

Lessons from Asylum Seekers: How Forensic Medical Evaluations Can Teach Us Things We Didn't Learn in Medical School



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As physicians working in a time of record forced global displacement, we must reflect on the inalienable rights to which every human being is entitled, regardless of nationality or borders. These human rights, as outlined in the Universal Declaration of Human Rights of 1948 and enshrined in US law, include freedom from torture, slavery, and arbitrary detention and the right to seek asylum. While these issues may not be the typical domain of a physician, it is clear that pervasive violations of these rights are impacting the health and wellbeing of our patients, and most notably our immigrant patients.

The medical community increasingly acknowledges the responsibility of physicians to advocate for societal wellbeing and health equity by addressing social determinants of health. Across the country, medical schools and residency programs are exploring ways to prepare trainees to fulfill this responsibility by incorporating content on social medicine, human rights, and physician advocacy into medical education.¹ Studying human rights exposes physicians to the ways in which their training and social capital can be used as a platform to speak out against human rights violations and the health inequities they engender.

While didactic instruction in human rights is essential, performing forensic medical evaluations (FMEs) of asylum seekers offers a clinical experience to complement classroom education. As physicians who conduct FMEs, individuals seeking asylum present to us for evaluation of the physical and emotional scars they have sustained from torture, ill-treatment, and other forms of persecution. We've seen how our medical training can uncover evidence of prior harm: a perfectly circular scar that is typical of a cigarette burn; varie-

gated, patterned markings on the wrists that are highly consistent with ligature markings; a constellation of symptoms including sleep disturbances and hypervigilance that is consistent with a diagnosis of PTSD. When an individual whom we have evaluated appears in immigration court, we have watched as the findings we document in a medical-legal affidavit provide evidence of the injury they have experienced; sometimes this is the only objective information available to support their story. When we hear the words "asylum is granted," we become profoundly aware of the power of our medical training to help ensure the right to freedom from torture, an essential first step towards healing.

These encounters force us to acknowledge the profound ways in which violations of our basic human rights impact health, and the prevalence of these impacts in displaced populations worldwide, including at our Southern border. Participating in FMEs is a different type of medicine than we practice in the exam room or the ICU, but it is no less integral to our mission as physicians. It has the added benefit of supplementing our training with skills that have historically been absent from medical school curricula, including how to provide trauma-informed, culturally competent care. Furthermore, studies have shown commitment to idealism and to caring for underserved communities wanes during medical training,² perhaps because our training does not adequately prepare us to address social determinants of health. Participation in FMEs offers a concrete example of the meaningful impact physicians can have in responding to human rights violations, and thereby may bolster trainees' commitment to social medicine.

Learning to take a trauma history and to understand the interplay between trauma and health are essential skills for all physicians to acquire. Trauma-informed care is not a standard part of many medical curricula and, unsurprisingly, studies show that physicians are frequently unaware of the torture and other forms of trauma that their patients have endured.³ Thus, clinicians may have difficulty providing comprehensive care to patients with high rates of trauma, including immigrant populations. Performing FMEs allows trainees to learn and practice trauma-informed care and to subsequently apply this skillset in the care of all patients.

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Medical education promotes the practice of culturally competent care, but there is tremendous variability in the way it is taught. When faced with the time constraints of brief clinical encounters, the desire to understand a patient's background often falls by the wayside. During FMEs, physicians must dive deeply into the applicant's social and cultural background and the way these shape both their personal experience of trauma and their resilience. These encounters impress upon learners the importance of understanding cultural context as an essential tool for providing comprehensive care, and equip them with concrete skills for doing so.

Professionalism standards in medicine require that physicians recognize their social responsibility to promote societal wellbeing outside of the exam room.⁴ In response, there has been a growing effort to formally incorporate advocacy into medical education.¹ When performing FMEs, trainees have the opportunity to use their medical knowledge to act as objective expert witnesses and to assist the legal community in evaluating asylum claims. While each case requires impartiality on behalf of the medical evaluator, providing this service is nonetheless a form of physician advocacy as asylum applicants very rarely have other evidence to support their claims and cases that involve a medical evaluation have a significantly higher likelihood of being granted asylum.⁵ Learners must therefore learn to balance their professional responsibility to advocate for vulnerable populations while maintaining objectivity in their medical assessments.

There are many skills that physicians must acquire during their formal medical training. Participating in FMEs exposes learners to key competencies that have historically been neglected in medical education and that are broadly applicable to their work with all patient populations. This high-yield experiential learning is essential to the development of trainees into medical professionals capable of providing exceptional care across the diverse spectrum of patients in the USA.

Today's physicians practice in a landscape where our immigrant patients are suffering from human rights violations taking place across the globe and at our own border. To

prepare physicians to confront these realities, we must equip them with the skills they need to care for these vulnerable populations and to fulfill their duty to promote health equity beyond the traditional clinical setting. FMEs provide a desperately needed service, but they also equip us as physicians with desperately needed skills. And perhaps most importantly, this work serves as an acknowledgment of human rights as essential determinants of health and wellness, and therefore reminds us of our responsibility as physicians to defend these rights.

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