

Tea Sweet

TO BE TRUE

Edward Corty, Class of 2021

When a 40-year-old woman arrives at the integrative care clinic in Immokalee, Florida with a fasting blood sugar of 255 g/dL (normal is below 126), alarm bells ring in the minds of providers. As a third year medical student, my job was to speak with patients about behavioral issues during the 15 minute window before the medical team arrived. This would make the most of everyone's time and, ideally, improve health outcomes.

Before entering this patient's room, I was expecting to find a woman who would benefit from learning about lifestyle modifications and preparing for the addition of another diabetes medication. I was surprised when I found a healthy-appearing, smiling woman who looked younger than her age. She had bright, hazel eyes and a soft smile. Only 15 minutes was allotted for this meeting, so we got straight to the point, conducting the interview in Spanish.

"Hi, Clara, I saw that your sugar was pretty high today. How has your diet been recently?" I asked.

"Um, not too bad, I guess," she said timidly. "Sometimes I do eat a lot all at once in the middle of the night."

"What kinds of foods do you normally choose?"

"Well, when it's late at night, usually tortillas, maybe with some marmalade or other snacks."

While a large percentage of Immokalee's population works picking nutritious tomatoes and peppers, the foods most available to those same workers are often high in carbohydrates and saturated fats. Furthermore, when people have several children to feed on an exceedingly tight budget, their own nutritional needs are often considered last. The snacks Clara described also happen to be delicious – I know because I've indulged. Something about her clinical picture didn't quite add up, but I was willing to accept it. I knew we had some options for her.

"Look, I know how difficult it can be to change diets. Could we try to set you up with a nutritionist?"

"Yes, I'll try that," Clara responded. She looked down and to the side like someone trying to do mental math.

Type 2 diabetes starts as a problem with cellular ability to effectively use sugar in the blood – the cells become "insulin resistant." This leads the pancreas to pump out more insulin. Eventually, the pancreas can't keep up and "burns out," stopping production altogether. When blood sugars stay elevated for years, complications set in – vision becomes blurred from retinal damage, foot ulcers and infections form due to nerve and blood vessel destruction, and the kidneys begin to fail.

Pride was bubbling inside of me – in less than 10 minutes we had uncovered the source of Clara's newly high blood sugar and, better yet, we almost had a solution in place. All she would have to do is follow up with a nutritionist. This was too simple.

But I had missed the mark. As we were wrapping up our conversation Clara held up a hand like a diner hesitantly asking the waiter for a check.

"One thing," she said. "Could stress make sugars go high?" Now, alarm bells sounded in my own head.

"Actually, yes," I told her, remembering that stress hormones like cortisol increase blood sugar levels and hunger. "Has something changed recently?"

"Well, my husband was arrested by Immigration," she said in a matter of fact tone. Silence hung for the next 10 seconds, which felt like minutes. She continued, "That, and we just found out my father has cancer."

When someone has back pain for years it is considered "chronic" pain. When that same person has an "acute" attack of back pain it can be considered "acute on chronic" – an acute exacerbation in the setting of a chronic problem. Clara wasn't suffering from normal worsening of chronic diabetes, she was

suffering from acute on chronic diabetes that I had failed to uncover. I relied on the patient to give me her perspective instead of asking, "Why?" In just the past month, her husband was arrested, her father had received a cancer diagnosis, and she had continued working to support her two young children and herself. Now, instead of having two sub-minimum wage paychecks for rent, utilities, and food, the burden fell on her alone.

I more completely uncovered Clara's perspective by asking her about new challenges she was facing. I asked others in the clinic about how they had approached similar problems in the past and laid out options to her about how we could help. She needed support for her children while she worked longer hours, so we connected her with a free after school program. She would grapple with intense stress and anxiety for the foreseeable

future, so we informed her about a clinical psychologist who specializes in spouse separation and associated anxieties. These services existed, but she had no way of knowing and almost missed out.

Even after finally finding Clara's perspective, her situation is not reassuring. Economic, social, and political structures are all in place to make her fail, but we can hope additional services will provide some real relief. In health care, we have a unique opportunity to give an open ear to our patients, complete with confidentiality and completely free of judgement. It is now clear to me that the benefits of our system are easily wasted if we don't take the vital extra step to ask, "Why?" ■

SOMEWHERE DOWN THE CANOPY ROADS

Anna Hayward, Class of 2022

