When second-year medical student and Randolph, Vt., native Peter Cooch saw the prompt last year for the Ascona Essay contest from the International Balint Foundation, it was a chance he couldn’t pass up. “Although I was only a first-year medical student, as soon as I saw the topic I knew exactly who I would write about,” says Cooch. That person is Doña Paulina, the 85-year-old indigenous Mayan woman, for whom Cooch served as a woundcare technician while volunteering for a medical clinic in the Guatemalan highlands. The Balint Foundation, named in honor of the couple who coined the term “patient-centered medicine,” presents the award biennially for essays that describe a student-patient relationship, an experience or experiences from the student’s medical studies, which includes critical reflection on personal meetings with patients. Vermont Medicine presents Cooch’s own edited version of his 2011 winning essay.

Doña Paulina

When second-year medical student and Randolph, Vt., native Peter Cooch saw the prompt last year for the Ascona Essay contest from the International Balint Foundation, it was a chance he couldn’t pass up. “Although I was only a first-year medical student, as soon as I saw the topic I knew exactly who I would write about,” says Cooch. That person is Doña Paulina, the 85-year-old indigenous Mayan woman, for whom Cooch served as a woundcare technician while volunteering for a medical clinic in the Guatemalan highlands. The Balint Foundation, named in honor of the couple who coined the term “patient-centered medicine,” presents the award biennially for essays that describe a student-patient relationship, an experience or experiences from the student’s medical studies, which includes critical reflection on personal meetings with patients. Vermont Medicine presents Cooch’s own edited version of his 2011 winning essay.

The following events occurred prior to my entrance into medical school, during the time I spent volunteering at a clinic in Guatemala. For much of that time, I worked as an aide for an elderly Mayan woman recovering from a sizeable ulcer. My friendship with this octogenarian hermit, with whom I share almost no language or cultural background, is among the oddest and most difficult relationships of my life. Yet, for those same reasons, it has been one of the most meaningful.

It took a long chain of events for me to meet Doña Paulina. I first came to Guatemala in 2008. During my travels, I visited Santa Cruz la Laguna, a community of indigenous Mayans in the Western highlands. There, I encountered a pair of physicians who operated a small clinic. After spending a few days around trying to lend a hand, I asked if I could stay to volunteer for the next seven months. To my surprise, they agreed.

The doctors’ model was built around mobile outreach clinics. Twice per week we’d pack up medications and equipment and travel to several nearby villages, seeing from thirty to ninety patients. It was during one such day that Doña Paulina’s story first came to us. We were in the village of Tzununá. Late in the afternoon, a visitor asked if we could check on his neighbor. He had stopped by her home and found her bedridden and delirious. After the last patient had been seen, our nurse practitioner set off to investigate. What she found was heartbreaking.

In Spanish, “Doña” is a respectful title, a step above “Señora.” Although none of the clinic staff had heard of her, Doña Paulina was perhaps the oldest living person in Tzununá. She believed she’d been alive for 85 years. Having long outlived her husband and children, she had been left completely alone. However, this remarkable spirit was now close to fading away. A circumferential ulcer had consumed her left calf. It had eroded down to the fascia and swollen her foot like an inflated rubber glove. She didn’t have diabetes or varicosities. A small cut, bite, or burn must have become infected. As she remained unaware of options for treatment, it progressed to a chronic wound and then a systemic infection. None of the staff who’d visited her believed she would live for many more weeks.

In the U.S., such an ulcer would certainly warrant hospitalization. But the choice was different in Guatemala. Over 85 years, Doña Paulina had likely never left her village. The nearest hospital, several hours away, is known among Mayans as the place where people go to die. We considered the shock of pulling her from her home, and decided we’d be doing more harm than we could hope to cure.

Our clinic was only outpatient, however. The most we could offer were home visits to bring her infection and dehydration under control. As the most expendable member of the clinic staff, and eager to undertake any medical assignment, I was chosen to be her caregiver.

