

# Soul (Re)Searching

**I** FIDGET WITH A SINGLE SHEET OF PAPER YET WARM FROM the printer. Surveying the list of optional research projects I could participate in during this, my first year of specialist training, none catches my immediate attention. There are charts that need to be reviewed, retrospective data that need excavating from the bowels of the medical records department, and budding ideas in the heads of others that need nurturing. But I am still looking for something that will hold my research interest. Colleagues who pursued a higher degree more out of obligation than interest have cautioned me, and I am keen to avoid their mistake.

"Do you know where your interests lie?"

Not yet, I guiltily admit. I am still finding my feet. I relish clinical medicine but am yet to define a research interest, if at all. Finely disseminated disapproval stares back at me. Opportunities abound in large institutions and it is up to me to grasp them. Academic strength defines a physician: to gain standing within the medical community, I must publish.

"In fact, I *am* working on a project," I finally say.

"Good. What is it?"

"In my free time, I am a volunteer physician at our state's largest refugee center, seeing patients who lack access to medical care."

The kaleidoscope of expressions travels quickly from bemusement to puzzlement to disdain. The reaction is rapid. Such a pursuit is hardly academic, unlikely to win accolades, and irrelevant to my training as a specialist.

"The refugees are no less sick than our hospital patients and largely disenfranchised from the community. I am going to write about their plight."

Emphatic gestures urge me to leave this work to others and to concentrate instead on writing a paper or starting a project. Kindness has never been a prerequisite for academic greatness, I am advised. Prestigious institutions will ask about the papers I never wrote, the research I never undertook, and I will soon find myself at a dead end. Piqued by the unanticipated reception, I feel akin to an errant child facing the unmasked irritation of quietly suffering parents.

The chilly air blasts my face. The encounter is over. Pronounced unemployable by future institutions, frowned upon by the present, I leave the room full of questions. Was that the voice of wisdom harking me back into the security of academic medicine before it is too late? Will my list of publications remain a distant dream, dwarfed by every one of my achieving peers who did as told? Am I destined to be an underachiever if I hit 30 without a scientific paper to my name? My passionate defenses slowly evaporate, replaced

by a forlorn feeling. I am jolted by the grim sentence, which threatens to be carried out in only a matter of time.

Worries crowd my mind as I leave the hospital unobtrusively. Sidestepping broken glass and used syringes, I cross to the refugee center, located in a cheaply rented house in a drug-addled part of town. The snoopy parking inspector marks my car, seeming to take perverse delight in handing out the fines I regularly incur. Once I told him I was late because it takes longer than expected to sort through a room full of non-English-speaking patients.

"Tell that to the council!" he smirked.

The creaking stairs take me to the sparsely furnished reception area. A roughly drawn sign requests volunteers to drive the refugees to an upcoming picnic, which threatens to go astray if not enough drivers are found. A set of postcards bears the face of a sleeping baby in detention. The sign above the infant exhorts volunteers to send a postcard to the government protesting children in detention. A group of young Afghan refugees huddles in a corner, waiting patiently to consult the volunteer legal team.

I unlock the tiny room that serves as my office and the pharmacy. Out-of-date books crowd a tired-looking wooden desk, atop which sits a worn sphygmomanometer. Lately I have been afraid of using it lest the cuff split open. Two mismatched chairs, a thin, hard examination bed, and a cupboard, rapidly emptying of its donated contents, fill the rest of the room. It is a far cry from the well-appointed consulting suites of the hospital. I scan the messages and unchecked reports that have accumulated within the last week, grateful that there is nothing that should have been addressed earlier. Only a scattering of doctors staffs the clinic, each dependent on other work commitments—there is no one to hand over to.

My first patient is a man in his 50s. He nods pleasantly to me, thanking me for my time.

"Doctor, would you please check my blood pressure?" He speaks fluent English.

"Of course," I reply, sneaking a warning look at the ailing instrument. As I coax the sphygmomanometer into action, I make conversation. I learn that he was a prominent professional in his home country, who spent his life fighting cases on behalf of his ordinary fellow citizens. Then disaster struck. The government came after him, his family was prosecuted, and he lost his job. His wife left him, and, in search of a better life for his children, he fled his war-torn nation to seek asylum. Now he is in limbo, classified as an illegal immi-

grant while awaiting a pronouncement on his appeal. I hear similar stories every week. I sense there is more to come.

