

This medical student helps give doctors a dose of humility

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Whether you're a medical student, a resident or a seasoned physician, your life experiences inform the kind of care you provide.

For Subha Hanif, a fourth-year medical student at Michigan State College of Human Medicine, painful clinical encounters she witnessed during a loved one's terminal illness have shaped what she wants to do in medicine.

"It made me step back to consider what my role was going forward," she said. "Having some knowledge in my pocket from being a medical student, I started working with the University of Michigan Office of Patient Experience closely to find out how we can prevent future cases like this. There were so many cultural competency issues. Clearly, education needs to happen with med students, residents, attendings and housestaff."

Hard lessons

Hanif, an AMA member, was raised in the Southeast Detroit area, and even before medical school she saw disparities in care. As an undergraduate, she began a series of women's health lectures for her community.

Only women physicians presented, and only women patients attended, to allow for a more open dialogue about women's health and other primary care topics, such as breast cancer and the importance of Pap smears. The conversation was translated into Bengali and took place in a setting that was comfortable for the audience.

“At a young age, I learned about disparities in care and became interested in how medicine plays a role in that,” she said.

That passion led her to Michigan State. During her second year of training, her father, an immigrant from Bangladesh, was diagnosed with a terminal illness.

During his treatment, she witnessed acts of insensitivity firsthand. One instance she recalls as painful concerns the handling of her father’s body postmortem where religious and gender-sensitive considerations were overlooked. Her family did not feel included in the crucial decision-making process and were often left in the dark wondering about the next steps.

“What I’ve found is that this story isn’t unique,” Hanif said. “Hospital systems across the country deal with these issues. Cultural competence in medicine is becoming such an important topic. You have to understand it and be comfortable having some of these difficult conversations.”

Teaching from experience

Drawing from her own experiences, Hanif has tried to spread the word on the importance of cultural competence—loosely defined as recognizing how patients’ cultural, professional and biological differences can inform their care. She has presented on the topic at events such as the Muslim Mental Health Conference in Washington and Michigan Medicine’s Patient Experience forum.

These are some of the key takeaways she hopes audience members glean from her presentations.

Cultural competence requires listening. “Patients know themselves,” she said. “They know what their bodies are saying. Take the time to understand their feelings. It will help you better treat patients and become more culturally competent in general.”

It’s a team effort. From her own experience, Hanif felt that the hospital didn’t use every potential resource to help her family cope with her father’s illness. “In scenarios where there is a culturally diverse patient and family, it’s very important to utilize all your resources,” she said. “Social workers, mental health, spiritual care, palliative care. If you as a physician don’t have the time, make those people available to families.”

You’re never done learning. “It can be hard to attain 100% cultural competency,” Hanif said. “You can strive for it. What you can do is work to understand the patient in front of you. Know their fears, learn their culture and customs, know their history and the social atmosphere they are surrounded by. If you appreciate those things and don’t make assumptions about a patient or family,” then you’re on

the right track, she added. Next year, Hanif will move into residency training. Despite a busy resident's schedule, she hopes to continue educating physicians and other health professionals on this topic.

"I have something to give back to my medical community and my [real life] community," she said. "So that's what I want to do during my career, having these conversations at a policy level, a curriculum level and with patients."