

Patient Perspective: Embracing Resilience

By Proton Rahman, MD

On a typical clinic day, my patients often comment on my health: "How are you doing, Doc? It looks like you're moving better today." Practicing in a relatively small city where there are only a few degrees of separation between you and your patients, there's no hiding the fact that I have arthritis. While I don't want to downplay the pain, immobility, and uncertainty of transient visual loss from panuveitis, there is a silver lining, as it has been a positive experience when interacting with my patients. The shared experience fosters a genuine connection and a more profound understanding of their journey, allowing me to commiserate over ongoing annoyances, such as the stress associated with merging into heavy traffic at selected intersections when you have limited cervical rotation.

On a more serious note, being able to share my university experience and advocate for learners as they navigate their academic terms holds a special significance for me. The greatest challenge I faced in living with spondylitis was as a student when my arthritis first appeared, and I was trying to juggle the stress and rigours of academia. I faced multiple setbacks in university and struggled to get back on track. I was rejected from medical schools on two occasions, only to be accepted on my third attempt but barred from applying for scholarships due to my chronic condition. So now, if the opportunity arises, I openly share these facts with my younger patients, as they find it reassuring that, although their illness can significantly impact their academic performance, it is still possible to overcome this challenge.



I firmly believe that all educational institutions, including medical schools, should enroll students that reflect our communities in terms of chronic illnesses and physical disabilities. To achieve this, administrators must be willing to make accommodations by looking beyond the traditional performance metrics and considering the students' medical journey. Rigidly adhering to a set cut-off for LCAT, MCAT, or GMAT is disadvantaging those who have faced the greatest health adversity, as their scores are more likely to be impacted by their illness.

So, I am reaching out to my colleagues (not just in rheumatology), urging them to consider supporting students with chronic illnesses so they attain their academic goals. To make this possible, you may need to push your institutions to be more flexible concerning their accommodation policies. This can be done fairly and transparently but will require time and effort.

Those with chronic illness/disability are continuously navigating multiple concurrent health challenges; it is like living through a life of exams — once you pass one hurdle, there is another! If adequately supported, I am confident that those with significant health challenges can succeed in their academic endeavours. So, timely support during their most challenging time can help bridge the gap caused by their chronic illness.

*Proton Rahman, MD
Distinguished University Professor, Memorial University
Chief of Rheumatology – Newfoundland
and Labrador Health Services*