

Perspectives / 2024

Overcoming patient hesitancy

The Chronicle of Skin & Allergy, in partnership with the Dermatology Industry Taskforce on Inclusion, Diversity and Equity (DiTiDE), sponsored a short essay competition for Canadian dermatology residents in 2023.

This contest was open to any resident enrolled in a dermatology training program at a Canadian medical school, with enrolment confirmed by their Program Director. Entrants submitted a 350- to 500-word composition reflecting on matters relating to inclusion, diversity, and equity. Eight winners were announced.

The selected essays will be published in each issue of *The Chronicle* during 2024.

Airiss Chan of University of Alberta, was recognized for her essay "Overcoming patient hesitancy".

DiTiDE is a volunteer working group composed of Canadian life sciences managers and executives, dermatologists, patient association leaders, and allied parties committed to improving the patient experience and outcomes of under-represented skin types and underserved ethnicities through developing physician education and resources.

The 3rd annual short-essay competition for Canadian dermatology residents is now open for entries. Details are available at <http://derm.city/for-residents>.

"GOOD AFTERNOON SIR, NICE TO MEET YOU, HOW CAN I HELP YOU TODAY?"

"Haven't I seen you before? Is the doctor coming soon?"

I checked the chart and saw that a prior rotating medical student had seen him six months ago. This is not an uncommon experience for me in medicine. As one of the few female Asian doctors in our clinic, I am often confused for someone else. Even more frequently, I am asked whether I am a nurse, even after introducing myself as a doctor.

"No, you saw my colleague last time, but I'll be seeing you today, how can I help you?" I replied in my brightest attempt to be cheerful.

"Oops sorry. I get that all the time too, they confuse me for other Indigenous folk. Anyway I'm here about my leg. I had bugs and poison in there before."

I felt a bit more empathetic with his first sentence, but was immediately caught off guard with the second. I asked to see his legs, and I could see post-inflammatory hyperpigmentation in a unilateral stasis distribution. Reviewing the chart, I could see he had a secondary infection of the left leg stasis dermatitis last year, requiring antibiotics and hospitalization and negative blood cultures. The more he told me about the bugs and poison in his blood, I wondered if we were really talking about the same thing or whether he was here for delusions of parasitosis instead. I tried to let him speak about his experience for about two minutes while I rapidly scrolled through the chart to make sense of the situation, until I was so confused I had to interject.

"Can you help me understand what you mean by poison in your blood, and bugs?"

After that, we dissected the story piece by piece. We came to the understanding that he thought he had a bloodstream infection or "poison", the "bugs" really were bacteria and we clarified other parts of his history without jargon. At the end, he told me, "Thank you for spending your time explaining. I never learnt this in school. My own family doctor says racist things to me and I never wanted to see doctors in my life because of how they usually treat us."

In a specialty where patients wait many months to see us for a "five minute issue", time is our greatest currency. Patience and empathy can go a long way—especially in the case of patients who do not share the same level of health literacy, with different backgrounds, with little contact with the medical system due to prior experiences, and mistrust of doctors. If we are to provide equitable and inclusive care to the diverse population of Canada, we must remember that medicine and healing should transcend language and backgrounds.

Airiss Chan is a third year dermatology resident at the University of Alberta. She completed her medical school training at the University of Toronto. Her clinical and research interests include autoimmune connective tissue diseases, complex medical dermatology, medical education, as well as skin of colour in dermatology.

"Could a greater miracle take place than for us to look through each other's eye for an instant?"

— Henry David Thoreau



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