

A Prescription for Change

Category: Across Borders and Cultures
written by Lisa Garcia | March 7, 2017

I cannot pinpoint the exact moment when I knew I wanted to pursue a career in health care. There was simply an accumulation of moments from different parts of my life that somehow guided me in that direction. I *do*, though, remember making a definite decision to continue heading in that direction.

After my second year as a premed student, I felt the need for something more hands-on than my studies. I longed for confirmation of the reasons I'd chosen to go into medicine. I decided to join a medical brigade that volunteered in places lacking access to care; the group would choose a location and offer a free, three-day clinic run by volunteer doctors, turning no one away.

I expected to learn about the practice of medicine in another country but discovered much more. My first trip was to Nicaragua. We set up our clinic in the small village of Namanji. Despite the village's conservative views, its populace harbored many HIV infections and sexually transmitted diseases.

We determined that the men of the community lacked appropriate hygiene, making them vulnerable to infections. And most of the women were married by thirteen and thus were steered toward child-rearing instead of school. Marrying off one's children was seen as a way to ease a family's financial burden. Yet this cultural expectation led to large families consumed by poverty.

I was able to correlate these effects when I triaged a young teen. When I asked what her chief complaint was, she seemed embarrassed and whispered, "Vaginal discomfort." She had a baby on her lap and a toddler standing beside her. She was fifteen.

I realized her treatment would require more than medication. The cultural expectation pressuring girls like her into marriage and motherhood was causing an epidemic. Though not yet women, they were exposed to unprotected sex, were denied education and medical care, and already faced a diminished chance of a long, healthy life.

Medicine, I realized in that moment, is about treating not medical conditions but people—their culture, values, motivations, social factors, political differences—and incorporating all of that into the treatment. Every diagnosis must be tailored to the patient, not the statistics.

This experience reaffirmed my decision to go into medicine. Thanks to this discovery, I am confident I will be an advocate for positive change, patient autonomy, and quality of life everywhere I practice.

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