

Out of Hours

Reflections on the plight of Syrian refugees in Lebanon

"I have realised that the most common cause for health ailments in troubled areas like the Middle East is war."

It is Thursday morning. It is my turn as an instructor in the satellite clinic where we serve marginalised populations. I say populations, as over the last year in addition to the people without legal status and a Lebanese community, we have mainly been looking after Syrian refugees. There are now more than half a million displaced Syrians in Lebanon. This is a country that has 4.5 million residents in an area half the size of Wales.¹ In my 3 years of visiting this satellite clinic I have realised that the most common cause for health ailments in troubled areas like the Middle East is war.

A patient was seen by a senior resident some time ago presenting with numbness in her hands, dizziness, and palpitations that she had experienced for a couple of months. A thyroid stimulating hormone (TSH) was ordered, in addition to a complete blood count which all turned out to be normal.

I want to highlight the importance of a psychosocial history. This 39-year-old woman is married and moved with her family to the suburbs of Beirut 7 months ago. The husband has severe back pain which prevents him finding a stable job. He occasionally sells coffee in the streets and makes around US\$20 per week. She has five children. The eldest is a 17-year old manual worker and paid a salary of US\$46 per week. Two other sons, one 16 and the other 13, also earn US\$40 and US\$27 per week respectively. The remaining two children are at home and not attending school. The children work long hours and complain of exhaustion. The family live in two small rooms for which they pay US\$265 per month. She referred to it as a grotto because it has no windows or doors other than the main entrance. She denies receiving financial or any other form of help from others. Literature describing the plight of Syrian refugees is increasing.¹⁻²

The Syrians are subject to exploitation and abuse and this is expected in a country that adopts a free market economical system. The increase in demand raises the cost of housing and an oversupply in manpower decreases wages. In addition to being exploited, poor Syrians are perceived by the Lebanese sector as competitors.¹⁻²

Lebanese state high-rank officials are also contributing to the suffering of the refugees. Initiatives to provide acceptable ready-made housing units by the UNHCR

(The UN Refugee Agency) and others, like a 17.5 m² lightweight structure that can be easily dismantled are being rejected by the government irrespective of who will pay for them. The government official justifies this position by their fear that the refugees will not return to their homes once the war is over.³

When asked about her sleeping habits the patient reported insomnia. Her appetite was suppressed; she only eats a loaf of bread a day. At this point she cried and covered her face. When she was handed a tissue paper and told that is OK to cry, she requested not to talk about this issue. Instead she mentioned that she discussed with her husband the matter of going back home to Aleppo province, where her husband used to work for a factory that cast rubber. His salary was enough to make ends meet. The children used to go to public schools and get free medical treatment when needed.

The resident accepted that a TSH request could have been avoided. He said he does not like to dwell on psychosocial matters; in this setting where people are so poor doing so may lead to even more psychological distress. When the resident said this I recalled an incident with a patient during my residency; an older lady with pathological grief. She was dressed in black, as she had been for more than 2 years after she lost her son. My mentor, who was supervising me, suggested that it is time to stop dressing in black: the lady cried when this was suggested. I thought then that the preceptor was inconsiderate. However, after 3 weeks I saw her wearing a white blouse and I discovered then that I was wrong.

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Competing interests

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