

“After all, doctors are human.”¹

Before I ever lay eyes on "Penelope," the first thing I learn is that she cussed out the last provider who tried to talk to her about her mental health before storming out of the clinic. I tentatively share this information as the intern briefs the attending in our cramped workroom: volatility, paranoid delusions, alleged sex trafficking.

“So much for the Bartholin cyst,” the attending mutters. The head of the PA reflexively swivels, temporarily abandoning her computer screen, as she suddenly recalls that the last med student she sent in was with Penelope for nearly forty-five minutes. When the PA went in to rescue the student, she got sucked in herself.

That visit ended up taking two and a half hours.

“She’s nice,” the nurse offers. “Doesn’t mind students.” I square my shoulders, grab a sheet of neatly quartered printer paper, and head in.

In the exam room, Penelope wears a sweet smile and destructed acid-wash jeans. She’s fine with a med student interviewing her: *I want to participate in your education!* I ask the targeted questions, I swear. She’s giving short, pointed answers. I don’t know when things change, but suddenly *sometimes it’s hard to take my medication because i don’t have money cuz of my ex.i’m smart,okay?i have situational awareness.but my ex is sending people.to have sex with me,like, ‘she’s the girl, you know?the girl you go to’and i know they come to my house because he’s sending them there.and he knows how to use computers and everything to track me.because he’s with the police.he has access to the computers at the prison and he can track my phone.so i don’t feel safe.i want a restraining order for him,but he got one against ME!!!and i’m just trying to live my life,you know?and to take care of my son.but he gets to visit with my son.and he’s using things about my son’s health to try to suck me back in.i don’t want anything to do with him or his family.and he’s spreading rumors about me,like,oh,she has herpes,she’s nasty,but i don’t do anything,and i know he’s racist and my son is mixed,so i’m like what is he going to do to him?and i’m so scared about my health because they told me(i’m alwayscheckingmychartinMyChart)i have hpv and i know he gave this to me because where else would i have gotten it from,i don’t do anything,and i’m so scared,like what does this mean,do i have cold sores or hiv or hsv and i just don’t feel safe right now and no one has told me and when i tried to go to the doctor,everybody’s like,asking me about mental health,and it’s so disrespectful and triggering for me because i’m smart,you know?i know myself and what i need and what medicine i need and why can’t people just be kind? why can’t you just let me be me, you kn*

¹United States Cas. Co. v. Maryland Cas. Co., 55 So. 2d 741, 745 (Fla. 1951) (Hobson, J.)

A knock at the door interrupts her crying. The intern has come by to borrow me for a vague “something” she needs to do. Penelope obliges politely, tearfully smiling. I present to the intern and attending. I start off well enough, but things begin to fall apart as I try to wrangle Penelope’s psych issues into some kind of coherence. I watch as their faces morph from cautiously impressed to outright dismayed. I mention that she finds any discussion of mental health triggering—

With relief, the attending seizes on this. “Then let’s just focus on her GYN problems. That’s what we can address today.” Whatever’s left of her drained cyst is fine on exam, healing well. The intern says she can do some patient education, and she does, beautifully. By the end, Penelope is smiling. She understands her HPV and HSV diagnoses.

“I’m so happy!” she says. She skips out of the clinic. Literally.

A few weeks later, on a completely different service, I meet a girl in her late teens, “Sylvia,” in Triage for possible pre-term premature rupture of membranes, PPRM. (Amongst the providers, they say “pee-prom,” and I mutter it over and over to myself as I prepare to enter her room.) Her most recent note is from an ED visit a month back, when she’d gotten into a physical altercation with another girl, who’d sat on her chest; she was seen in the ED for chest soreness. That ED note also mentions that her last tetanus shot was given two years prior, when she was stabbed. A little further back in her chart is a score of 22 on the PHQ-9, a screening tool for depression. (Scores of 10-14 indicate moderately severe depression; a score of 22 suggests severe depression.) I talk to Sylvia and her mom. I obtain a focused OB history. As I prepare to leave the room, I ask about counseling; Sylvia is on an antidepressant now, but she’s traveling between two towns and waiting on some stability before starting therapy.

I present her case to the chief resident and intern, describing my plan for each problem. For the last problem, I mention Sylvia’s history of depression and my concern for peri- or postpartum depression. I’m thinking that we can connect her to virtual therapy at least, so she has some kind of support until she decides where she’ll live with the baby. But before I can finish, I’m cut off. It’s a good thought, I’m told, but this clinic focuses on high-acuity problems; that’s more appropriate for another clinic. After more tests and imaging, we reassure her that she did not PPRM, and we discharge her.

I think of undertreated Penelope and her four-year-old, of teenage Sylvia and her baby. I try not to dwell on scenarios that may finally get them treatment. “You need to learn to prioritize,” the resident intones sagely. Under “Task Prioritization,” my evaluation reads *Not Yet Competent*.