"Where are your children?"

"In a small village, hiding with relatives."

"Do you speak with them?"

"Rarely, when they travel to the city to call me."

I am discomfited by his palpable grief.

"You remind me of my own children. One day, they had a future like yours."

"What do you do all day?" I continue.

"I look for employment. I will be a clerk in a back room somewhere. I don't mind."

The toning down of his aspirations does not go unnoticed by me.

"Do you have a place to stay?"

"The Red Cross shelter."

His tears now flow freely at his predicament. He makes no effort to wipe them. Like a cascade, his words fall away, starting from when he began his career to when he gained prominence, to his marriage and divorce. Interspersed are hints of the violence in his country and the day-to-day danger of living that forced him away to an unexpected existence of even greater uncertainty. The allotted half hour passes without either of us rising. He needs to tell his story; I am compelled to listen. He dissolves once again into tears, collects himself, then cries again. I feel myself swimming alongside him in a sea of helplessness. I am sorry and ashamed at his plight. Forty-five minutes later, he is exhausted.

"Thank you, Doctor. I have not spoken freely to anybody for five months."

As a non sequitur I offer to check his blood pressure. It is elevated and I recommence his therapy. He accepts the pills with some hesitation.

"What will happen when they run out?"

"I will resupply them," I reply, praying that a month's reprieve to find some drug donations will be adequate.

My next question catches him unawares.

"Are you hungry?"

The denial comes quickly. "Oh, no, I'm fine!"

"Have lunch anyway. The volunteers have made some."

He averts his eyes.

Next is a primary school teacher in her 20s. She stares mutely at me for several minutes. Then, stumblingly, over the next hour, she unfolds the account of her repeated rape by rebel militia in her home country and her barefoot escape through thick jungles with the soldiers in pursuit. The details are intentionally patchy, but her naked fear and continuing trauma are overpowering. Thousands of miles away, I shudder with her. I feel sickness rising within me, helpless, completely out of my depth. Nothing in my medical training has prepared me for dealing with such tragedy.

"Would you like to speak with someone who could help you a little more?"

"No, I just want to die."

There is no female psychiatrist on our books, even if I could convince the patient to see another woman.

(A few days later, I discover the stress of her illegal status compounded by the ignominy of her ordeal has driven her to flee the country. I had never managed to keep my promise of calling her so we could talk some more.)

In quick succession, I see an Afghan woman with dandruff who has looked everywhere to find a female physician, an elderly East Timorese man with poorly controlled asthma, and a Burmese student who has persistent migraines after being released from detention. The student has had depressive symptoms for months, but once in our conversation his eyes light up when I agree that Aung San Suu Kyi is a graceful woman. A terminally ill Lebanese man, living alone, wants a letter for the immigration minister, to allow his only son to visit him. The son has previously been refused entry on security grounds.

"Lebanese young men can sometimes just be sons, Doctor," he says gently.

I pen a letter of support, confident it will fail. I leave a note for the palliative care nurse.

Hours later, the waiting area finally clears, leaving me with my thoughts. In the last few hours, the only things I *did* were check a blood pressure, dispense antihypertensives and antidandruff shampoo, and draft a letter to the minister. The rest of the time I listened. My wandering mind contemplates a title for the afternoon's work. Neither a dehydrated infant nor a pregnant refugee with syphilis will prove the subject of an intriguing case report. The renewal of antihypertensives or the treatment of dandruff is barely exalted fare. Hardly the stuff of an original article! I think wryly. In the silence, the acrimony of the morning seeps into my thoughts again.

There is a knock on the door. A boy has badly hurt his ankle in a fall. His mother was billed the last time they attended the local hospital and she cannot afford to take him back. Will I wait to see him? As I wait, I wonder if medical research would lose its vigor for my lack of direct participation. What would the refugee center do if its skeleton staff pulled out to engage in more "academically worthy" work? The answer never fails to distill the issue into clarity: undeniable as the place of research and academia is, there is nothing pedestrian about the day-to-day care of patients.

It may be that I will not pen my first scientific paper for years to come. Who knows? I may never write one. And there will be institutions that may not welcome me past their threshold. But if I replace all the scientific papers with notes scribbled on recycled paper about refugees, dispossessed and at the mercy of volunteers, I doubt that it will be a wasted career. And if I never earn the title of professor, I will be content in the knowledge that I am not losing anything nearly as precious as every one of my patients already has.

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