctors, nurses, and other service providers. These units handle routine check-ups and some spontaneous demands. Patients receive both chronic and acute medications for free, and if they are unable to reach the healthcare system, home visits are provided. These visits aim to assess bedridden patients, for example, or to evaluate family situations and living conditions. In case of emergencies, the entry point is through emergency units until transfer to larger hospitals occurs.

At this current moment, I find myself at the end of the first part of this journey. I have completed six years of medical school (here in Brazil, it includes the internship), fully dedicating myself to my studies. Looking back and reflecting on all these years, I see how I committed to becoming the best version of myself by the end of my course. I engaged in numerous activities, participated

in volunteer work, conducted research, but among all these endeavors, I believe that what shaped my current professional self within the medical field was understanding my limits, acknowledging that it won't always be easy, realizing the need for continuous updates, and renewing my vows with medicine. I constantly remind myself that learning is a lifelong process. Of course, I refer to this as my first professional version because with each stage of learning that comes, I aspire to transform into new versions of myself.

Over time, I had the opportunity to embark on my first expedition. I was selected to the Amazon Mission, organized by my institution, where I lived on a hospital boat, provided medical care to populations in vulnerable and riverside areas, faced extreme situations, explored new environments, lived alongside my professors and colleagues in the same space, and learned that I can deliver patient care and facilitate the healing process literally anywhere. I had eagerly wanted to live this experience. Embarked on this ship, I have experienced a huge emotional and technical growth gained in a short period of time and realized that I want to do this multiple times throughout my life. I found comfort and purpose in these extreme environments.

Exposition

The case of this patient was one of the most difficult, if not the most challenging, that has crossed my path to date. I have always sought to step out of my comfort zone, believing that it allows me to gain a different perspective on life and college experiences, and this time was no different. In this context, the case emerged this year, during my final semester, while I was working on a humanitarian mission in the Amazon Rainforest. As one of the principles of our healthcare system is accessibility, the government provides a hospital boat to deliver medical care to populations living in hard-to-reach areas in the forest. However, as there is not always enough workforce available, my university has a project that sends students to live on this hospital boat called "Abaré," which translates from the Tupi-Guarani indigenous language to "Friend who cares," for 15 days, providing healthcare alongside professors to these communities.

However, even within a mission that occurred five times during the year, we all experienced an atypical situation. It was the first time the expedition took place during the dry season, categorized as the most severe in 40 years. Therefore, the team's access to patients for external consultations and their access to the boat for internal appointments were quite challenging, making the entire logistics

more complicated. On the day this patient lived this consult with me, it started as the most challenging day of the mission.

On the Tapajós River, winds are scarce, and the heat is intense. On that day, I woke up to the most beautiful sunrise I had ever seen. I felt complete, loving what I was doing and incredibly well. However, it turned out to be one of the most difficult days for accessing medical care due to the dry season. Besides the patients not being able to reach us, the boat couldn't get anywhere near the shore. We had to take a canoe on a 40-minute journey with all the equipment, walk over 1 km in the sand and mud, and venture into the dense forest to reach the unit we were going to work. In this process, my group of students and I couldn't identify the correct path and got lost for a good amount of time inside the forest. Filled with heat, a sense of despair and helplessness, and fear of encountering an unexpected animal, we eventually found our way and reached the basic unit of health. The stressful environmental situation significantly influenced our quality of attention and the care we provided, and the situation I was experiencing was completely atypical. From an inhospitable environment and frustrated by getting lost, it was in this context that I encountered the patient in question.

Arriving at the consultations, there she was – I'll call her MJ. A 15-year-old girl who couldn't even make eye contact with me, accompanied by her mother and brother. She presented with anxious symptoms, and during the consultation, I noticed that her mother didn't place much value on her complaints, trivializing these feelings and consistently downplaying them. I sensed in the patient's lack of eye contact, in the difficulty of lifting her head, and in her defensive stance about expressing her true feelings that it was time to speak with her alone. I politely asked for permission from the mother and continued the consultation on my own.

