Healing Beyond Medicine: Empathy as a Cornerstone in Addressing Health Inequities

By Ikuzwe Shabe Rosine

I grew up in a small landlocked country in Eastern Africa often called the "country of a thousand hills." Despite its natural beauty, the harsh reality is that a significant portion of its population lives in poverty, lacking access to basic needs such as quality health care, food and education. This is just a small portion of the global suffering caused by poverty. Through it all, one thing I know for certain is that poverty is not uniform. The poor can save the poorest. I believe that empathy is the foundation of human connection, and the key to bringing hope and a smile to the most vulnerable.

I was 15 when my curiosity about science led me to an internship in a hospital laboratory. One day as I sat on the reception desk, elderly in his 70s came forward asking if he could get the test his doctor has ordered. He explained he had no money at the time but desperately promised to settle his bill later. The lab manager dismissed the man before he finished his statements, telling him that he was only delaying those who could afford to pay. Watching this man so powerless and being treated with cruelty broke me, and that moment lingered in my heart for a long time. Feeling the need to be there for suffering people, at 18, I enrolled in medical school. I was determined to one day provide care not just to the privileged, but to those who had no voice, no power and no hope. In my first year, I met late Dr. Paul Farmer, the founder of my school, a man whose compassion and commitment to serving the vulnerable changed my perspective forever. He greeted everyone, whether they were sick or poor, with open arms and tirelessly fought for health equity. His unwavering empathy became a lesson I carry with me to this day.

My clinical exposure started 3 years ago, where I spent days and nights with people who struggled to find food whenever I told them to take the medications after eating. I remember having a 2.5-year-old severely malnourished child in my pediatric clinical rotation. As I sat with his mother teaching her preparation of balanced diet, she burst into tears. After a long silence, she confided in me that she was a single teenage mother, abandoned by her family, and had dropped out of school, leaving her with no job or support. Her words haunted me for days, and I felt helpless. As a medical student, I had so little power to change her circumstances. But I refused to let her story fade away. I reached out to others, looking for any way I could help. Eventually, I discovered that local health centers ran social groups for teenage mothers, where they could learn and work together to develop income-generating projects. Joining this group changed her life. A year later, her child was thriving, healthy, and loved. But more importantly, she was no longer alone in her struggle.

This experience solidified my belief that making a difference doesn't always require grand gestures or wealth. It requires stepping outside of comfort zone, opening eyes to the suffering, and extending hands to help. Compassion doesn't come from deep pockets but from big hearts.

This I believe
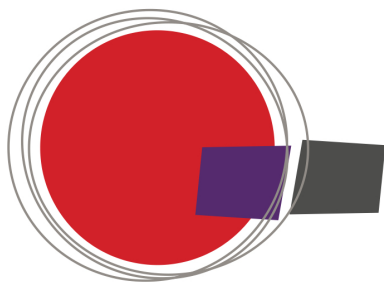
As a future health care provider, I believe that different social determinants of health threaten the health of the vulnerable. Choosing to see behind the diagnosis and the drugs can spark the greatest change in the health of the vulnerable.