

Opening Pandora's Box: Life, Liberty, the Pursuit of Happiness...and, Healthcare?

I. Introduction: A Stranger's Story

"Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane."

- Dr. Martin Luther King, Jr., in his 1966 speech to the Medical Committee for Human Rights

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"No."

It was the tenth time the man had shaken his head at the doctor. Since it was only my second day at the hospital, I had been patiently observing their interaction. The man was an undocumented immigrant from Mexico in the last stage of Chronic Kidney Disease (CKD), which meant that he had lost about 95% of kidney function. It would only be a matter of months before they gave way completely—he needed to be hospitalized for dialysis in the next day or two.

The doctor had been patiently trying to ask for the man's consent to start dialysis. Because the patient didn't speak English very well, there was also an interpreter on the phone. He feared that if he came in for treatment again, he would be caught without papers. The doctor tried to explain that he could still get treatment despite being undocumented—according to US law, no one can be denied healthcare if they go through the emergency room. He could get his weekly dialysis there—which he desperately needed to live.

After the physician, Dr. Sam, and I left the room I asked him what we could do for people if they didn't qualify for Medicaid, Medicare, or Social Security benefits—the three main resources a social worker can use to try and get support for patients—which surprisingly constituted a large number of the patients I had seen, just like this man.

“It seems like you’ve opened Pandora’s box,” Dr. Sam told me, his polite way of saying, “Not much.”

This interaction took place in Parkland Memorial Hospital, the Dallas County public hospital, which catered to the underprivileged population surrounding the downtown Dallas metropolitan area. The summer after my freshman year of college, I applied for an internship program and was fortunate to be paired with a wonderful mentor and teacher, Dr. Sam. When I went on rounds with Dr. Sam, I saw patients who were homeless, abandoned on the streets, undocumented, or old and neglected by their families. Many stories come to mind when I think back to that summer, but this man’s story has stuck with me.

I did not think I would see him again after he had so vigorously refused to get treatment because of his financial and immigration status. Yet, about three weeks later, we rounded on him during inpatient rounds. I had only been in the room for a few minutes when someone screamed, “CODE BLUE!” Suddenly, the lights on the wall began to flash and a herd of nurses and doctors charged into the room. I was cornered into one edge of the room as the man’s bed became surrounded by people sticking tubes in him. The providers were shouting orders at each other and there was a sense of urgency in their movements. It seemed like only a moment had passed before everyone suddenly mellowed down and the shuffling stopped. The man lay unresponsive.

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It was the first time I witnessed death. It all took place so fast that I didn’t even understand what happened until I noticed a white sheet gently being pulled over the man’s face. I remained calm and collected, but my mind went blank. I faintly heard someone call time of death in the background. Dr. Sam put his hand on my shoulder and asked if I was okay. I slowly nodded my head but felt my stomach drop.

Everyone walked out of the patient's room and Dr. Sam began working on the patient note. I struggled to avert my gaze from the man's empty room as I realized that not a single family member was there in his last moments. Perhaps he didn't have a family, perhaps they didn't know, perhaps they weren't able to come, or perhaps they didn't care. Regardless, there was no one around to give this man a second thought. I tried to reflect on what his journey against CKD must have been like since his diagnosis, but my mind was burdened by a plethora of questions instead. I began to imagine a series of 'what if' scenarios: What if this man wasn't limited to the emergency room for care? What if we had focused more on providing him with a support system? What if we had looked into his living situation?

Could a life have been saved?

I was not witnessing this case in a developing nation where medical equipment was lacking or where there was a shortage of doctors. I was quite literally standing in one of the most highly-ranked and respected medical facilities in the entire world. On the surface, being surrounded by top-notch medical technology, the newly built hospital with its shiny floors, and some of the best doctors in the world, easily masked any cause for concern. What more could patients need? And yet, there was something fundamentally unethical about the situation. When I reflect back on that summer now, I am often reminded of a memory from my childhood.

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When I was growing up, I had one clear aspiration: to become a doctor. I thought about how noble the profession was and naively concluded, what could be better than giving my life in service to others? My childhood was spent in a small town in India where I came from a highly privileged family. But surrounding my house were the colorful tarp roofs of the overnight shanty towns that would appear across the street from where I lived. Every day, I would see the slum children sitting on the dirt with tattered clothing and no shoes—like I was watching a special feature on the National Geographic channel. There was a wall that stood

around the shanty town complex, as if the children were literally barricaded in by their own lack of privilege. Equidistant from my house and these slums was a hospital at the end of the road. I was born in this hospital and whenever I got sick, my family would simply cross the street and take me in for a visit with my doctor. It was so incredibly accessible to us that we almost didn't give it a second thought.

