This was it. I looked up at the bright yellow hospital building, sweating beneath my white coat with my hardly-used stethoscope draped around my neck. I was intimidated, but excited for my first clinic day in Antigua, Guatemala. As I walked through the hospital halls, I smiled at the hundreds of faces waiting to be seen by a physician. Some had arrived by car or bus, while others depended on animals, motorized "tuk tuks," or their own two feet to be here this morning. Regardless of their transportation method, the hour they had awoken, or the time it had taken them to arrive, each patient returned my smile with exhausted, yet grateful demeanors. Within the hour my peers and I were seeing patients, taking medical histories, performing physical exams, and discussing each case with our attending physicians, who were only a few years older than us, but far more experienced.

By the end of my first day I had learned more about clinical presentation and patient examination than I had in an entire month of medical school. I learned that depression can present as physical pain throughout the entire body. I learned how to detect osteoarthritis in an x-ray and how to use scapula shadows to determine whether an x-ray is A-P or P-A. I felt pitting edema, witnessed a vaginal exam, and observed a patient's auditory and visual hallucinations three years post-traumatic injury. Yet, despite the flood of medical information, I was most surprised by the magnificent degree of gratitude each patient expressed. One homeless patient offered us trinkets she sells on the street as part of her "trabajo en negocios." How could a woman with almost nothing gift us some of her only belongings? Another patient hugged us and said in broken English, "I love you and I thank you" after learning that we were from the U.S. We were foreigners in her country, yet she and many others that morning made a conscious decision to trust us with their symptoms, preoccupations, and personal stories.

The following day, we provided nutrition consults to patients suffering from obesity, hypertension, and diabetes. Upon consulting one family to limit their tortilla intake to two per meal, a small boy gasped and grabbed his mother's skirt. He regularly ate 18 tortillas a day. This child reminded me that dietary habits, largely dependent one's culture and environment, are typically developed early in life. I wanted to help patients improve their diets without sacrificing their cultural norms, yet some patients struggled to implement my suggestions because they could not afford to eat meat every day or had to skip meals altogether. For these patients, I proposed mixtures of grains and carbs to create cheaper substitutions that still included all essential vitamins and amino acids. Each day spent in clinic taught me more about what it means to treat the full patient. Spending an hour with each patient allowed me to take complete histories, understand patients' living conditions, and help devise a treatment plan that the patient could realistically follow.

By Friday, my confidence and skills had improved significantly; however, no patient interaction in the clinic had prepared me for the patients we would see last at "Virgen del Socorro," a neurology care facility. Due to a combination of economic and social barriers, many Guatemalan's distrust their medical system, having attributed prevalent neonatal death to a societal taboo on hospitals instead of a lack of prenatal care. As a result, many babies are born with neurological deficits, severely crippling them for life. Each patient in the facility was strapped to a wheelchair and had multiple diagnoses compounded to their neurological deficits.

They had been brought to the care facility shortly after birth or when their loved ones could no longer care for them, and they remained at “Virgen del Socorro” until death. Despite the severity of the patients’ diagnoses, the facility was wonderful. The complex sat on a grassy hill, overlooking the volcanos surrounding Antigua. The staff and caretakers monitored the patients day and night, and ensured that live music, games, arts-and-crafts, and even a trampoline were available for entertainment. I was happy to learn that such a place existed for people who had suffered so much.

Soon, we began making rounds. One patient had fallen from a train at age 41, leaving him a quadriplegic with a brain bleed that changed him forever. He was a crumpled, emaciated human who expressed no emotion other than an occasional moan. Through my stethoscope pressed against his protruding rib cage, I heard the distinct sound of rhonchi for the first time. Another patient presented with cerebellar paralysis and a persistent ductus arteriosus (PDA), among other diagnoses. Listening to his heart, I heard what the physician called a “machine murmur,” characteristic of PDA. Each patient I saw that morning taught me something new. I observed the blue sclera of a patient with severe Osteogenesis Imperfecta. I saw an obstructed Circle of Willis on a CT scan held against the natural sunlight leaking through the windows. I palpated the ridge of a shunt draining the cerebral spinal fluid of a patient’s ventricles into his peritoneum, right under his ribcage.

Upon examining each patient, I wondered whether they knew what was going on. Did they understand me when I announced I was checking their reflexes with each tap of my mallet? Did they feel trapped in their disabled bodies? Or were they unaware of their situation, embracing their surroundings with the mental capacity of a toddler? Suddenly, a tug on my hand interrupted my racing mind. I looked down and found that a smiling patient strapped to his wheel chair had grabbed ahold. I politely returned his smile and greeted him saying, “Hola! Que Tal?” “Todo bien,” he replied, his smile growing, sending electricity down my spine. I was shocked by his conversational response. He pulled my hand to his face and then smiled again. I asked him what his name was. He answered, but I struggled to make out his muffled speech. After a few failed attempts to help me understand, he pointed to his wheelchair’s arm rest which had “DIEGO” written in white. “Diego!” I exclaimed, finally understanding. He appeared accomplished, smiled, and nodded. We conversed for a few moments. He asked me where I was from, told me how he liked Antigua, and then said I was very kind. When he kissed my hand, I burst into tears. Diego had answered my question. Some of these patients were cognizant of their surroundings. Diego was a man crippled by some trauma that had left him trapped in a wasting, folded body strapped to a chair surrounded by others worse off than he was. Who else was the same, but perhaps without the ability to speak, even if in muffled slurs? I will never forget the man who taught me to care for every patient, no matter how seemingly impaired, with the same level of respect and communication that every human being deserves.

During my week in Antigua, I have seen medical practice through an entirely different lens. Through the hundreds of people sitting along the hospital’s halls I greeted each morning, I view healthcare as a right that people work to attain, though many do not reap its benefits until later in life, if at all. Through the homeless patient who offered me her trinkets, I am reminded that wellbeing is subjective. Through the young boy at my nutrition consult, I view education as medicine that must be taught at a young age. Through the CT scan read against the sun’s natural

rays, I see that technology is a privilege. Finally, through Diego's smile and warm touch, I realize that every patient, no matter how compromised, must be first treated with absolute respect, dignity, and autonomy. Each of these experiences in Antigua has contributed a layer to my altered medical perspective that I hope to continue learning the art of medicine with.

To all future students who have the privilege to attend this summer medical rotation in Guatemala: Come with a pen, paper, and an open-mind, and prepare to alter the lens through which you view medicine.