Throughout the entire consultation, I tried to establish eye contact, but I found myself speaking to the top of that girl's head. Her leg trembled every second, unable to stop. I realized that if it was challenging for me to get there and stay focused after getting lost in the forest, imagine for her, who lacks support and has such limited access to healthcare. I held her hands, allowing physical touch to make a difference and alleviate some of her pain. We breathed together, listened to the birds, felt the intense heat in the room, noticed the sweat trickling down, and then, as I listened to her, I discovered that her father didn't recognize her as his daughter, that her symptoms were not just anxious but involved hallucinations. I realized that her mother was overprotective and isolated her from everything she liked, causing her to breathe in these negative feelings. I learned that people at school treated her poorly, precisely because of the isolation imposed by her

mother and the perception that she had love relationships with girls. I heard that the only person she trusted, a distant cousin, had moved far away.

It was a lot. And it was a lot all at once. I felt like the world of that teenager was slowly crumbling, and at that moment, all she had was my support and my willingness to do whatever I could for her. So, I made a pact with this girl based on what I believed could help, and she agreed without hesitation. Most of the time, when a patient asks for help, they communicate with their entire body before verbalizing, if they even get to talk about what they feel. I gathered this information and asked for the preceptorship.

If it was a stressful day for me, it was also challenging for the volunteer professors dealing with all the cases of every student. However, as we were the only option for the patients, we remained steadfast and willing to provide care. So, when the preceptor entered the consultation room where I was attending, even she was struggling to think clearly. The energy inside was so heavy, so stagnant, that she had to step out to breathe and consult with another professor. It was when I was alone again, and MJ's mother returned to discuss instructions and treatments.

I left the room the first time. I couldn't feel so much anymore. I asked for permission to consult with the preceptor and cried. I hid and cried. I cried a lot, for the first time in my life, during a consultation. I do not know if it was because of the story, the girl's lack of support, her family's lack of assistance, getting lost in the forest, or the intense heat – I just felt everything. I felt all the helplessness, the sadness for not being able to do more, and I felt everything all at once. But, 2 minutes later, I recovered. I stood up, washed my face, and stopped crying. Sometimes showing the patient that we can also cry is not a sign of weakness but a sign of strength. However, in this specific situation, I realized that I needed to be the stronghold and support for MJ. I needed to have the strength to give her the courage she needed to break free from the spiral of anxiety and schizophrenic episode.

In that wave of realization, I returned, sat down, and began talking to the mother. I explained explicitly how confining the patient at home would hinder her recovery. I suggested close contact with the cousin who provides support in the capital, explained the use of medications and mindfulness in anxiety crises, and referred her for psychological counseling – all before prescribing the indicated medication provided by the public healthcare system. Since the mother didn't want to take her to the psychologist on previous occasions, I sought out the local nurse to deliver the referral and ensure this assistance. I spent over two hours with this patient in consultation, in a hot and enclosed room, alone. And it was incredible what happened after it all ended.

After talking extensively, discovering what was really happening at home, understanding symptoms and contributors, after crying and regaining composure, the consultation concluded. I walked out with her and her family from the room and handed over the referral. She looked at me, into my eyes, with fixed and sustained eye contact for the first time in two hours, and she hugged me. She hugged me tightly and thanked me for helping her in that moment. She looked into my eyes again, held my hand, and left. It was at that moment that I turned around, entered the unit, and started crying again. Crying a lot for not being able to do more but having done everything I could. Crying because I was able to connect with that girl to the point that, after a whole consultation looking at the top of her head, I earned her trust enough to deserve eye contact and a hug. Crying because I could rewrite a part, perhaps, of that story that could have had a different ending. And I think I only had the courage to show my emotions thanks to the professors and colleagues who were there with me.

