

Something Other Than A Cold

By Esther Quintero

She came running into the room and hid behind her mom's skirt. From there, she peeked at me, smiling and giggling before swiftly hiding her face again. Smiling back I said "Hola," then greeted her mom and aunt and asked the reason for their visit.

Mom told me her daughter had been sick with a runny nose, cough, and fever for the past couple days, and as she continued describing her daughter's symptoms, she mentioned that food came out of her daughter's nose when she ate. I was instantly alarmed.

I inquired about this specific symptom. Did it happen all the time? Since when? Trouble breathing? Had she been treated or seen for this before? Had she been given a diagnosis? I was sure it had to be a structural defect based on the history. I had never seen cleft palate, other than in books, but I knew it was the most likely diagnosis.

Mom told me they'd previously been offered care but could not afford it. And, since they'd been told that her daughter was unlikely to survive more than a few months, they decided not to proceed with treatment.

I began the physical exam. Then I saw it.

I felt a sudden down feeling, a knot in my throat. As I continued the exam, all I could think about was how are we going to help this 2-year-old? Could we even help her? We aren't surgeons - this mother and her child can't afford transportation the local hospital, let alone surgery. I finished my examination, and began discussing this with the family. I addressed the little girl's cold symptoms and my diagnosis of cleft palate. Together, we developed a plan for care that was attainable for this small family.

This was one of the hardest days of my short mission in Guatemala. Preparing for our trip, I had read about some of the struggles of participating in short term missions: difficult follow up, little to no specialist care or ability to refer, medication shortages, etc. Although, I knew and was prepared for such challenges, it was difficult to assimilate in that moment. I was fortunate to have a motivated and resourceful group leader who was able to connect the family with a local contact who could help them find an organization that could help them at low or no cost.

Being presented with this case allowed me to experience the difficulties providers of these regions might come across; in the United States, it would not have been so difficult to get care for this 2-year-old girl. Participating in this trip allowed me to see the great need that exists and what can be done to decrease the gap in care. It also helped me understand the importance of learning about the culture, traditions, and expectations prior to serving.

If I hadn't inquired or learned about the prior assessment and prognosis my 2-year-old patient had, I wouldn't have been able to motivate and reassure her mom, who was very concerned, that receiving care was the best option. Although, I decided to participate in this mission to help those in need, I am amazed and thankful for all the lessons I learned sharing moments like this with my Guatemalan patients.



Esther Quintero is an OMS IV at ATSU-SOMA. While this was her first experience in Guatemala with DOCARE she has previously worked with communities in Mexico, serving as a translator, facilitator, assistant to physicians, and transportation guide, among other duties. She is motivated to immerse herself in different cultures in order to understand a community's barriers to healthcare.