



Ukrainian flags prominently displayed in Warsaw, Poland.

A doctor in Poland

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I went to Poland on a medical mission to aid displaced Ukrainians who were residents of a temporary shelter. During our first walk through at the shelter, I became overwhelmed by a sense of unreality, of watching myself from above, of playing a role. Almost immediately, upon seeing families lying on cots surrounded by all their remaining worldly possessions, I imagined my family in the same position. A sense of how awful their plight was hit home.

This was no press report or news analysis of the Ukrainian crisis, but rather actual women and children (it was mostly women and children) whose life had completely fallen apart over the past few months. Most of the fathers and brothers were in Ukraine fighting, or dead. These were mothers who led their families, on foot with what they could carry or in cars enduring days-long lines of traffic, to reach the Polish border, from where they were then bused to a shelter.

On the tour, I didn't know where to look. Do I look them in the eyes, and get a brief, closer glimpse of their pain? Do they resent my voyeurism, such that I should

not look directly at them? I felt extremely self-conscious, exuding health, well-being, and security amongst those without. I could not help but let the tears well-up in my eyes. Of all the people in the shelter, I was the one crying.

Most of the residents were well beyond tears. Despair was a luxury they could not afford. Parents had to put on a good face for the kids. The kids had to not make things worse for the parents and grandparents. I simultaneously wanted to hide and give each person a hug, and reassure them that all would be well. But of course, all would not be well, no one could promise them anything of the sort.

Standing on line with them to get lunch, I felt a need to take up as little space as possible, breathe as little air as I could. How could I take one morsel of anything to eat? Here I was on a week-long, intentional, finite visit, with everything they lost safely waiting for me back home. Every child I saw looked like one of my sons at various ages. Every mother looked like my mother or wife, with the same innate need to protect and provide for their children. But they couldn't. Whenever I imagined the pain, angst, frustration, and fear they must be feeling, I became overwhelmed.

There was much more desperation, and suffering than I had ever experienced in my life. Help them? I could barely breathe. I tried to not let the volunteer

servicing the food see my tears as I whispered in a language she did not understand, “one piece of chicken, please.” How obscene, I had all the food I wanted, at my disposal every day of my life. In a few hours, I would be back in my hotel room trying to decide which restaurant to go to for dinner. Instinctively, I was unable to eat, unable to ingest any sustenance that might be needed by someone else.

Trying to regain some sense of control of my emotions, I focused on my role in the medical clinic. Seeing patients would get me on familiar ground. Years of well-honed clinical detachment would allow me to focus on their relatively minor acute medical needs, rather than the gaping, gushing wounds that I could not address.

Working through a translator, with each word precious, my interactions were narrowly limited to the current cough, runny nose, and sore throat. I was spared the harrowing, awful stories each had to tell of what their life has been like the past few months. I felt awkward at first. I was presented with patients with so much needing to be talked about, and I was asking when their cough started. Fellow human beings who needed so much, and I was giving them a day or two supply of medications easily available in bulk to people not in hell.

While on auto-pilot, my clinical brain went through the usual questions while my eyes were imploring them to forgive me for having so little to offer. Performing routine physical exams, I tried to communicate through my touch, “I see you, I care, you matter, I wish I could do more.” Maybe if I listened long enough to their breath sounds through my stethoscope, I would convey to them that someone cares, that they do not deserve this agony.

My fourth patient was my first pediatric patient in 28 years. Being an internist, I saw my last pediatric patient while I was a medical student.

So here I was, in a cubicle offering little in the way of privacy, looking into the eyes of a distraught mother holding her very febrile five-year-old son. I read in her eyes hope that I knew what I was doing, that despite all that she has lost, all that she has gone through, even this world would not let her son be left in the hands of someone who had no idea what he was doing.

Still getting used to the cadence necessary when using a translator, I made my best effort to play the part of experienced pediatrician who has often seen children with fever and lethargy. I asked questions, getting answers from mom, all the while trying to remember how sepsis or meningitis presents in a child. Kids can run high fevers, and be okay, right?

With pediatric examination skills commensurate with nearly 30 years of neglect, I convinced myself that nothing was seriously amiss, no more than a viral upper respiratory infection. Of course, this broad category included COVID-19, but I chose to believe that the very low hospitalization and mortality rates in American children with COVID-19 would apply to this boy.