Reflection

I absorbed this patient encounter as a challenging moment but also as a time when I felt a lot of support. I felt protected, in contrast to the helplessness I had experienced when I got lost in the forest. There were abrupt emotional variations in less than 4 hours that influenced my perception of this consultation.

It might have been due to the environment, the patient's complaint, or the feeling of powerlessness that often accompanies the medical profession, but it was the first time I cried during a consultation. More specifically, I had to leave the consultation room to cry copiously.

To provide context, here in my country, we are familiarized to dealing with very difficult situations. Many regions of poverty, hunger, and abandonment surround our patients, especially in the region where I live (Northeast) and where I encountered this patient (North), as these areas are more difficult to access and face government neglect. Therefore, I had already dealt with cases of abandonment, violence, and lack of family support. I've attended to homeless individuals, people without food, and those with little or no hope. Do not get me wrong; it's not that I didn't feel bad or even terrible attending to these cases. It's just that here, you learn that separating your emotions will help you think more clearly about the case and your patient, learning to stay strong in difficult situations. With that in mind, I had never cried during consultations before.

So, my reflection will revolve around why I felt so much that I cried, as I be-

lieve it defines the essence of how this doctor-patient relationship reflected upon myself.

On that day, reflecting on the consultation afterwards, I felt content with what I had managed to gather from MJ's history. I was pleased to have gained her trust to the extent that she confided to me – after all, this is the essence of building a good quality doctor-patient relationship. However, something within me caused a great deal of pain. As mentioned earlier, pain due to a sense of helplessness and the inability to maintain close follow-up with that patient there and then. This is how I defined this experience – a demonstration to myself, as an almost-graduated medical professional, that I could handle such a situation independently in the future, but that, at that moment, I didn't need to. It showed me that even if I choose to specialize in psychiatry, I am prepared to support a patient to the point of eliciting their confidence. It demonstrated that, even in stressful situations and inhospitable environments, I can make decisions that benefit my patient and advocate for them until the end. Perhaps more importantly, it revealed that I have developed the intuition to know when I need to speak with the patient alone and learned to be who they need me to be in a specific situation.

After discussing with the professors and reflecting on my feelings, I understood why I decided to leave the room. Besides being something ingrained throughout my entire medical education, I knew she needed to remember me as a figure of support and strength so she could navigate through crises and face her daily challenges. It was necessary for her healing process, which was the priority.

If every instance of patient care involved attentive listening, a genuine complete understanding of the patient, and the true freedom for them to make active decisions about their treatment, the healing process for each individual would be clearer. They speak – verbally and non-verbally, with gestures, retractions, expansions. They ask for what they need. This does not mean you won't prescribe the recommended treatment; it means that, depending on the type of patient, the way you communicate influences the quality of adherence and comprehension of the treatment.

Upon realizing this, after reflecting on why I had cried, I understood the catharsis of this experience. It was, in fact, a healing process for me. It healed me from six years of medical school, repeatedly stating that the approach was person-centered, but it still had much focus on the disease. It cured my perception of the patient, demonstrating how much I can achieve with just conversation and support. It allowed me to experience placing her as the protagonist, and the greatest gift was her eye contact and my first experience of feeling without barriers. Feeling as I should.

There are times when stories are genuinely challenging. There are times when you cannot hold everything inside. But there is always a chance to seek help, support, and understand our own limits.

On that day, not a single person among the 40 on that boat failed to approach me. Everyone hugged me and offered support, wanting to know about the case to understand what had made me so sensitive. The professors walked alongside me towards the boat. I remember passing through the forest, seeing the river in the background, and one of the professors explained what could be done while listening to my vents. She advised me to speak with the local nurse on the boat, provide the patient's name, request a home visit, and ask them to monitor the family situation, alleviating my sense of helplessness.