In Spanish, “Doña” is a respectful title, a step above “Señora.” Although none of the clinic staff had heard of her, Doña Paulina was perhaps the oldest living person in Tzununá. She believed she’d been alive for 85 years. Having long outlived her husband and children, she had been left completely alone. However, this remarkable spirit was now close to fading away. A circumferential ulcer had consumed her left calf. It had eroded down to the fascia and swollen her foot like an inflated rubber glove. She didn’t have diabetes or varicosities. A small cut, bite, or burn must have become infected. As she remained unaware of options for treatment, it progressed to a chronic wound and then a systemic infection. None of the staff who’d visited her believed she would live for many more weeks.

In the U.S., such an ulcer would certainly warrant hospitalization. But the choice was different in Guatemala. Over 85 years, Doña Paulina had likely never left her village. The nearest hospital, several hours away, is known among Mayans as the place where people go to die. We considered the shock of pulling her from her home, and decided we’d be doing more harm than we could hope to cure.

Our clinic was only outpatient, however. The most we could offer were home visits to bring her infection and dehydration under control. As the most expendable member of the clinic staff, and eager to undertake any medical assignment, I was chosen to be her caregiver.

T

he following events occurred prior to my entrance into medical school, during the time I spent volunteering at a clinic in Guatemala. For much of that time, I worked as an aide for an elderly Mayan woman recovering from a sizeable ulcer. My friendship with this octogenarian hermit, with whom I share almost no language or cultural background, is among the oddest and most difficult relationships of my life. Yet, for those same reasons, it has been one of the most meaningful.

It took a long chain of events for me to meet Doña Paulina. I first came to Guatemala in 2008. During my travels, I visited Santa Cruz la Laguna, a community of indigenous Mayans in the Western highlands. There, I encountered a pair of physicians who operated a small clinic. After spending a few days around trying to lend a hand, I asked if I could stay to volunteer for the next seven months. To my surprise, they agreed.

The doctors’ model was built around mobile outreach clinics. Twice per week we’d pack up medications and equipment and travel to several nearby villages, seeing from thirty to ninety patients. It was during one such day that Doña Paulina’s story first came to us. We were in the village of Tzununá. Late in the afternoon, a visitor asked if we could check on his neighbor. He had stopped by her home and found her bedridden and delirious. After the last patient had been seen, our nurse practitioner set off to investigate. What she found was heartbreaking.

In Spanish, “Doña” is a respectful title, a step above “Señora.” Although none of the clinic staff had heard of her, Doña Paulina was perhaps the oldest living person in Tzununá. She believed she’d been alive for 85 years. Having long outlived her husband and children, she had been left completely alone. However, this remarkable spirit was now close to fading away. A circumferential ulcer had consumed her left calf. It had eroded down to the fascia and swollen her foot like an inflated rubber glove. She didn’t have diabetes or varicosities. A small cut, bite, or burn must have become infected. As she remained unaware of options for treatment, it progressed to a chronic wound and then a systemic infection. None of the staff who’d visited her believed she would live for many more weeks.

In the U.S., such an ulcer would certainly warrant hospitalization. But the choice was different in Guatemala. Over 85 years, Doña Paulina had likely never left her village. The nearest hospital, several hours away, is known among Mayans as the place where people go to die. We considered the shock of pulling her from her home, and decided we’d be doing more harm than we could hope to cure.

Our clinic was only outpatient, however. The most we could offer were home visits to bring her infection and dehydration under control. As the most expendable member of the clinic staff, and eager to undertake any medical assignment, I was chosen to be her caregiver.

The following events occurred prior to my entrance into medical school, during the time I spent volunteering at a clinic in Guatemala. For much of that time, I worked as an aide for an elderly Mayan woman recovering from a sizeable ulcer. My friendship with this octogenarian hermit, with whom I share almost no language or cultural background, is among the oddest and most difficult relationships of my life. Yet, for those same reasons, it has been one of the most meaningful.

It took a long chain of events for me to meet Doña Paulina. I first came to Guatemala in 2008. During my travels, I visited Santa Cruz la Laguna, a community of indigenous Mayans in the Western highlands. There, I encountered a pair of physicians who operated a small clinic. After spending a few days around trying to lend a hand, I asked if I could stay to volunteer for the next seven months. To my surprise, they agreed.

