

Helping patients holistically

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“The true measure of any society can be found in how it treats its most vulnerable members.”
(Mahatma Gandhi)

Physicians are integral members of society and are bestowed trust at various levels, from individual, community, and global scales. Identifying the medical needs of patients is part of the routine job of physicians; however, identifying how to holistically best help the patient is often more challenging and requires an added layer of conscientiousness.

A memorable patient I encountered early on in medical school was during my psychiatry core rotation. I was placed at the Montreal General Hospital, a center known to serve the “inner city” population. One of my first patients was a man, around my age, who was experiencing homelessness and was admitted for an episode of acute psychosis in the context of schizophrenia. Initially a seemingly routine psychiatric case, we started him on a new regimen of antipsychotics and waited for him to respond to treatment. A couple of days later, during morning rounds, I noticed he was acting differently — he was pacing in his room, intermittently grimacing, and letting out a loud grunt every few minutes. This did not appear to be like the delusions and hallucinations he initially presented with. I updated my staff and was quickly told these were simply behaviors consistent with active psychosis. I also promptly received a reminder of the pharmacology for the time to maximal effect of antipsychotics.

Despite this, I was not convinced so I returned to re-examine the patient more thoroughly and found he had significant flank tenderness, which was new. I approached my staff and recommended we image him to rule out alternative diagnoses, which was initially met with pushback. I was told that the psychiatry inpatient unit was not the place to order significant medical workups like other rotations. After some deliberating and convincing, the staff begrudgingly agreed to order a CT, which showed an obstructive stone at the ureteropelvic junction. We consulted urology and the appropriate care was mobilized while he was an inpatient.

This example highlights an instance of patient advocacy, particularly within a vulnerable demographic. Here, a textbook presentation of renal colic was misattributed to a concurrent psychosis. I was fortunate that my supervisor at the time trusted me and stepped outside of their comfort zone by looking at the gestalt clinical picture, which led to an earlier diagnosis, before any potential complications could manifest.

Mental health is widespread, and individuals affected by it are often labeled and immediately shunted into a different category than other patients (e.g., Seinfeld enthusiasts may recall Elaine's struggles receiving care after being labeled a “difficult patient” in her chart). The lesson I carry with me is to always treat patients as complex individuals with many unknowns and strive to consciously avoid any potential biases during the process. Physicians are in unique positions to guide individuals during their most vulnerable states and frequently have the opportunity to identify alternative pertinent issues that can also be addressed, either directly or by helping mobilize the appropriate resources and/or professionals to their circle of care. Finally, each patient represents a unique individual, and incorporating a practice of active reflection is key for personal and professional growth.