The mission environment was distinct. We had the preceptors as friends, as equals. We literally lived on the same boat, shared meals every day, felt each other's pain, and exchanged hugs throughout the day. I felt free to be as human as possible, to give my best every day, to be myself. In just a few days, I learned that sometimes we cry with the patient, and that is not wrong. I know that when I felt what I felt, I had support. Having this support changed my perception and made me feel things more intensely, helping me process everything I experienced during the consultation. Even though I was warned that we would face challenging situations, and I was prepared for it.

Nevertheless, this experience of grappling with my emotions made me understand that I can feel more during consultations, that I do not need to detach so much. While knowing what belongs to you is beneficial for maintaining mental sanity without carrying everyone's problems simultaneously, feeling a bit of what the patient experiences daily exercises the art of understanding and has made me a better doctor.

In the end, I felt strong. I felt that I could be a doctor, that I was ready for it. I remembered that we cannot do everything, but we do everything we can. I felt like I tossed that star, my patient, back into the sea, and I needed her to cross my path to feel ready to graduate.

Action

I felt exposed to a patient in need of attention, a plea for help. She was demanding freedom: the freedom to see her cousin or even openly acknowledge her attraction to girls; the freedom to leave home and live her own life; the freedom to play the guitar and play soccer, the freedom to do what she enjoyed.

She demanded attention: from a mother who did not value her symptoms and feelings, despite suffering from the same anxiety symptoms; from a mother who was overprotective and tried to prevent her from having female friends, to avoid dating girls; from a mother who would not take her to a psychologist because she did not want a daughter labeled as crazy; from a father who always told her that he did not recognize her as his daughter, so he simply pretended she did not exist at home.

She demanded understanding in terms of health: recognizing that her symptoms were stemming from an anxiety crisis and that they were not imaginary. Understanding that she also experienced hallucinations, which were not fabricated, that it was reasonable to feel fear, given the organic explanation for these symptoms, and, most importantly, there is a perspective for improvement and treatment available.

She was seeking help: to be able to trust other people, look them in the eyes, and to be able to socialize and create strong relationships. Thus, she needed support from the school, as she was a patient who was bullied because others believed she was gay. As also required guidance due to her mother's overprotectiveness, which already kept her away from socializing with friends.

She sought family support: since the patient only had the support of a cousin, whom her mother allowed her to associate with and talk to, being the one she trusted the most and shared her thoughts and feelings with. However, he had moved to a distant region and had stopped having close contact with her. In addition, she only had younger siblings unable to provide concrete support, and her relationship with her parents was already strained.

She sought tools: ways to deal with anxiety crises so as not to trigger unfavorable outcomes, such as self-harm or suicidal planning. Means to calm the mind and promote self-awareness, as leaving the family context was not a plausible option at that time.

And she demanded treatment: medical treatment to keep neurotransmitters regulated and reduce anxiety symptoms. Furthermore, medications for hallucinations and therapy to develop self-awareness and the ability to make decisions independently, as the environment strongly influences her symptoms. Within this framework, she demanded longitudinal care, one of the principles of the Brazilian health system (SUS), which ensures continuous patient follow-up according to their needs, something almost impossible to achieve in these hard-to-reach regions.

I believe these were the main demands I identified in the consultation; there were many areas to cover within a spectrum of complaints, and, of course, not

all patient's needs would be addressed by me. From there, comes my perception of the need for a multidisciplinary and diverse team to achieve the effective improvement of this patient. Understanding that many of the demands presented are uncontrollable, therefore everything I could do was listen, demonstrate support. So that's exactly what I did.

I asked the mother to leave the room at the beginning of the consultation to try to create a safe environment for her to tell me what she really felt, without interruptions or hostile remarks from her mother. When I found myself alone with MJ, I asked questions about the home situation together with how she felt. I did something that I always like to do with adolescent patients with anxious complaints, which is to ask what they enjoy doing. I discovered that she loved to play guitar as well as play soccer but was prevented from doing so by her mother. I asked how doing these things made her feel and if that reduced her crises, planning on incentivizing them. I took her hands and taught her the mindfulness technique, focusing on external concentration. We focused together on everything around us, such as sounds, smells, and touches, and it was the first time she stopped shaking her leg and felt her heart slow down. I taught her to use this technique in her routine as a tool to calm anxious feelings when she felt them at home.

