

## Vignette 1

“I remember that day, we were so scared.  
People were crying everywhere  
Then the airplane came and destroyed our home.  
When I turned around, there was my mom laying on the ground.  
She could not move or speak and her eyes were closed.  
Her pale and beautiful face now look so bad.  
Then other people came and took me away from her.  
I cried and even called her name.  
She didn’t respond.  
And I don’t know where to go. I don’t know what to eat.  
I don’t know how to find food for myself and my little brother.”

M came to the United States as an asylum seeker. She was raped and beaten in front of her 6 year old son, who was then separated from her as they ran from the burning village during her escape.

She was referred to our program by her pro bono attorney, and came to my office in November. The weather in Boston was wintery and she arrived shivering and wearing a thin summer jacket. Her affect was flat and she did not make eye contact.  
What do you think the first thing I did was?  
We spent the whole appointment acquiring winter clothes. [In many programs, this would be handled by a referral to the case manager or social service staff.]  
I slowly tried to make a connection.  
I did not ask to examine her until 3rd visit.  
Because she seemed depressed and withdrawn and appeared to be having difficulty taking care of herself, I referred her to our program’s mental health staff. She agreed to an appointment with mental health, and the provider met her in my office.  
Her physical complaints consisted of chest pain, abdominal pain headaches, and pelvic pain.  
A physical exam was performed with careful explanations of what I was doing at every step, and she had the control to abort the exam at anytime.

Her heart examination was abnormal, and follow up with an echocardiogram revealed a congenital condition called an atrial septal defect. This condition is normally diagnosed and repaired in childhood in Western countries.  
While trying to explain this to her, she didn’t understand why I (as her doctor) couldn’t immediately fix it.  
I discussed the patient in advance with the cardiologist and accompanied her to the visit to help negotiate and facilitate report building with a new provider.  
A few weeks later M developed shortness of breath and chest pain. She was admitted to the hospital to determine if these symptoms were a result of her heart condition.  
At the onset of her inpatient hospitalization, I gave a short in-service to the medical team and recommended no group rounds, limited chest exams (and only by a female doctor), and careful explanations of tests, procedures, etc. Her mental health provider also consulted in the hospital.

M was discharged home after several days when it was determined that her heart rhythm was normal and that her symptoms were likely due to PTSD and anxiety.

M came to see both her psychiatrist and me 2 days after her discharge. She was disheveled and had been wandering the streets since leaving the hospital. She told us that she thought the police from her country were here looking for her and that could not return to her house. (She told us that she thought police might be looking for us too). She endorsed active suicidal ideation. Further probing revealed that she was likely triggered by a male phlebotomist who had drawn her blood, after which she began to re-experience traumatic events in her home country causing a psychotic reaction.

I accompanied her to the Emergency Department and provided education to all staff. She was admitted to an inpatient psychiatric ward and started on antipsychotics. She recovered from this episode, and antipsychotics were discontinued.

Because of her undocumented status, the free care insurance program would cover open heart surgery to repair the defect, but not the newer, preferred, less invasive procedure. Letters and appeals written by both myself and mental health worker were eventually successful in obtaining approval for this procedure. The post anesthesia recovery staff were educated on potential complications (ie emergence flashbacks) and briefed on grounding techniques.

She did very well postoperatively, and continued in mental health care for a number of months.

M stopped attending at the clinic and attempts at follow up failed as she had moved with no new address. She returned 2 years later. She is in nursing school, about to be reunified with her son, is experiencing some anxiety over the reunification and requests to re-engage with her mental health professional.