



Stigma

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It was just another day in the medicine ward, and it was my turn to work up a patient - take the patient's history and conduct the examination. The case seemed to pertain to the respiratory system, and after quickly scanning the relevant pages in my clinical book I began the process.

I first made it a point to ask the resident on duty whether the disease involved something contagious and if I ought to coax the nurse into handing me a pair of gloves and a mask. He said it wasn't anything of the sort, so I didn't press any further.

The patient was a frail old man in his mid-sixties. I could tell that the idea of having a horde of medical students surround him didn't make him comfortable; anyhow, I kept doing what I had to do, duly asking questions and conducting the examination while trying to be as polite as possible.

My feelings at this point of time were of sympathy and a sense of guilt. I mention the latter because I couldn't help thinking that this man, who could barely breathe, was forced to cooperate with us. He, like most other patients, was probably under the false impression that this was the price to pay for coming to a government hospital where you could get free treatment. I won't comment further on the previous sentence because my current post doesn't concern this.

Now, it so happened that while the examination was being conducted, the consultant, who was carrying out his morning rounds, chanced upon my patient's bed. He was briefed by the resident who mentioned that the patient had drug resistant tuberculosis and seemed to be doing fairly poorly.

The words 'drug resistant tuberculosis' caught my attention and changed my perception of the patient entirely. I now

felt repulsed by him. I mentally cursed the resident for not telling me the diagnosis beforehand. Had I known earlier, I would have forced the nurse to give me a mask - truth be told, I may not even have conducted the exam and could have fled the scene altogether.

My manner of speaking to the patient now became strained. I did a shoddy job with the rest of the examination just so it could all end quickly.

I suspect that the patient sensed this change in me. He seemed unhappy and a sense of betrayal came over his face. I didn't pay much attention to how the patient felt; I presented the case and left as soon as the case discussion got over.

Once I got home, I was absolutely convinced that I had contracted the disease - the hypochondriac in me began to surface.

The remaining week passed in great stress and I kept cursing - I railed at the resident for giving me that particular patient to work up; at the patient for giving me the disease; and at myself for volunteering to work up a patient on that day.

It was only when a month or so had

passed without any symptoms that I began to realize I was overreacting.

I realized that the stigma surrounding tuberculosis is so deep that even doctors fall prey to it.

I realized that I was cruel to the patient.

I realized that had I brought my own mask I wouldn't have blamed the resident so much.

I felt silly. I understood how tainted my judgement was for branding the patient a "criminal" just because he had a disease associated with a stigma. I understood that as a medical professional I had to rise above things such as stigmas and not let them affect my judgement.

My plan now is to behave cordially with all patients, regardless of the type and severity of their illness and not allow myself to judge them. I will also carry a pair of gloves and a mask with me so as to give myself a sense of security, and peace of mind.

To conclude, I would like to say that while most of us presume that we are immune to prejudices and stigmas, the truth couldn't be more different.

This reflective student narrative has an [associated commentary](#) written by Dr Olinda Timms.