

## *Patient's Perspective*

Sarah Baruch

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### INTRODUCTION

First year students at the University of Michigan Medical School are sent in pairs to patients' homes to help them appreciate the patient's perspective. As we walked out of Mrs. D's apartment, my partner said, "Go home and write your essay. Get it over with so you don't have to think about it over break." Although his advice was given with the best intentions, I couldn't relate to it at all. It didn't matter whether I would take the time to write an essay about Mrs. D—our visit would not leave my mind. On a physical level, I lived four blocks away from her apartment. As I passed her building, I always glanced up at the 14th floor. I knew that she was there, often going days without seeing anybody. On an emotional level, though, I felt inextricably connected to her suffering. Despite the fact that I give almost every waking hour of my days to becoming a physician, not a single moment passes when I do not struggle with the challenges of being a patient with an incurable condition.

### ANALYSIS

On our first visit, Mrs. D raved about her primary care physician. She described the physician as an equal partner—they faced each of her illnesses as a team. This time, however, her first words were, "Have I told you about my terrible doctor?" I didn't understand. How could a patient go from loving to hating a doctor over the course of a month? Mrs. D explained that for 37 years she would send an email before every appointment, outlining her concerns, questions, and updates, so that during the appointment they could make the best use of their time.

It was a single email correspondence that changed everything. The physician replied by asking Mrs. D to stop sending emails to her personal address; she should leave messages with the receptionists instead. Mrs. D was outraged; she felt betrayed and called the physician a horrible person. I couldn't keep my thoughts to myself. I felt that I had a responsibility to defend the physician or attempt to fix the situation in some way.

I asked Mrs. D if it was possible that the doctor was just overwhelmed by patients' emails. Maybe, for her own health and life balance, the doctor was cutting back on personal correspondence with her patients. Mrs. D refuted my suggestion, saying that good doctors should always be available to their patients. Furthermore, Mrs. D had no interest in sharing her personal questions with receptionists, who were likely to "misunderstand" them. Since Mrs. D had previously described the difficulty in finding good doctors, I suggested that she call the office and attempt to resolve this issue over the phone, through an honest conversation with her physician. Mrs. D was uninterested; the damage had been done.

Is a good doctor one who dedicates 24 hours a day and 7 days a week to her patients? If that is what it means, I am sure to fail. While I aspire to do everything, I can for my future patients, I also have personal dreams and aspirations that are sure to take some of my time and focus away from medicine.

A few days after the visit, I had muscle spasms in my back and urgently needed to see my doctor. As the pain continued to build up, I called his office every day but there were no openings for weeks. Before leaving for a year of living abroad, my doctor had given me his personal email. I knew that if I emailed him, I would be seen right away. However, as I reflected on Mrs. D's experience, I felt conflicted. At what point are patients overstepping their boundaries? Where will I draw the line with my patients?

I sent the email and saw my doctor the next day, saving me weeks of agony. I apologized profusely to him, expressing my understanding that he deals with patients in pain every day and the guilt I feel knowing how much worse other patients' conditions are. Unlike Mrs. D's physician, my doctor was grateful that I had contacted him. Maybe doctors are supposed to be superheroes, always available and ready to serve. Or is it possible that the patient-physician relationship cannot be defined and only exists on a case-by-case basis? Perhaps, like all relationships, there is a continuously changing dynamic, in which each party's needs and priorities are flexible depending on the situation.

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## CONCLUSION

At the end of our conversation with Mrs. D, we received some parting advice. "All old people should have a pet," she told us. "I can go days without seeing anybody, so I talk to my cat." She then glanced at the cat and said, "You look trusting, but you are fat." She then looked at me with a smirk on her face and said, "At least *she* doesn't mind what I say."