

## The Five Senses of Haiti

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### Abstract

*The Five Senses of Haiti* discusses a series of medical mission trips of physicians and medical students to the Central Plateau of Haiti delivering care in the outpatient setting. Practitioners describe their experiences through the use of their five senses, to draw contrast between modern health care and medical practice in the developing world. Physicians in a resource poor setting are left without the usual diagnostic armamentarium and the safeguards and distractions of the modern hospital setting. This deficit creates an opportunity to devote time and focus to individual patients. Practicing medicine in this context, the clinician uses a heightened sense of awareness and increases their reliance on physical exam findings. Global medicine creates an opportunity for medical students to learn and physicians out of training to practice overlooked physical exam skills in the modern era. Physical exam findings and patient care yield diagnoses and fosters the bonds of the doctor-patient relationship.

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Dr. Arthur Fournier is giving the first of many impromptu lectures of our trip – Haitian health care in a social and historical context. His words, “New World entrepreneurship, oppressive French aristocracy,

political strife, post-earthquake fallout,” fall into the background as my attention is drawn to the wake of sound crossing the lagoon. Grandmothers and their daughters sing call and response as the children wading in the shallows repeat their words. These Catholic hymns sung in the native Creole reverberate over the water as the babes unwittingly learning their heritage through song.

Our convoy leads us away from the city of Port-Au-Prince, up through to the mountains of the central plateau. Driving through streets brimming with culture, the blur is not traffic signals or brake lights but brightly colored ‘Tap-Tap’ cabs. Vivid imagery and kaleidoscopic color explode off the sides of these converted pick-up trucks and buses as they speed by. The art is indicative of the driver’s precision and skill, inspiring potential customers to become passengers, so many that their feet dangle off the sides of the vehicles. Closer to the ground, a curbside divides the wheels from foot traffic where vendors organize pineapples, carrots, mango and plantains into discrete batches at the feet of pedestrians passing by.

Passed through the valleys at the edges of Mirbelais, our caravan climbs through the mountains into the central plateau, eventually arriving at the Project Medishare home in Thomonde. Entering camp, we are greeted by an incredible aroma, coaxing our noses and rattling our stomachs. We are received by warm smiles of the house staff. Earlier today, food grown in the fields of neighboring homes was pulled from the earth and walked to the kitchen for simmering in heirloom cast iron pots. Beyond filling our stomachs, a beautiful meal of fried goat, beans, cabbage and plantains also satisfies the soul.

The sun lays down in the sky in the early evening. The village remains illuminated by small lamps in privileged homes, a handful of light fixtures on the compound and a solitary street light under which the children gather to complete their schoolwork. Without the protections of incandescence, the night arrives earlier, forcing its slumber upon us. A pistol lets out a shot tearing through the REM cycle, and turning over in a sweat I am left alone with my thoughts and the howls of the wild dogs as they troll the streets.

Dawn brings the camp to life, as a cacophony of roosters harmonize with the soft clangor of pots from the kitchen, soon followed by a large pot of Haitian coffee. The rich black color and robust flavor of the beans are tempered with sweetened condensed milk. Prepared for a day of traveling clinic, we bring our medicine across the central plateau. In the town of Marmont, I place my wooden fetoscope to the womb of a

primigravid woman at thirty weeks to hear the drumbeat. Later, I feel the soft, swollen and tender parotids and scrotal sac of a three-year-old with mumps. The tin roof of the church in La Hoye echoes the crackles of diffuse pulmonary edema in a man with congestive heart failure. An older gentlemen looks up with a big smile and sunken temporal lobes outlining the contours of the underlying bone; kneading across his shoulders with fine fingertip movements demonstrates angry posterior cervical lymph nodes and a diagnosis of tuberculosis (Libman 1987). In Moge, a pair of docile siblings carrying protuberant bellies on their small frames, their charts indicating an abrupt plateau in their growth, yielding a diagnosis of worms.

Torn from the modern electric haze of television and computer screens, you notice the subtle corkscrew capillaries of a sickle cell patient (Clarkson 1992). Left at home is the ambient chime of the telemetry monitor allowing a keen ear to hear the barking cough of a child with croup in a neighboring home (Graham et al. 2010). In the mountains, there are limitations in the diagnostic armamentarium we have come to take for granted. The CT scanner and ultrasound fade into memory as you begin to hold your stethoscope and sphygmomanometer in higher regard. A country not your own, with an unfamiliar language, speaking to your patient through a translator, there is no substitute for a set of trained hands and a physical exam (Elder et al. 2013).

The sights, sounds and smells speak to a Creole heritage, a way of life that puts the delivery of health care in a greater cultural context, prompting the clinician to bring all the skills in his clinical arsenal to bear. In a country that lacks the medical infrastructure of the developed world, Haiti preserves a resource we have lost, the doctor-patient relationship. Without hospital protocols or procedures, without insurance or iPatient (Verghese 2008), there is little interference between the physician the physical skills required to make a diagnosis. Without the immediacy of laboratories and diagnostics we have come to rely on, this void is an opportunity in disguise to fortify bedside skills that are too often neglected. A heightened acuity to the five senses may be the atavistic call that returns us to the principles of the physical exam. Haiti and other parts of the developing world grant us incredible perspective of how far we have come in medicine in the 21<sup>st</sup> century while returning us to our traditions and awakening the senses from slumber.

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