FCRC | **Reflection**

Bitter is the Peel

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Peaux d'orange is French for orange peel. At some point I'd come across the term in my medical studies. The skin overlying breast tissue can pucker when inflamed, dimpling inward like the tiny pores of a ripe, citrus fruit. This is a sign of something wrong.

The African refugee clinic was hidden on the grounds behind a church, cached away like treasure. For patient protection, it had to be this way. Although Moscow is a relatively diverse city, not all Russians take kindly to foreigners. Management decided it was better not to advertise. The sprawling structure surrounding the basilica was home to several smaller buildings, with inconspicuous entrances positioned around the periphery. The clinic bore no sign indicating I had come to the right place, but I knew the door by heart. This was where I would come each week to be reminded that I don't speak French.

I pushed the buzzer and felt the doorbell's distant vibration. My walk from the metro station had been a river of pale Russians pushing upstream on their way to work, but once inside the refugee clinic I was transported to the Ivory Coast. The white tile floor was an ideal backdrop for Moscow's best kept secret: melanin. As I arrived, patients were already signing in at the front table, many dressed in unique colorful patterns that Russia could never invent. I greeted the clinic manager and slipped into the back to set up our exam room for the day.

The volunteer family physician, Dr. Pavlova, joined me to prepare for the incoming wave of patients. We draped fresh paper over the exam table and fit donated medications in bins suspended from the wall by twine and screws. Soon enough a translator arrived, signaling the manager to start calling back numbers.

The first patient was a woman returning for a follow-up visit, her eyes stirring with quiet concern. We explained all her lab results were normal. Visible relief. When problems were not too bothersome, it often seemed like people craved reassurance more than resolution. It felt good to offer comfort and put minds at ease.

A father and daughter shared the same terrible head cold. We recommended resting, but both expressed they couldn't afford not to work. While we didn't delve much into people's personal narratives, so many concerns offered glimpses of their lives. Numerous patients suffered from chronic pain in their lower back and joints from performing manual labor. Others fought with vague abdominal pain from constipation and poor diet. One patient's chart attributed his resolving head trauma to "attacks by skinheads."

Toward the end of the shift, a Cameroonian woman asked to be seen for a breast exam. She smiled nervously throughout the interview and indicated a feeling of heaviness and pain in her breast that extended to a tuberous swelling under her armpit. She produced a stack of papers from a recent hospital evaluation for us to translate.

The patient seemed young to me, and I mentally reviewed possible causes of breast pain. Was it going to be mastitis or some sort of cyst? Hormonal changes? Maybe fat necrosis? I looked over the note from the hospital where she'd been examined: "Characteristic skin changes over the breast. *Peaux d'orange*."

I don't speak French, but I knew in that moment this was probably not mastitis. I kept

reading the summary with a biopsy report attached. She had inflammatory breast cancer.

My mentor Dr. Pavlova, being familiar with the local healthcare system, began to discuss the patient's treatment options. It would cost about two million rubles ($25,000) out of pocket without insurance to remove the growth. Lymph node involvement was already a bad prognostic sign, so adjuvant chemotherapy would likely be offered to target residual disease after surgery.

The patient's eyes widened to a panic. It was clear the cost was distressingly prohibitive, and her diagnosis was already so much to process. Then Dr. Pavlova did the unthinkable, the absurd, something so sobering that it will remain burned into my memory for the rest of my life.

She slid a box of Tylenol across the table.

I did not expect this simple gesture of kindness to come with such stinging force.

And yet, behind the free pills was a painful statement:
this is all we have to offer.

In our patient's moment of wounding personal tragedy, we brought the flimsiest Band-Aid.

After the day was over, the story lingered in my mind accompanied by unshakeable regret. Surely there was something more we could have done. We could have raised the money. So many factors were conspiring against this young Cameroonian woman. Her diagnosis was tragically compounded by restricted access to healthcare as a poor immigrant in a foreign country. None of that was her fault. It wasn't fair. We failed her.

Looking back on this experience over a year later, I have come to appreciate Dr. Pavlova's offering. She showed what it means to work in a limited resource setting. There was nothing insulting or spiteful about sharing what we had to give. The medicine had seemed like such a pitiful gift, but it was something. Factors beyond our control created unfortunate circumstances, and ultimately internalizing the blame was counterproductive. All the money in the world may not have changed the outcome in this case.

I recognize now it's natural to want to do more for patients, and this should fuel advocacy for disenfranchised minorities. Systemic change must be enacted to address disadvantages and to break down barriers to health equity which bring harm to immigrants. This process will take some doing. But, in the meantime, if patients are hurting and all I have is a box of over-the-counter pain relievers, that's exactly what I will give them.