

by Ellen Nielsen

Trial by Fire

Stigma in healthcare

From the age of eight, Dora Herceg knew exactly what she wanted to do with her life. She would practise law just like the Italian lawyer who was a friend of the family. He had told her “a lawyer is someone who creates fairness in society.” That sounded pretty good to Dora. >

Dora completed a communications degree at the University of Calgary in 1998 and continued on with law school at the University of Alberta in Edmonton. Early on, she remembers being told that law students were the best of the best; not everyone went to university and not everyone could make it in law. If you were there, it was because you were *exceptional*.

Dora articulated at Calgary Legal Guidance. And, that's when she experienced her first obstacle. She needed to complete the bar exam, that final critical hurdle to becoming a full-fledged lawyer.

But she failed.

She remembers thinking "I consistently got good marks; how could I have failed?"

She noticed people following her when she took public transit. They had headphones and were communicating her movements and activities.

As with any strong student, Dora was not deterred. She persisted and did finally pass the bar in 2004. She went to work for Legal Aid. She was now living the life of her dreams as a lawyer working in poverty law.



Dora began noticing a quiet rage inside that did not have an explanation. She thought "It's just not healthy to be this angry."

She suspected her employer was investigating her. She noticed people following her when she

took public transit. They had headphones and were communicating her movements and activities. She was having difficulty sleeping.

One day while interviewing a man charged with assault causing bodily harm, she was asked what sort of sentence he would be likely to get if he pled guilty. Although this was information Dora would normally have been able to provide, she couldn't tell him. She did say she would find out. She walked over to the crown prosecutor, but then came back without a clear answer. She didn't know why she didn't have an answer, she just didn't.

She called her husband, Ken, a crown prosecutor. She confided that she knew she was the target of an investigation.

He thought she was doing what women always do – worrying too much. "Dora is a smart woman," he says. "I thought maybe she didn't have enough to do. Maybe her work wasn't challenging or rewarding enough. Maybe she needed a dog to take her mind off things."

Dora went back into court, becoming more and more incoherent, and deteriorating into a state she would later describe as being a zombie. A co-worker decided something serious was going on and rushed her to the doctor. It wasn't just any doctor; they went to Dora's own family physician.

The doctor took one look at her and said "Dora, you are not making sense. *Go home and come back when you are able to make sense.*"

And so the woman who got into law school where only the best of the best are found, who persisted through her own challenges to succeed in the bar exams, who worked with the neediest of clients and wanted since childhood to create fairness in society, went home to wait for her husband.

And when he showed up, he knew something was very wrong. She may have frustrated him with her constant performance anxiety, but she had never become confused and unable to function in court before. "I did not like hearing that the doc-

tor had said she should come back when she was able to make sense," he says. "A stroke victim is not able to make sense; a stroke victim does not get sent home until they *can* make sense."

Ken took her back to the same doctor.

The staff there took *him* seriously. They suggested a psychiatric referral, which would take about three weeks.

Except Ken did not think they could wait that long.

The doctor took one look at her and said "Dora, you are not making sense. Go home and come back when you are able to make sense."

He took her to a walk-in clinic. The doctor there thought Dora was likely pregnant, as if that is how pregnant women behave. The doctor, who was female, recommended celery, which she said was a natural sleep aid. Pregnant or not, Dora was sure the television was speaking to her.

In fact, there was a story on the news about an East Indian woman who had been killed by a hit-and-run driver. Dora was certain she was the one who had committed this crime. She was certain she had committed every crime she knew about. An attorney knows about a lot of crime.

Ken took her to emergency.

There, as a non-emergency case, they were diverted to a quiet part of the ER to wait it out. The first doctor to see Dora thought it was >

nothing serious – likely some meds would take care of things. The second doctor determined she needed to be admitted immediately. It was 3 a.m., roughly 12 hours after they had arrived. By this point, Dora was suspicious even of her own husband’s intentions, while simultaneously also being afraid to be without him.



Dora would spend two and a half weeks in psychiatric care this first time. But it would be another long journey through various probable causes to the eventual diagnosis of schizoaffective disorder with bipolar and neurological aspects. Today, Ken is not even certain this is the ‘final’ diagnosis, a fact which irritates him though he does understand mental illness is not like diagnosing diabetes. Dora is currently on permanent disability, but evaluating several possible options that would allow her to return to work.

In speaking about her experiences, Dora describes two types of healthcare providers. “One is clinical and judgemental,” says Dora. “They’re dismissive of the patient and frustrated with every little snag in caring for someone who doesn’t get better according to predetermined timelines.

“There are false smiles, head nodding and talking down to you,” she adds. “There’s the subtle inference that you’re likely not capable of getting better or you’re choosing to remain unwell.

“Imagine how it makes you feel if your care provider doesn’t even think you *can* recover.” One doctor told Dora “You might just have to put up with a bit of psychosis.”

The other type of healthcare worker is compassionate – understanding, respectful and thoughtful. By their very nature, they create hope and, thus, foster recovery. One clinician told Dora to come back as many times as she needed until they found what would work *for her*. “Most importantly,” says Dora, “the patient is not blamed for their illness.”



There is also a systemic type of stigma that plays out when patients in serious condition do not receive immediate attention because psychiatric emergencies are perceived to be less important than a ‘real’ (physically-based) emergency. Ken wonders, for example, whether a car accident victim or someone in cardiac arrest would have been sent home when presenting in the Emergency Department in full crisis, as happened to them on one occasion. The reason given?

“No beds available.”



Although he is modest about his own role, Ken also recognizes that had he not been there to advocate on her behalf, Dora may not have gotten the care she needed.

What would have happened to her?

“Ultimately, she most likely would have been fired,” he says. “And then, not having an income, she probably would have shuffled between family members for the rest of her life.”

Dora puts his role more bluntly.

“I was suicidal,” she says. “I probably wouldn’t be here.”

Fortunately, she *is* here, working on recovery and planning for the future.

And, by sharing her story, still trying to create fairness in society. ●

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