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Mr. M

“Tell me. Honestly. Will they amputate my hand?” I felt my mouth go dry. As I looked into the Iraqi’s imploring eyes, I struggled to provide an answer to a question that his medical team had been grappling with for several months. Medicine had failed me. “I don’t know. Let’s pray that the MRI and PET scans are clean.”

On the second day of my internship as a medical case manager at RefugeeOne, a refugee resettlement agency in Chicago, I was assigned to coordinate the medical care of an Iraqi refugee with synovial sarcoma (I will refer to him as M). While I had previously interpreted for Spanish and Polish patients at my community clinic, this was my first interaction with a critically ill refugee and a team of five cancer specialists. My goal was to coordinate MRI’s, PET scans, visits, and a tumor resection surgery. In contact (and frequently, phone-tag) with the patient’s nurses and

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physicians, I was immediately immersed in M’s care and conversed with his physicians to better understand the science behind his disease and treatments.

While I derived satisfaction from being able to discuss the treatment options with M, I struggled with the complexity and uncertainty of his disease. Why couldn’t they remove the tumor without injuring the fine muscles in M’s hand? Wouldn’t chemotherapy be a less invasive option? What had caused the synovial sarcoma in the first place? I remember mulling over alternatives as I ate lunch in my office and tried to decide what I would do if I were in M’s position. However, neither M, nor his specialists and I could move forward without test results. We had to wait. But, I had to do something.

Unable to provide concrete answers to M’s concerns, I devoted myself to being present. I did this by accompanying M in Oncology waiting rooms and during visits, speaking with his nurses, and meeting his physicians. I was shocked to see how much my support meant to M. After one of his visits, I dropped M off at home and was shocked to see his wife bringing me a large plate of Beriani, a Middle Eastern dish, to thank me. I was making a difference.

My experience with M also re-shaped my views of people from different cultures and backgrounds. It was in the waiting room at UIC Medical Center that M and I found a shared love for Sudoku puzzles. As we filled in the squares together, I realized that despite our dissimilar appearances, religions, and backgrounds, we had the same needs, concerns, and interests. Being a volunteer interpreter myself, I eagerly learned about M’s work as an English translator

for the U.N. during the War on Terror in Iraq in 2003; hearing a first-hand testimony of the religious and socioeconomic conflicts in Iraq brought those physically distant conflicts into clear focus. I saw that M's experiences and perseverance were the defining aspects of his identity.

A few weeks later, M underwent a successful wide-margin tumor resection, which required bone removal and reconstructive plastic surgery. During a phone conversation, M shared with me concerns about his family's well-being as a result of his cancer. His disclosure profoundly resonated with me, and I came to realize that a physician must be mindful of several patient dimensions: physical, emotional, and spiritual. As a future physician, I understand that I won't always know the answer, but I will always strive to be present.