As any clinician can attest, the degree of gratefulness from a patient, or parent, need not be in proportion to the skill level of the practitioner or the quantity of actual benefit provided. I suspect, a mother who has experienced nothing but bad news, nothing but worse case scenarios, nothing but tragedy for months, had little confidence that her son’s fever would be anything but something terrible.

It was then that I cracked the code. Her grip on her son loosened, her eyes moistened, and through her eyes—no translator needed—she exuded gratefulness. In that moment, I could not imagine being anywhere else, and remembered why I came.

It was not to undo atrocities, to solve their insurmountable problems, or to make them forget what they have lost. It was to help stop the bleeding. To be one of the people holding one small part of the net to catch them as they fell. To try and demonstrate, simply by my presence, my attention, my efforts, that there were people out there who cared, and wanted to help. The world was not all bad, they were not alone.

A young, unassuming woman was my next patient, and she spoke English! Finally, I would be able to ask questions myself, to delve into more than her current symptoms. Like most of the others, she had a relatively minor upper respiratory tract infection. So that left some time to learn more about her circumstances.

I learned that she was a biologist who worked in a lab in the Ukraine, that she was here with her mother and grandmother, and that her father was back in Ukraine taking part in the fighting.

Hoping I was correct in sensing she wanted to talk, I encouraged her to continue. She explained how they wanted to stay in Poland, even if that meant staying in this temporary shelter, and not pursuing a visa to another country. They wanted to stay close to her father. She explained that she gets to talk with him most evenings on the phone.

Can you imagine those calls? Not knowing if tonight’s call will be the last? The tears she shed, I believe, were the first tears she allowed herself in a long time. In a place where everyone could be crying all the time, there was very little crying.

Having absolutely no idea what to say in response to her story, I mumbled about being sorry she was in this situation, and that I hoped things would get better. What I wished I had said was that I would never forget her, that her face was seared into my memory, that I will forever see her in my mind's eye gently dabbing her eyes while telling her story.

One of the other patient interactions that haunts me was one of the last, a young man coming for follow up of his upper respiratory infection. As was often the case, the mother came too. But this time, the dynamic was inverted. The mother was the very picture of trauma induced emotional exhaustion. She was shell-shocked. Her eyes were glazed and distant, she expressed no emotion, and seemed to not follow the interaction. The son held her hand, not the other way round. He spoke English very well, was very polite and well-spoken. He said his symptoms were much improved, and he only came back to the clinic because he was told to follow-up by the clinician he previously saw.

Not really knowing what to say, I asked him if he needed more of the medication he had been given. One of the rules of the clinic was to only dispense a day or two of medication at a time. I fully expected him to say yes. Wouldn't anyone in his situation accept anything offered? I am sure I would.

It broke my heart to hear him say, "No, thank you, I'm feeling better." I must have looked surprised as there was a pause and he added, "Well maybe a little more cough medicine, I still cough a bit at night."

As I went to collect the medication, my thoughts were that this was probably a conscientious, good student at school, who until a few months ago was planning a bright future at college, yet here he was, in a shelter in another country, having likely lost his home, being the strong one for his mother.

A little more cough medicine? My god, why did I not reach into my pocket and hand him the all the money I had in my wallet? Wouldn't that money mean so much more to him than to me? Maybe I hid behind the excuse that it would not be fair to single out one or a few patients. However, I will never forgive myself. Who knows if the money would matter that much to him, but wouldn't it have been nice if I could have left Poland knowing I had gone above and beyond for at least one patient? I feel ashamed that I let propriety override reckless compassion.

We were strictly forbidden from taking any pictures of residents of the shelter, so I will have to simply remember

the faces of these two patients, among the many others. For some reason, it terrifies me that I will forget what they look like.

Why these two patients in particular? Part of it may be that they are around the same age as my two sons. What would it feel like for me to see my sons' futures irrevocably and profoundly changed for the worse, and be unable to cushion the blow? What must it feel like to them to have lost so much, to be in so precarious a situation through no fault of their own?

In these first few days back from Poland, as I bask in the company of my wife, my sons, and the rest of my family, as I enjoy the safety and security of my home and community, as I return to my life of plenty, I can't help but see her face as she dabbed her eyes, and hear him say, "Well, maybe a little more cough medicine."

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