The doctors’ model was built around mobile outreach clinics. Twice per week we’d pack up medications and equipment and travel to several nearby villages, seeing from thirty to ninety patients. It was during one such day that Doña Paulina’s story first came to us. We were in the village of Tzununá. Late in the afternoon, a visitor asked if we could check on his neighbor. He had stopped by her home and found her bedridden and delirious. After the last patient had been seen, our nurse practitioner set off to investigate. What she found was heartbreaking.

In Spanish, “Doña” is a respectful title, a step above “Señora.” Although none of the clinic staff had heard of her, Doña Paulina was perhaps the oldest living person in Tzununá. She believed she’d been alive for 85 years. Having long outlived her husband and children, she had been left completely alone. However, this remarkable spirit was now close to fading away. A circumferential ulcer had consumed her left calf. It had eroded down to the fascia and swollen her foot like an inflated rubber glove. She didn’t have diabetes or varicosities. A small cut, bite, or burn must have become infected. As she remained unaware of options for treatment, it progressed to a chronic wound and then a systemic infection. None of the staff who’d visited her believed she would live for many more weeks.

In the U.S., such an ulcer would certainly warrant hospitalization. But the choice was different in Guatemala. Over 85 years, Doña Paulina had likely never left her village. The nearest hospital, several hours away, is known among Mayans as the place where people go to die. We considered the shock of pulling her from her home, and decided we’d be doing more harm than we could hope to cure.

Our clinic was only outpatient, however. The most we could offer were home visits to bring her infection and dehydration under control. As the most expendable member of the clinic staff, and eager to undertake any medical assignment, I was chosen to be her caregiver.
My first view of her calf reminded me of a panorama from the American southwest. Deep canyons and fissures scored her flesh, streaked with angry reds, green patinas, and yellow seeps. If this was so hard for me, I wondered, how unbearable could it be for her?

Initially, the entire process could take nearly an hour. I'd irrigate the wound with copious amounts of saline, then apply a coat of sulfadiazine ointment. After finishing the dressings, we'd both be exhausted. I had been working by headlamp, meticulously trying not to cross-contaminate my supplies. She held her frail body upright, eyes closed, murmuring prayers. I'd end by making her a glass of powdered milk and give her her next dose of antibiotics.

I began making trips every other day. Our routine progressed. I became speedier and more proficient with the dressings. She made requests for sundry items, like candles or matches. Several months in, it was becoming clear that Doña Paulina was not about to give up. Day by day, the margins of her ulcer grew pink and started to fill in. When I arrived, she was just as likely to be up and tending her fire as in bed. With her inquisitive eyes, wrinkled skin and walking staff, she reminded me a little of Yoda from Star Wars.

With her inquisitive eyes, wrinkled skin and walking staff, she was just as likely to be up and tending her fire as in bed. I could ask her about her pain, explain medication schedules, progress. I became speedier and more proficient with the dressings. She made requests for sundry items, like candles or matches. Several months in, it was becoming clear that Doña Paulina was not about to give up. Day by day, the margins of her ulcer grew pink and started to fill in. When I arrived, she was just as likely to be up and tending her fire as in bed. With her inquisitive eyes, wrinkled skin and walking staff, she reminded me a little of Yoda from Star Wars.

With her inquisitive eyes, wrinkled skin and walking staff, she was just as likely to be up and tending her fire as in bed. I could ask her about her pain, explain medication schedules, progress. I became speedier and more proficient with the dressings. She made requests for sundry items, like candles or matches. Several months in, it was becoming clear that Doña Paulina was not about to give up. Day by day, the margins of her ulcer grew pink and started to fill in. When I arrived, she was just as likely to be up and tending her fire as in bed. With her inquisitive eyes, wrinkled skin and walking staff, she reminded me a little of Yoda from Star Wars.

With her inquisitive eyes, wrinkled skin and walking staff, she was just as likely to be up and tending her fire as in bed. I could ask her about her pain, explain medication schedules, progress. I became speedier and more proficient with the dressings. She made requests for sundry items, like candles or matches. Several months in, it was becoming clear that Doña Paulina was not about to give up. Day by day, the margins of her ulcer grew pink and started to fill in. When I arrived, she was just as likely to be up and tending her fire as in bed. With her inquisitive eyes, wrinkled skin and walking staff, she reminded me a little of Yoda from Star Wars.

