



## Reflections

# An unusual teacher

Katherine McKay

**A**s a medical student I dedicate much of my time to becoming intimately acquainted with the pathophysiology of diseases and the treatments currently available to attend to such processes. Although an understanding of these biological mechanisms is integral to my training, I often find myself losing sight of the humanistic aspect of medicine. A recent elective experience with a community psychiatry program reminded me that, fundamentally, medicine is about engaging with patients to restore or maximize health.

One day I had the opportunity to meet with some of the program's service users. Of particular interest to me was one woman who sat in a corner. Dressed in clean but visibly worn jeans and a sweatshirt, she sat with her shoulders slightly slumped, nervously fidgeting with her fingers. She was quiet and actively avoided eye contact with those around her. It seemed as though she was trying to be invisible, and I considered that perhaps her actions were learned behaviour. I had an urge to reach out and tell her that I could see her; that she was not invisible to me.

This woman was by all accounts "normal"; she did not appear displaced. She was tired looking and wore slightly baggy clothes, but if I passed her on the street I would not have given her a second thought. Yet, in this instance, she intrigued me. I remain unsure as to why. Perhaps it was because I saw fragility through her slightly weathered exterior. Regardless of the particular features that drew my attention to her, she elicited a sense of curiosity within me. My mind filled with questions: Where did she come from? Was this the only meal she would have today? Does she sleep on the cold, hard concrete? I thought about how I often walk by people on the street and ever so subtly move my arm or shuffle my feet to avoid touch or eye contact. I wondered how my actions would have made her feel—something I had never knowingly considered before.

I wondered whose daughter she was? Whose sister? Whose mother? What happened in her life that brought her to this point? What did she like to do in her spare time? Where had her travels taken her? What made her smile? Who were her friends, and what did they do for fun? Did she visit the mental health clinic? Did she have access to medications? Of course, I assume it is difficult to get medication when you do not have a home to take it to. She appeared to be in her late thirties, and I wondered if her life had been different when she was a child, a teenager, or in her twenties.

I became overwhelmed by a rush of emotion; I suddenly realized that I had made numerous assumptions about this woman without exchanging a single word with her. This woman opened my eyes to a reality I had not yet consciously realized: regardless of how inherently good-natured our intentions, we all make assumptions. Further, she elucidated for me that we all have multiple versions of ourselves that interact within the different social contexts of our lives. It seems as though these identities and contexts are often quite removed from the offices in which I will one day work; however, they are an essential part of understanding people. How we perceive someone to "be" often affects the manner in which we engage with him or her. My encounter with this woman made me realize that the assumptions we make have the capacity to permeate our interactions with patients and skew the clinical picture. What do we miss by allowing our assumptions to go unchecked? My fear is that we potentially risk missing an integral part of patients' histories: who they are and where they come from. ✨

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**Competing interests**  
None declared

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