Essay
Visionary insight

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Nasreen is a Med Peds Hospitalist. She seeks to use narratives to deepen community. She envisions a world in which the place a person is born does not limit their potential.

These days, we walk into our patient's room fully masked. Eye protection is the only window for my patient to see their doctor. I have been paying attention to how I use my eyes to communicate, mostly because the height of my opera voice through my COVID-19 shielding mask only results in muffled echoes.

Our patients may be able to see us, but now I question how our vision as physicians is obstructed. So often, we cannot see our patients and their voices remain muffled echoes. This obstruction has existed long before our new norm of personal protective equipment and might persist long after this pandemic is in the rearview mirror of our memories.

I was taught that the physical examination begins the moment you walk into the encounter, as your eyes take in your patient's mannerisms, dress, and affect even before the cold diaphragm of your stethoscope touches their warm skin. For a group of people trained to look for cues of disease and descriptors, there is a lot that we do not see.

This past year, I worked with an incredibly curious group of first year medical students. When we got to learning the head and neck exam, we paid careful attention to reviewing how to use an ophthalmoscope. We started with dimming the lights, following the red reflex inward, approaching the patient from an angle and leaning in to see the retinal vessels in all their red, yellow, orange glory. Peeking in may show longstanding diabetes or the unnerving discovery of retinal haemorrhage that will change a family's life in a moment.

But in what ways do we miss the opportunities to teach what the ophthalmoscope cannot see?

There is truth that cannot be seen simply by observing the pupils constrict in the presence of a bright shining light approaching the afferent limb of the optic nerve. Do we see how the patients we care for constrict and shrink in the presence of ongoing systemic oppression—systemic racism that through its acting hand labels them as less than?

There are realities that remain buried in the experience of a patient with oculocutaneous albinism. These cannot be uncovered by counting the oscillations of beating nystagmus on their exam. Do we see how our colleagues rhythmically shift in their seats when the strengths and beauty of their very identity is glazed over and seemingly unimportant in the systemic cogwheel of modern medicine? All of this while we performatively push diversity and inclusion as values in our departments?

Do we look further than the jaundiced skin and protruding abdomen full of ascites? Beyond which we would see the pain of a young woman fighting her unchosen fate to have been born with hepatitis B. Do we imagine how she feels looking at her peers with protruding abdomens from bearing children not fluid?

Can we see the weight of the countless taboo topics our patients and our colleagues carry around in secrecy? For the people for whom family is not a haven, for the couple whose wedding is not celebrated, for the parents who experience miscarriage alone, for those whose hearts hold two lovers, for soulmates separated by continents, and for the people threatened by immigration policies drawing borders haphazardly.

I question where to look to see the profound suffering? I question where to look to see the profound resilience? Might we start with a pause—to see the world through another's eyes and be humbled by that which we do not see out of convenience and ignorance. How can we earn the privilege of hearing and seeing the most intimate fears, challenges, and pain that our patients carry—the burdens inflicted by society that most certainly affect their health?

Might we start with reflecting on our own tears forming and the moments that prompt them—the distinct sting as the lacrimal duct secretes liquid in increasing volume, the incessant blinking to control this natural emotional response hiding our vulnerabilities. Might we start by looking into our patient's eyes more—directly inviting them to share and guide the prescriptions in our medical tool belts. May we linger longer in the eyes of our loved ones and our patients alike. Perhaps through this, we will all feel a bit more together and a bit less alone.

I declare no competing interests.

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