With her inquisitive eyes, wrinkled skin and walking staff, she was just as likely to be up and tending her fire as in bed. I could ask her about her pain, explain medication schedules, progress. I became speedier and more proficient with the dressings. She made requests for sundry items, like candles or matches. Several months in, it was becoming clear that Doña Paulina was not about to give up. Day by day, the margins of her ulcer grew pink and started to fill in. When I arrived, she was just as likely to be up and tending her fire as in bed. With her inquisitive eyes, wrinkled skin and walking staff, she reminded me a little of Yoda from Star Wars.

With her inquisitive eyes, wrinkled skin and walking staff, she was just as likely to be up and tending her fire as in bed. I could ask her about her pain, explain medication schedules, progress. I became speedier and more proficient with the dressings. She made requests for sundry items, like candles or matches. Several months in, it was becoming clear that Doña Paulina was not about to give up. Day by day, the margins of her ulcer grew pink and started to fill in. When I arrived, she was just as likely to be up and tending her fire as in bed. With her inquisitive eyes, wrinkled skin and walking staff, she reminded me a little of Yoda from Star Wars.

With her inquisitive eyes, wrinkled skin and walking staff, she was just as likely to be up and tending her fire as in bed. I could ask her about her pain, explain medication schedules, progress. I became speedier and more proficient with the dressings. She made requests for sundry items, like candles or matches. Several months in, it was becoming clear that Doña Paulina was not about to give up. Day by day, the margins of her ulcer grew pink and started to fill in. When I arrived, she was just as likely to be up and tending her fire as in bed. With her inquisitive eyes, wrinkled skin and walking staff, she reminded me a little of Yoda from Star Wars.

With her inquisitive eyes, wrinkled skin and walking staff, she was just as likely to be up and tending her fire as in bed. I could ask her about her pain, explain medication schedules, progress. I became speedier and more proficient with the dressings. She made requests for sundry items, like candles or matches. Several months in, it was becoming clear that Doña Paulina was not about to give up. Day by day, the margins of her ulcer grew pink and started to fill in. When I arrived, she was just as likely to be up and tending her fire as in bed. With her inquisitive eyes, wrinkled skin and walking staff, she reminded me a little of Yoda from Star Wars.

With her inquisitive eyes, wrinkled skin and walking staff, she was just as likely to be up and tending her fire as in bed. I could ask her about her pain, explain medication schedules, progress. I became speedier and more proficient with the dressings. She made requests for sundry items, like candles or matches. Several months in, it was becoming clear that Doña Paulina was not about to give up. Day by day, the margins of her ulcer grew pink and started to fill in. When I arrived, she was just as likely to be up and tending her fire as in bed. With her inquisitive eyes, wrinkled skin and walking staff, she reminded me a little of Yoda from Star Wars.
The first day I returned to Santa Cruz la Laguna in 2009, I was greeted by the sight of Doña Paulina standing outside of her house, shooting around a giga of chicks. During my absence, a fourth-year medical student and her wife had volunteered at the clinic. Rather than powered milk and eggs, they had brought her home-cooked meals. Under their care, her health had improved significantly.

She was even more talkative, if possible, from the last time I’d ever seen her. She could name off her favorite dishes, such as beef stew, chicken and fish, and say that our interpreter, the murmur, had healed from the size of five or six hand-prints to a narrow band on the inside of her leg.

Yet not all the steps had been forward. In the three weeks since the last volunteer’s departure, no one had come to visit her. A thick coating of ash had been applied to the ulcer, as well as magenta-colored flakes I’d never seen before. I was alarmed when she broke into a deep, hacking cough.

That morning’s cleaning was painstaking for me and exasperating for her. As I paced the curve of dirt, trying to spare the tissue below, Doña Paulina clicked and gesticulated in agitation.

After an almost an hour the wound was superficially cleaned, but cleanly macerated and purulent. Her progress, and our relationship, no longer seemed on such solid footing.

As I walked home, I tried to clear my head. I had just over two months in Guatemala before I started school. I promised myself that I’d do whatever it took to heal her before I left. Yet my good intentions couldn’t seem to yield results. Antibiotics cleaned up the pus, but did little to help the cough. Meanwhile, Doña Paulina became more and more resistant to receiving care. She wouldn’t tolerate bandages for longer than 48 hours. Past that point, she would once again expose the ulcer and smear it with ashes. She explained that the wound appeared dryer, and thereby less attractive. She had made it clear that my assistance was no longer necessary. In the time I took for a home visit, one of the clinic’s attending staff had arrived to take a look at the ulcer.

