



# Studying Psychiatry Has Made Me More Empathetic in a Country Where People Live One Day at a Time

Daniel Vasquez<sup>1</sup>

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Colombia, the country where I grew up and trained as a doctor, is a violent country. We live in the middle of a seemingly endless armed conflict that has left death, destruction, suffering, and more than seven million people displaced [1]. This violence has permeated our society in its entirety and has—unfortunately—become embedded in our culture and DNA. Perhaps because of this, Colombians, generally speaking, tend to be desensitized to the adversity of others as a way of coping with reality.

The estimated lifetime prevalence of posttraumatic stress disorder (PTSD) in Colombia is around 1.8%, which is lower than the prevalence for low-lower middle-income countries (2.1%), and notably lower than the USA (6.9%), which has a similar prevalence of trauma exposure (82.7%) [2]. This phenomenon has been described in other countries as the “vulnerability paradox in PTSD” [3]. Although it can be partially explained by methodological differences, I realize, by listening to the stories of my patients and their families, that their culture has been shaped as a factor of resistance after so many generations immersed in violence, which has been called the “normalization of violence” [4]. The most vulnerable population in Colombia lives in the middle of uncertainty and lives one day at a time. For those who say, “Work in the day to eat at night,” repressing negative feelings is a necessary survival strategy [5].

It was not until my last year of medical school that I considered a medical specialization. I used to want to be a researcher in basic neuroscience. This career pathway has always interested me, but I was also disappointed with the medical practice in Colombia. I refused to comply with the demands of the system, where taking more than 20 min per patient and asking them questions about their personal life unrelated to the reason for consultation was rejected.

Then, I felt that the type of medicine that inspired me was impossible.

Upon graduation, I worked in a dementia referral center, the Neurosciences Group of Antioquia, and the more I became involved in clinical research, the more interested I became in patients with mental illness. Since then, every patient has been an opportunity to rethink mental illness, our society, and my role as a physician, a future psychiatrist, and a son and citizen.

Sadly, when I decided to become a psychiatrist, questions such as “Don’t you like neurology or neurosurgery?” were not uncommon from my family and colleagues. These comments reflect the stereotype, which has not disappeared, of psychiatrists as being strange and maladjusted beings. However, during my clinical rotations, I encountered a very different kind of psychiatry: the branch of medicine in which subjectivity, the clinical eye, laboratory results, and neuroimaging converge to restore the mental health of a human being. So, suppose medicine is science and art, as traditionally approached. In that case, psychiatry must be the specialty that best fulfills these two characteristics by requiring a rigorous medical approach in conjunction with a thorough understanding of each patient and the patient’s life outside the hospital. Perhaps the possibility of looking into people’s lives beyond the symptoms that afflict them is psychiatry’s greatest strength but, at the same time, what makes it difficult to understand.

I often chronicle what is going on in my life by journaling. Two months into my psychiatry residency, despite having slept little and feeling exhausted, I wrote in my journal how I could already feel more willing to listen to others and how I was trying to be more empathetic with the people around me, not only with those with whom I interacted in my role as a psychiatry resident but also with people in non-clinical settings. I felt that each patient opened the door to a new world for me; each story involved reflecting on life; each encounter brought me closer to the human mind, that fascinating attribute that makes each one of us unique.

✉ Daniel Vasquez  
daniel.vasquez@gna.org.co

<sup>1</sup> Universidad CES, Medellín, Colombia

A friend once told me that being a psychiatrist means having the ability to listen to those whom no one else wants to hear. For me, developing this ability has meant trying to strip myself of my prejudices and my reality to try to understand the reality of my patients, many of whom have been rejected by their social circle because of their illnesses.

A professor once stated that psychiatry could change the course and quality of life of a person, a family, and even a society. For me, this is exactly what it has been like since I joined the psychiatry residency program, which is one of the most exciting and enriching experiences of my life and which has driven me to try to be a better physician every day, even when there is no possibility of a cure.

Studying psychiatry represents for me the opportunity to learn and have the tools to get to know about other people and myself better. Considering this, my idea is that the aspects of training we learn in the first months of psychiatry, such as interviewing skills, recognition of emotional states, understanding the links between relationship problems and other situations, and others, are qualities we could all benefit from and could contribute to increasing the levels of empathy in the general population. Thus, in one of the most inequitable countries in the world, learning to listen to others may help to reduce the number of decisions made prioritizing one's own good and to create more alliances between people and institutions in search of a common good. With respect to my fellow residents and psychiatrists, I wish they could also see it this way, not just as another medical specialty, but as a wonderful branch of medicine that has the potential of making the world a more habitable place.

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## Declarations

**Disclosures** The author states that there is no conflict of interest.

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