The slum children could not do that. Of course, it was evident that they lacked money, insurance, proper identification, and paperwork to go in for a doctor's visit. At best, I deeply sympathized with the children and acknowledged their lack of opportunity in life, but even as I got older, I never bothered to understand why this was their condition.

Years later, I entered college and feverishly pursued the path to become a doctor, seeking out experiences that would set me up for success. Just like when I thought of the slum children, my intentions were always in the right place, but after my summer at Parkland, I finally began to question where this path was taking me.

II. The Unspoken Responsibility: What is our Moral Duty?

Essentially, it boils down to this: Do we have an unspoken responsibility to eradicate barriers in access to healthcare? What is our moral duty towards others? Do we even have one?

Many of us have heard these questions voiced before; after all, they're just some of the questions America is grappling with right now. After my summer at Parkland, it became unethical in my eyes to simply become a part of the system and intentionally or not, promote the institutionalized discrimination I had seen among patients of different backgrounds. The truth of the matter is that hundreds of undocumented patients get treated at this hospital every day without fear of getting caught. But, at what cost? Our healthcare system is set up in a way that forces patients like the aforementioned man to wait until they are on the verge of death every week to get their dialysis treatment. If undocumented patients want their dialysis covered

by government insurance, which includes Medicare and Medicaid, they have to wait until they are so sick that they have to go through the emergency room. And this is simply in an example of one marginalized group.

Yet, this is not a matter of this patient's legal status. Medical care aside, there is a huge access and social services problem in healthcare that is not meeting patients' needs. It isn't enough to meet patients' medical needs in a superficial way and send them back to the same conditions that brought them in. Patients need to be healed over time, not kept alive until their next appointment. Healthcare professionals must work together to find viable solutions for patients who are lacking the resources and social support to get back on their feet.

Within my first few days at the hospital, I had witnessed the case of a schizophrenic prison inmate whose feet were shackled to the bed 24-7. As soon as the infection on his finger was treated, he was sent back to prison. When I asked about how his mental health issues were treated, no one was able to give me a straight answer but ensured me the prison was "working on it."

One extremely religious man, who had no family and job to support him, came in with a lung infection. His local church had provided him housing; however, due to financial stress, they withdrew their support. Upon his discharge, I asked what would happen to him since he didn't qualify for Medicare, Medicaid, or Social Security. No one knew what to say.

One day, an African-American man and his wife came in for a check-up appointment after his Stage 3 CKD diagnosis. Dr. Sam began to ask his standard follow-up questions, but the man looked absolutely drained and debilitated—his condition was more critical than he realized. Dr. Sam pressed that in order to provide appropriate care, he would need daily updates of the man's blood pressure.

"Do you have a blood pressure machine at home?" Dr. Sam asked. The man responded that he did not, and then asked how much one would cost.

“It’ll be about fifty dollars. Can you arrange for that?” Dr. Sam asked.

“We might have enough to get one when our Social Security check comes in on the first of the month,” the man’s wife said.

Dr. Sam voiced with a sense of urgency that he couldn’t be so lax in monitoring the man’s blood pressure, and asked if there was any way they could arrange the money now. When the couple said no, Dr. Sam said he would try to make special efforts to secure a machine from somewhere, and moved on to his next point of discussion.

At that point, the wife began to cry profusely. She explained how they had just been evicted from their apartment and were living off McDonald’s one-dollar menu. As she explained her situation, I thought about what would have happened if the couple had simply received the machine and left at the end of their appointment. Most likely, they would have come back with the same pressing issues, even if the man’s blood pressure did improve due to closer monitoring.

And yet, this repetitive cycle of patient visits is what I witnessed. Over the course of my two-month internship at the hospital, I rounded on the same patients over and over again. My presence seemed like an observer watching the nuts and bolts of an assembly line churn. Patients would come back every three weeks and the same medical note was prepared: blood pressure, medications, upward/downward trends, etc. The same questions were asked by the doctor and the same answers were given by the patient.

