

**Global Health Stories
That
You KNOW you NEED to share...**

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LEARNING OBJECTIVES: *At the end of this session the learner should be able to:*

1. Internalize the points of poignancy in the lives of our global health patients—and our own.
2. Articulate in prose or poetry our own seasons of tragedy and elation over the years of our personal-professional lives.
3. Engender deep dialogue in global and local clinical health with our national and expatriate peers.

Abstract:

Meditative practice should begin when we realize we are becoming clinicians. As our reflections distill slowly over months or years into articulated words, we likely will feel compelled to share our stories.

This session aims to engross global health clinicians at all stages of our journey in the joys and sorrows of living broadly in-the-moment within and well beyond our clinical encounters.

References:

Clinical global health in LMICs is not all glory and exultation

Pust R. Underlying cause. *JAMA* 1999;281:215-6. [prose] Papua New Guinea, 1988
[DOI: [10.1001/jama.281.3.215](https://doi.org/10.1001/jama.281.3.215)]

Sometimes it's irony and depression

Pust R. A Little Too Yellow. *J Fam Pract.* 2001; 50:265. [poetry] Papua New Guinea, 1974

Sometimes it's the ironic tragedy born of colonialism and independence

Pust RE. Indication. *Annals of Family Medicine* 2012; 10: 75-78 [prose] Kenya, 2005.
[doi: [10.1370/afm.1318](https://doi.org/10.1370/afm.1318)]

And sometimes it is triumph over tragedy—lessons from the poorest citizens of the poorest nations

Pust RE. Woman at the Well. *Pharos*; 2012; 75: [Number 4] 17. [poetry] *Guinea-Bissau*, 2011