I made sure that much time never elapsed between visits, but the threshold kept dropping. I dabbled in pleading, reason, and bribery, such as making the food I brought contingent on her bandages. Whenever I arrived to find them removed, I would cool her and place the food I’d brought back in my backpack. But each time, after explaining the need for patience and consistency, I would relent. I imagine she always knew that I was only capable of bluffing.

Although Doña Paulina still reluctantly allowed me to clean the wound, she would flat-out refuse care from the rest of the clinic staff. Despite the remarkable improvements she’d made, our efforts had been completely discredited.

Why was she upset? Her pain must have been unbearable. But surely she could appreciate the progress we’d been making? She wanted to let the wound air right out, a concept with a certain moral appeal. Yet I could see no way to do that without reversing the delicate healing.

I was asked by others, as I sometimes wondered myself, why I kept pressing the issue. She had made it clear that my assistance was no longer necessary. But I felt the need to, at least, keep the wound air right out, a concept with a certain moral appeal. Yet I could see no way to do that without reversing the delicate healing.

Over the following year, I thought about Doña Paulina frequently. Our worlds were so different it seemed improbable we had ever found common ground at all. I had been twenty-four, while she was old enough to no longer know her age. I had traveled from thousands of kilometers away. She had never journeyed farther than she could walk. Yet during the time I spent with her, I felt to do the most I could.

My concern over the ulcer and unremitting cough had been growing. A few weeks later I brought a translator and our clinic’s attending physician along with me to see her. With some prodding from our attending and instructing her on self-care, her wound had begun pouring out. Doña Paulina admitted to buying plantains of tobacco with the money I’d given her. I was completely taken aback — smoking is almost unheard of in the area. We told her that tobacco was causing her cough and delaying her healing. She countered that it was the only thing that helped. In fact, she claimed the cough had only worsened because we hadn’t been giving her enough money to replenish her stash.

As the patient-centric paradigm so often invites, our contact was founded on dependency and inequality. I’ve been judgmental, ethnocentric, and patronizing. But I’ve also felt humility, frustration, elation, and sorrow in her presence. I have enormous respect and affection for her. I hope I was able to extend some comfort into the years of a formidable individual. I wish that I had been able to do more. Above all, I am grateful to have been able to play a role in her life.

For more photos of life and health care in Guatemala, the full original prize-winning version of this essay, and Peter Cooch’s own account of his ambulance delivery journey across the U.S., Mexico, and Central America, Go to: uvm.edu/medicine/vtmmedicine

Peter Cooch first travelled to Guatemala in the fall of 2008. After that experience, he remained connected to the Central American country through an organization called Mayan Medical Aid. Cooch took on the responsibilities of volunteer coordinator and grant writer for the group from his winter quarters in Montana.

He returned to the Guatemalan village of Santa Cruz la Laguna in 2009. On the last day of his seven-month stay, as he describes it, “I may have turned the pages of my life.” He returned to the Guatemalan village of Santa Cruz la Laguna in 2009. On the last day of his seven-month stay, as he describes it, “I may have turned the pages of my life.”

As the patient-centric paradigm so often invites, our contact was founded on dependency and inequality. I’ve been judgmental, ethnocentric, and patronizing. But I’ve also felt humility, frustration, elation, and sorrow in her presence. I have enormous respect and affection for her. I hope I was able to extend some comfort into the years of a formidable individual. I wish that I had been able to do more. Above all, I am grateful to have been able to play a role in her life.

I returned to Guatemala in the summer of 2011. I am grateful to have been able to play a role in her life.

I returned to Guatemala in the summer of 2011. I am grateful to have been able to play a role in her life.

I returned to Guatemala in the summer of 2011. I am grateful to have been able to play a role in her life.

I returned to Guatemala in the summer of 2011. I am grateful to have been able to play a role in her life.

I returned to Guatemala in the summer of 2011. I am grateful to have been able to play a role in her life.

I returned to Guatemala in the summer of 2011. I am grateful to have been able to play a role in her life.