I am not advocating for there to be a change in how doctors diagnose or treat their patients—after years of training, they can do their jobs well. However, healthcare providers need to go beyond sheer medical talk and understand the real reason behind a patient’s situation. What makes this issue so complex is that physicians don’t currently have the resources they need to bridge these gaps. Limited by time and money, healthcare providers

cannot personally delve into every patients' situation and truthfully get to the root of the problem—which, believe it or not, isn't always caused by a medical condition.

One doctor explained to me that many times, patients were sent into long-term care facilities if they didn't have homes or enough money to support themselves, but that option will only keep patients alive longer, not give them the opportunity to sustain themselves. In the long term, whether they are undocumented or not, whether they have insurance or not, and whether they are chronically ill or not, what patients need from the healthcare system is a solution to improve their conditions, not something that serves as a quick fix.

The majority of these homeless patients were still of working age. Instead of sending them to alternative care facilities, that same money and resources could be invested in training them for jobs and teaching them marketable skills. If they aren't given the opportunity to rise out of their conditions, whether they are homeless, undocumented, or simply don't qualify for insurance, their medical care will always be secondary. Keeping someone alive so they can simply live in the same diminished conditions they were living in before isn't what society needs. People deserve to live at their full potential, and until the medical field can't provide stable and safe care options for its patients pre- and post- treatment, there is still work to be done.

III. Recognition

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of all people.”

-The Constitution of the World Health Organization

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About two years ago, the Surgeon General of the United States visited my campus to give a short talk about how he viewed the changing field of medicine and his hopes for the future. What I remember most from his speech was his emphasis on understanding others. He explained that people always need a reason to get better. For example, that old lady who never takes her medicine and doesn't seem to care isn't ungrateful, she simply has nothing to live for. He explained that healthcare providers have a moral duty to remind her not only to take her medications, but also to remind her that she can have years of happiness with her grandchildren if she does. Today, doctors seem to execute the former step consistently, but often skip the latter.

The ethical issues behind unequal access to healthcare are paramount; indeed, these issues seemed to have dominated the American political landscape in recent years. The issue is obvious: it has been highlighted, underlined, and circled; unfortunately, the solution is not. In an interview with ABC in June of 2015, Bernie Sanders said, "We need to join the rest of the industrialized world. We are the only major country on Earth that doesn't guarantee health care to all people as a right." Yet, I strongly believe that this issue cannot be reduced or politicized in nature. The larger issue at hand reflects a stagnant mindset that we have adopted as a human race. At its core, this issue comes back to ethics. Perhaps today's fast-paced life has blinded us from recognizing that when others are denied a happy, healthy life, it is not only degrading for them, but it is degrading to us as well.

When I think of the slum children from my childhood, I'm forced to recount how stark the difference was in our ability to receive healthcare. I understand that it is not possible for everyone to be financially equal, but this issue is not one that should not be centered around class differences. Yet, it is. Many people argue that healthcare can never be a right because our rights include life, liberty, and the pursuit of happiness. As John Locke would say, those rights are inherently bestowed upon us. Healthcare, on the other hand, is an economic

commodity—a service that is produced by some, and consumed by others. Indeed, it is unrealistic to romanticize a world in which everyone is equally well-off; however, it can be realistic to romanticize one in which everyone is as healthy as possible, given human limitations and gaps in medical knowledge. It simply requires the ethical recognition that we have a responsibility to each other as humans. The point is that we have set up our own systems to favor some and work against others. If we are simply willing to become more open-minded, inclusive, and educated on how we can change these systems, then the patients I saw in Parkland every three weeks might have the ability to address the root of their issues.

Unequal access and treatment in healthcare does not come under the umbrella of a one-size-fits-all solution. Inspiring change is rooted in recognizing the suffering of others—recognizing when something is unethical. My dream is intact, and I still aspire to be a doctor; however, I have modified my glittery desires of simply becoming a working professional and have learned to recognize where I am needed and what potential I can have as a physician. After all, what greater power do we possess than the ability to provide care and nourish life?

The issues surrounding unequal access to healthcare are relentless, but so is my conviction to do what I can to fight them. This conviction, arisen by the inequalities I have witnessed, serves as my answer to the ethical dilemma I found myself in. I unequivocally advocate for both the government and citizens to take a step forward; the tone will not shift until substantial effort is taken on both sides to make progress. For our family members and friends, our children and grandparents, those who or alone or those who have left someone behind, we must change the narrative—it's time we recognize our responsibilities towards others.