

# Medicine is for others

*Digital Art + Essay*

BY ESTHER LEE

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I didn't know you were supposed to see a doctor at least once a year. I didn't know what a "primary care provider" was, let alone that many people had a doctor they followed for years. All I knew was that doctors were real and they existed to "heal" people who were sick...at least that's how it looked in TV shows and movies.

When I was in 4th grade, my dad came home with a construction injury where he sliced through most of the flesh on his left thumb. For months, I watched my mom take care of the mangled injury, using home CVS supplies in an effort to keep the flesh together. I cringed as I watched my dad in pain, the blood seeping through the bandages. I wanted to do something to help, but there was nothing I could do other than fetch supplies and painkillers for him.

It didn't cross my mind at that time that the injury required stitches. It didn't cross my mind either that my mom was not equipped to deal with such a wound herself. I just remember snippets of conversation: "-left the hospital before they-"; "-can't afford it on our budget-"; "-make do with what we have-"; and "-see someone if it gets worse-"

It wasn't until I got older that I pieced it together, those snippets, to discover that my dad was sent to the emergency department after the injury but left because we couldn't afford to pay for wound care. We didn't have insurance, and we were barely getting by day-to-day. My dad would rather have money to feed his family than spend it on unaffordable health care.

Today, it frustrates me even more to realize that there were options such as charity cases or social workers who could have helped connect us with resources to cover such expenses given our low income. But there was an added language barrier that prevented us from asking and a cultural barrier that made us unaware that there was something we could even ask for.

*No one made an effort to help us.*

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When I was playing basketball outside in 7th grade, I slipped on a puddle and slid my right leg sideways, resulting in my knee overextending inwards (since starting med school, I now presume it was likely a medial collateral ligament injury). It hurt a lot as I was taken to the nurse's office, sitting on the chair waiting for my mom to come pick me up. The nurse told me to translate and to inform my mom that she recommended I see a doctor.

My mom was very frantic about my knee swelling. Like any mother, it's never easy to see your child in pain. I wasn't the most outdoorsy type of child, so I rarely got hurt. This was probably my first big injury.

She looked conflicted as she called my dad to discuss what to do about my knee. I heard the similar discussion I had heard dozens of times before: do we have enough money to pay?

After assessing the state of my knee, my mom looked at me mournfully, "I wish I knew a doctor I could ask or talk to."

Instead of going to see a healthcare professional, my mom ended up taking me to a Korean acupuncturist that she knew from church. That was the closest thing my mom had access to in terms of “healthcare” for my injured knee.

As I gazed at the collection of needles poking various spots on my right leg, I wondered how effective these needles were for a stretched ligament. I think my mom questioned that, too. To this day, she still wears a forlorn expression on her face every time my knee aches or I have some difficulty walking straight.

“I should have just taken you to a doctor,” she laments. “If only we were in Korea.” In Korea, we could have seen a doctor for my knee without worrying about pay. In Korea, you even see doctors for simple things like a flu or a cold. In Korea, we can see doctors all the time, any time.

This reality only continued to solidify what I was becoming more and more aware of:

*In America, healthcare is not for us.*

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After college, I started scribing for the UNC Infectious Disease department to get more clinical experience. One particular day, I skipped breakfast and forgot to bring a water bottle. I had already walked 50 minutes to work (my typical commute to save on parking fees) before we even started rounding on patients.

As a consult service, we provided care to patients all over UNC hospital – which meant walking up multiple flights of stairs to multiple floors.

Sometimes, we would stop and talk to the primary team to discuss more about a patient’s care. That day, one particularly challenging patient required discussion with the full cardiothoracic ICU team.

While the ID Fellow I was working with started discussing patient care with the other doctors, I suddenly felt dizzy. My vision started darkening, and my ears were ringing. My hands were clammy, and I was struggling to stay upright.

I felt like I was going to faint.

Yet, the only thought going through my mind at that moment was: I absolutely cannot faint here. If I did, I could be taken to the ED. And I couldn’t afford that even with my insurance.

Out of sheer willpower, I kept my eyes open and leaned against the wall, hoping this dizzy episode would stop soon and mentally urging the ID Fellow to finish the conversation so I could walk it off or get water or anything.

The irony was not lost on me that I was surrounded by an entire team of UNC doctors, nurses, and other healthcare professionals in one of the biggest hospitals in the country, and yet, I felt that I couldn’t

receive care from any of them.

Even this close to healthcare, I felt a wall that separated me from those who can get care and those who cannot.

*Medicine still felt so out of reach.*

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For the longest time, I have felt that medicine is for others. I have far too many memories in which my family or friends didn't see a healthcare professional because it wasn't affordable. Or them showing me their enormous bill for just a single visit to a clinic, even if they had some sort of insurance.

A giant wall divides those who can get healthcare access in this country from those who can't, and it is a wall determined by socioeconomic bracket. There's a small door hidden somewhere within this giant wall that can be opened for those in the low-income bracket, but only those who know about that door can use it. The vast majority of people on this side don't even realize that there is a door.

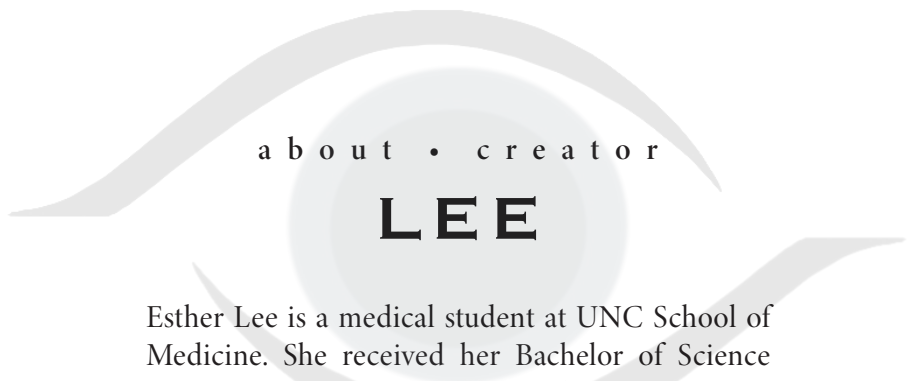
There are so many factors that led to my decision to become a doctor, but I think the strongest pull was ultimately my desire to make medicine accessible. I want to be that doctor who always considers socioeconomic status, making sure patients are aware of resources and connecting them to people who can help them find the secret door. I want to work with patients to create treatment plans that are feasible or select medications that are affordable.

I don't want patients to feel like they can't come to me because they don't have the means to do so.

I want to open more doors to healthcare for my patients.

I would like to be the bridge so medicine isn't for "others."

*Medicine should be for all.*

A stylized graphic of an eye, rendered in shades of gray. The eye is composed of a central circle, an outer ring, and two curved lines representing eyelids. The text 'about • creator' is positioned above the eye, and 'LEE' is centered within the eye's pupil area.

a b o u t • c r e a t o r

**LEE**

Esther Lee is a medical student at UNC School of Medicine. She received her Bachelor of Science in Public Health and Bachelor of Arts in Classics from UNC-Chapel Hill. During her undergraduate studies, she had the opportunity to combine her two majors on a Senior Honors Thesis researching about the "Environmental Health Perspective in Ancient Greece and Rome." She also obtained a Masters of Public Health from Gillings School of Global Public Health. She is more of an artist by trade, but interested in branching out into other media.