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Journal

UCLA Department of Medicine Clinical Insights, 1(2)

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Publication Date

2026-07-10

DOI

10.5070/V6.64045

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Narrative Medicine Essay

The Therapeutic Effect of Tamales

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UCLA Department of Medicine Clinical Insights

Vol. 1, Issue 2, 2026

As physicians, we are privileged to have the opportunity to make a difference in patients' lives, particularly during their most vulnerable moments. What we say and what we do to improve their patient experience can leave an everlasting impression.

In the middle of my first year as a hospitalist attending, I met a young man in the emergency room who presented with abdominal pain, poor appetite, and unintentional weight loss for one month. We shared the same cultural background, and I was able to communicate with him and his wife in Spanish (their primary language) the plan to evaluate his symptoms. The laboratory workup was significant for a mild microcytic anemia but otherwise unremarkable. The computed tomography scan of the abdomen revealed my suspicion: a large gastric mass with regional lymphadenopathy. He was admitted and biopsies from the upper endoscopy confirmed a gastric adenocarcinoma. I explained these findings to the patient and his wife, and he was referred to medical oncology to initiate treatment.

I got to know the patient and his wife well, as I cared for him several times throughout the course of his illness. He responded well to chemotherapy initially, but soon his course was complicated by gastric outlet obstruction. He was unable to tolerate any oral intake and lost a considerable amount of weight. Unfortunately, the obstruction was not amenable to stent placement, and he was started on total parenteral nutrition while he was treated with radiation therapy to relieve his symptoms.

A few months later, I cared for him again when he presented with intractable generalized pain. The gastric outlet obstruction had improved significantly, and he was able to eat some solid food once again, but more radiographic imaging now showed new metastatic disease to bone, lung, and more lymph nodes. On this hospital admission, he and his wife told me how happy he was just to be able to eat solid food again. He even told me, "You know, doctor, I am really craving tamales, and that sounds amazing right about now." I responded, "That does sound good!" We

laughed, wrapped up our discussion, and I continued my morning rounds. That conversation stuck with me throughout the day. I realized how he had not been able to enjoy his favorite foods due to his prolonged illness.

That evening, I had to return to the hospital to see new patient admissions. Thinking about my earlier conversation, I decided to stop by a local Mexican restaurant on my way to the hospital and purchased half a dozen tamales to bring to him and his wife for dinner. As I walked into their room, they were surprised to see me in the evening and were concerned that something had happened. I reassured them everything was fine and handed them the tamales. Their reaction left an unforgettable imprint in my memory. His eyes lit up, and he devoured the tamales as if he had never eaten them before. I left them to enjoy their dinner and continued with my work. The next morning (and days thereafter), all he could talk about was how good those tamales were.

A month later, I returned from vacation and got the unfortunate news that he had suffered a cardiac arrest in the hospital and expired. His condition had rapidly declined in the last two weeks prior to his death, complicated by new brain metastasis and recurrent malignant pleural effusions that made his breathing steadily more difficult. I called his wife to give her my condolences and to let her know how honored I was to have cared for him. She thanked me for "being the human being that you are" and that bringing those tamales to them that night meant more than I could imagine to them.

I have carried this story with me throughout my career as a physician, as it reminds me to always listen intently to my patients, who continue to be my most important teachers. I hope that this story continues to remind my colleagues what an incredible honor it is to be a part of our patients' lives. We have the privilege of caring for our patients even when our treatment plans are not pharmacologic. It can be as simple as spending an extra five minutes at the bedside or even bringing a patient one of their favorite dishes.

