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LESSONS FROM CARING FOR SYRIAN REFUGEES



PASSION IN THE MEDICAL PROFESSION
| MARCH 19, 2025 | 3 MIN READ

By Nagina Khan, PhD, University of Kent

Mariam, a 32-year-old mother of three from Aleppo, Syria, once lived a peaceful life before war shattered her world. After her husband went missing, she fled with her children, crossing into Turkey on foot, surviving treacherous conditions, and facing malnutrition, infections, and psychological trauma. Upon reaching Canada, Mariam encountered new challenges: language barriers, navigating a foreign healthcare system,

and battling severe anxiety and depression. But her determination to rebuild a life for her children was unwavering.

TAKEAWAY

Seek to understand the unique

understand the unique

cultural context of patients who have undergone trauma. This is paramount to building trust and providing effective care—especially for vulnerable populations, like refugees.

The United Nations High Commissioner for Refugees ([UNHCR](#)), reports the number of refugees requiring resettlement globally is projected to increase in 2025, with an estimated 2.9 million refugees needing resettlement, marking a rise of roughly half a million compared to 2024.

I first met Mariam while volunteering at an outreach center in Canada, where I worked with homeless individuals and those dealing with mental health issues. The Syrian Civil War was ongoing during the COVID-19 pandemic. The war began in 2011 and continued for over a decade, with intermittent periods of intense conflict and violence. Although the global focus during the COVID-19 pandemic was on health and safety measures, the Syrian war and its humanitarian effects remained a significant crisis throughout this period.

I felt a deep compassion for Mariam, moved by the sheer strength and hope she carried despite immense suffering. At the same time, I felt overwhelmed by the scale of the refugee crisis and the challenges refugees face—language barriers, navigating bureaucratic systems, and addressing immediate medical and psychological needs. I sometimes felt helplessness, but then I learned to channel those feelings into action by advocating for better mental health support and helping families access essential resources.

As I spent more time with Mariam, I learned about her personal and cultural values, which were rooted in a strong sense of family, community, and respect for tradition. Her dedication to her children and desire to bring together her extended family added to the depth of her resilience. I also recognized signs of emotional distress, such as anxiety as well as reluctance to discuss her husband's disappearance. By offering patient, empathetic listening, I was able to gain her trust, which allowed me to better support her emotional and medical needs.

This experience taught me valuable lessons that apply not just to refugees but to all patients. First, I learned the power of active listening and patience. Every patient, like Mariam, has an exceptional story and taking the time to listen—not just to their

... Mariam, has an exceptional story, and caring for her came to mean not just to treat symptoms but to their experiences—builds trust and creates a more effective healthcare environment.

I also learned the significance of cultural sensitivity. Refugees often face language and cultural barriers, but this lesson is applicable to all patients. Understanding a patient's cultural background helps avoid assumptions, build rapport, and tailor care to their values and needs.

Caring for refugees reinforced the importance of recognizing the whole person—not just treating physical symptoms but addressing emotional, psychological, and social factors. Refugees, like Mariam, often experience trauma, but all patients are shaped by their personal histories. By recognizing these factors, healthcare professionals can provide more compassionate and effective care.

Flexibility and adaptability were also crucial. Refugees often have complex needs, requiring healthcare professionals to quickly adjust. This is a valuable lesson for any healthcare setting, where being adaptable helps meet the varied needs of all patients.

Finally, I learned the value of advocacy and collaboration. Refugees require comprehensive support, including social services and legal aid. This experience taught me the importance of working with a broader team of professionals to address all aspects of a patient's well-being, a lesson that applies to all patients, regardless of their background.

In conclusion, my work with refugees has taught me that every patient is unique, with their own history, values, and challenges. By practicing empathy, cultural sensitivity, and holistic care, healthcare professionals can improve the care of all individuals, ensuring they receive the dignity, respect, and personalized care they deserve. Ultimately, compassion and understanding are universal tools that can make a profound difference in the lives of all patients. In the current new age of conflict and violence, giving equitable patient-centered care should be part of providing exceptional care to every patient.

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