I explained her symptoms, how they were caused, and how they were not imaginary. Making it clear that it is something with treatment but that she needs to do what she likes and surround herself with people she trusts, like a new friend at school or the cousin she mentioned. I encouraged the presence of this family member in her life and reinforced this when talking to her mother, showing that visiting him would bring various benefits to the evolution of her treatment. I also explained why she needed psychological support and how regularly talking to someone, like she did with me, could help her understand her symptoms and create strategies to deal with them.

Thus, when calling MJ's mother back into the room, I explained all of this to her. I conveyed how her daughter had real symptoms and required attention as well as how she should not assume the position she had taken, always concerned about what her mother would think or do, always afraid of her reaction. I explained the importance of her assuming her role as a mother and not placing this responsibility upon her daughter. I mentioned that one of the most important things now was to allow her to have leisure, to resume playing soccer and playing the guitar. I advised that soccer would help with anxiety symptoms and that it would create another support network for her, with new friends. Furthermore, I emphasized the importance of this freedom and attention so that her daughter would not remain isolated within her own negative feelings and breathe only that every day.

I was very clear about the treatment, recommending therapy along with informing the local nurse that this consultation had taken place and that the referral to the psychologist had been made. I also said that I recommended psychological support in the capital, so that she could be with her cousin again, providing greater support. I explained the importance of having trustworthy friends and how certain freedoms were necessary for her personal growth.

At the end of the consultation, I contacted the local nurse, explained the significance of the case, and expressed my concerns. I asked her to ensure a home visit to understand the family context and how the patient was assisted and treated at home. Additionally, I requested close monitoring of this girl to assist her closely until the critical period of crisis subsided, ensuring as much as possible the longitudinal care proposed by the Brazilian Unified Health System (SUS) and effective treatment.

Furthermore, everything was documented in the medical record so that the next team which attended to her could continue with the instituted measures. I maintained the medications for continuous use, adding those specifically for schizophrenia. I explained how to use them and emphasized the importance of continuous treatment.

Despite many issues to be addressed and my feeling of burden and difficulty, I genuinely believe that MJ understood everything I explained. Both she and her mother seemed willing to do whatever was necessary for the patient's improvement. It was a complex situation, but I feel that my duty was fulfilled, and I managed to address all the demands, both those explicitly stated and those implicit in a consultation full of social variables.

Progression

I believe my growth was significant in these small moments when I could understand this case. As mentioned earlier, I internalized that I could cry and learned to recognize the moments when the patient needs me to represent something for them.

In the future, I want to practice the virtues which I believe are essential in medicine, as reflected in this encounter. Hopefully, more tools will be developed to keep the flame of empathy always burning within my journey. Keep the understanding that many times I am all the patient has, thereby I need to embrace them with tenderness.

In various instances, routine may make me forget this calmness, empathy, and

necessary patient support. Therefore, I want to always reflect on this case, remembering how a comforting conversation and quality listening can heal. Medicine is a holistic discipline, addressing not only organic complaints but also the broader aspects of patient experience.

Always keeping in mind my limitations. Aiming to discern better a favorable environment for conducting a consultation would benefit my future patient interactions. I acknowledge that I was in a stressful situation and that I will likely face such circumstances again, given my intention to maintain contact with humanitarian expeditions. In that context, we were providing care with limited resources, often sitting on the ground. However, even with few resources, I could have chosen an open area, a cooler environment, to enhance the consultation experience. Instead of addressing a challenging complaint in an environment that did not favor concentration and was uncomfortable for both of us.

Furthermore, in terms of understanding my limitations, I realized that I was not doing well after getting lost in the forest. So perhaps, talking to someone I trust before the appointment, or taking a few minutes to breathe or walk, listening to calming music, would be something to incorporate into my daily medical practice. It is a lesson to carry into my life: I have time to take care of myself and make small gestures which will protect and prioritize me, enabling me to provide the best care to my patients.

