

Overcoming Preconceived Notions

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Upon graduating from PA school in 2000, I thought I was headed for a relatively lucrative and exciting career in trauma surgery. However, shortly after I received my degree, the hospital where I expected to work closed its doors due to lack of public funding. There went my plans to mimic Dr. Benton of *ER*.

As fate would have it, a friend of mine knew of a PA who was leaving a position as the primary care provider for a nonprofit clinic that provided services for uninsured persons infected with HIV. The clinic was located in one of the hospitals where I had trained.

I thought this might be an interesting first job “for the time being,” until I could do what, in my naiveté, I considered “real medicine.” I had been working in the health care field in different capacities for a number of years before entering PA school and considered myself well versed in the concept of “not allowing your own preconceived notions to affect the treatment of your patients.”

Thus, with great conviction, I began my



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career with HIV patients—a career that I haven't left yet.

My patients range in age from 21 to their mid-60s. They are straight, gay, bisexual, and transgender. I was not accustomed to dealing with people of some of these descriptions on a regular basis. I had always considered myself adherent to my own religious convictions but at the same time open-minded about members of society who do not share my beliefs. However, I quickly found that I had to overcome many of my own personal prejudices, which I had convinced myself I simply did not possess.

For instance, one of my first patients was an African-American transgender named “Tasha,” who stood about 6'4”—not including her three-inch, high-heel boots—and weighed about 300 lb. (Incidentally, I am 5'9”, 150 lb.) My first thought upon seeing her was, “What the — !?” (I'll let you fill in the blank.)

I must admit to feeling a bit awkward at the initial meeting with Tasha. Despite my training, I believe some of this showed. Our conversation went something like this:

Me: “Uh, hello, I'm Mr. Malik, the physician assistant. What would you like for me to call you?”

Tasha: “Just call me Mr. Brown.”

Me: “Oh, okay, Mr. Brown. Uh, welcome to the clinic. I'm looking forward to working with you.”

Tasha (indifferently): “Okay.”

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This brief conversation was followed by an awkward silence, which I broke with an even more awkward, "Uh, your hair looks really nice." (It really did.)

This compliment caused Mr. Brown's face to light up with a big smile. "Oh, thank you!" she said, proceeding to tell me about how doing hair was her profession and passion.

She was so exuberant and enthusiastic, I began to feel more comfortable. I began asking questions about the course of her disease and how she was managing. I even ventured to ask about her life as a transgender person: When did she know she was "like this"? How did her family deal with it? Did she plan to "go all the way" (ie, undergo a sex-change operation)? She answered all of my questions without hesitation. I felt as if she had been waiting for a long time for someone to simply listen to her.

Frankly, I was fascinated. I had never had any real conversation with transgenders and had only seen them portrayed as freakish and bizarre characters in movies.

I began to wonder about my own experience as a young African-American man. How many people had I met over the years who had never really had in-depth conversations with young black men—and had only learned about us from what they had seen on television or in the movies? I had certainly not appreciated any prejudices or misconceptions made about me. My interaction with Mr. Brown (aka Tasha) provided me with great insight not only about her group but about myself as well.

Unfortunately, HIV is still a disease by which people are heavily stigmatized. There are high-profile members of our society who would classify those infected with this disease as those who "deserve it" or those who are "innocent victims." All those infected with

HIV have enough to worry about just managing their illness (eg, taking multiple pills, avoiding opportunistic infections) without having health care providers make them feel even more stigmatized.

Having Mr. Brown as my patient has reinforced that age-old adage about treating others as you would like to be treated. I try to relay this message through this anecdote when I'm teaching my students how to effectively establish rapport with patients. ■

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