

Medical Student Enrichment Program

University of Alabama at Birmingham School of Medicine

Clinical Elective: Choma, Zambia – Macha Mission Hospital

Dates of Training: January 28, 2019 to February 24, 2019

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I had been in the antiretroviral treatment clinic (ART) all morning and was about to leave for lunch when she walked in. It had been a frustrating morning of not understanding the language and feeling overwhelmed with antiretroviral treatments. Her head was down, eyes glued to the floor; she had a bandana pulled down close to her eyes, and her feet shuffled clumsily. She sat down



tentatively on the treatment chair next to my desk without saying a word and never making eye contact. As my eyes began to scan her, I noticed a diffuse, scaly rash covering every exposed surface of her body. She was small—too small—and cachectic appearing. Two neighbors were behind her and they informed us that they found her in her house like this. She was HIV positive and previously on treatment; however, she had not followed up since 2015. Her story from there was unclear. Her words were mumbled and unintelligible. Not knowing what else to do, I put my hand on her leg and looked her in the eye. For a split second, her eyes shot up to mine in surprise, then instantly back down to her lap. I could tell it had been a long time since anyone had touched her. After gleaning a history and thorough physical exam, it was evident this woman needed to be admitted for IV antifungals and to restart antiretroviral treatment. I walked her over to the female ward and went to lunch with her on my mind. Over the next few days, I continued to check on her daily and made certain each time to hold her hand, look her in the eye, and remind her she was a person. By day two, she was no longer wearing her bandana and was more confidently looking around the room. On day three, as I entered the ward to check on her, her eyes lit up and she gave me a huge smile. That smile will forever be ingrained in my memory as one of the most beautiful smiles I have ever seen.



Clinical global health work as a student can be frustrating at times. I went to Zambia with high expectations of “being able to help” now that I was a fourth year and knew what was going on, but I was quickly reminded that in reality I was there to learn. In our pride, we often think that American health systems are the only way, but it takes getting out of our comfort zone and going somewhere new with a spirit of humility to truly gain a perspective that is so much greater than our own system. In the rural hospital in which I was working, resources were indeed limited; however, the doctors and nurses rely much more strongly on their own clinical skills and critical thinking to take care of patients adeptly. With so much to learn, there was seemingly little I could bring to the table.

Across any culture, language, or medical setting, human touch is a powerful tool. The power of this small connection reminds people that they are not alone, that they are cared for, and that they are not forgotten. I did not have much to offer these patients, but I could give them that. What this woman needed was fluconazole, to be back on antiretroviral treatment, and consistent follow-up with her physicians; but she also needed something deeper and I was humbled to be the one in the position to provide it. Throughout this process, I was reminded that we are all in need of this fundamental connection. In my future practice, whether it be in Birmingham, Alabama or Macha, Zambia and whether I may be able to provide all the medicines in the world or there are no more treatments available, the one aspect of treating the person I will not forget is that of human touch.



Melissa Parrish