Also, learning to receive support is always a delicate matter for me. Often, I try to navigate difficult situations alone, and in medicine, it's no different. Incorporating into my practice that I can – and often need to – consult more experienced individuals is crucial. Remembering how being vulnerable felt reminds me that allowing myself to be helped is beneficial. For my practice, it's essential always to recall that I can ask for help, and it benefits not only the patient but also me.

This patient showed me the kind of doctor I aspire to become in the future and taught me that I always need to keep learning. As I aim to pursue a residency in psychiatry, acquiring more experience will expand my tools to facilitate effective clinical treatment. Nevertheless, even with all the specializations, maintain alive the primary instrument of healing in every patient – empathy – is essential. With empathy, I can precisely identify the patient's needs, being a characteristic to be developed as much as – if not more than – any technical knowledge.

In this regard, the focus of future medical training should revolve around creating situations that foster empathy, humanized care, and support. Providing opportunities for direct patient contact from the beginning of medical school and discussions about difficult situations would be valuable. This goes beyond clinical case discussions, including attitudes and tools to increase patient protag-

onism, such as open-ended questions, letting the patient speak uninterrupted for the first 2 minutes, and other person-centered medicine techniques.

Additionally, offering opportunities for travel and humanitarian expeditions, with scholarships and benefits for students, would be beneficial. Even though not everyone will travel to serve at-risk populations, the curriculum could include mandatory volunteer projects, increasing students' exposure to diverse populations, preparing them to become empathetic, resilient physicians with greater awareness. Truly teaching the creation of self-awareness mechanisms that make students internalize the need to be well to heal others.

In any healthcare system, a humanized approach, placing the patient as the protagonist and relinquishing the exclusive power of treatment choice to the physician, benefits patients, improves adherence, and reduces professional pressure. I believe that students who could encounter cases like MJ's would redefine medicine along with undergo immeasurable personal growth.

Conclusion

After this experience, I intend to pursue my specialization in a setting with a public healthcare system that still allows and encourages participation in humanitarian expeditions. Among the various moments in university that could justify my choice, I believe what weighs most is patient protagonism and the healing process through empathy as well as quality listening. It is in this context that I find myself today, with this vision of medicine.

During the specialist training, the priority will be to gain more experience, to acquire the necessary knowledge to handle cases like MJ's, also to be reminded of why I chose medicine.

I have a specific goal to pursue specialty training in London within a public system – the ideology of public health strongly appeals to me – with the intention of learning in a universal system like mine that emphasizes humanization and a horizontal relationship with patients. I aim to have more resources available to provide quality care and feel more confident in making independent decisions. However, as I promised myself during my graduation week, I want to continue stepping out of my comfort zone to learn more, understand the world and different cultures, as I believe that will be my differentiating factor in patient care.

I want to remember that I can do a lot with resources, but I can also achieve much without them. And, finally, to treat patients as I would like to be treated.

Looking ahead, when I may not be able or have as much willingness to trav-

el, I believe I will continue volunteering closer to home, doing what I can and creating projects. I have discovered that these endeavors keep my desire to be a doctor alive, even when the routine is challenging, or complicated bureaucratic situations arise. I seek for the opportunity to always encounter patients like her, especially when I have more experience, to better understand how to rewrite their stories, casting stars back into the sea.

Hope this report can offer you a different vision of the world, hopefully I was able to transmit what I felt. Even if I do not get to meet you someday, writing this letter was like a call for myself, a way to keep her memory eternal. Some people do not get to experience consults like this, but I was glad to be the one that lived this with her. Also, I feel thankful to have learned something to take with me within my journey.

Thank you for reading my account, and I hope I have contributed. Thank you for the opportunity.

The Author

Laura Mota Vieira Lima, Brazil
Universidade Potiguar