

*This is a resident case log of a patient encounter in which an “Aware Medicine topic” was central.*

### The Value of Family Medicine

I had a patient that came in to establish care a few months ago. She wanted refills of her medications as she had just moved here from Milwaukee where she had been for several months after moving there from San Diego. She was homeless, a marginal historian, had no medical records or medication bottles with her, and could provide only vague details about her previous providers in Milwaukee and San Diego. The medications which she wanted refilled included lithium, phenytoin, phenobarbital, oxycodone, oxycodone/acetaminophen, valium, metformin, insulin, “some blood pressure medication,” and a few others. Eventually, I found out her diagnosis included seizure disorder, type II diabetes, schizoaffective disorder, chronic back pain, history of cocaine, heroine and alcohol abuse, history of suicidal behavior, hyperlipidemia, hypertension, history of lung nodule, history of cervical cancer, history of tuberculosis, and history of some “mold infection” that was in her “lungs and heart.” When she asked for her annual HIV test, I offered her testing for Hepatitis C given her history of IV drug use—this came back positive.

I obtained records from the one physician she could lead me to—one that had only seen her a few times in Milwaukee. No imaging, no specialist consults, no work-up regarding her neurologic, chronic pain, infectious, or psychiatric diseases—just a few med refills, routine labs, a couple of emergency department reports, and a few documents from a very brief psychiatric hospitalization. When she complained of increasing seizure frequency while still taking her medication, I sent her to a neurologist for consultation. I also tried to get her in with a gastroenterologist for her new diagnosis of Hepatitis C and a psychiatrist for medication consultation. In the meantime, I tried to address her diabetes, hyperlipidemia, hypertension and chronic pain and to help her get established with Community Living Alliance to better coordinate her medical and social needs.

Several weeks later, I was in the middle of a busy clinic day—a few prenatal visits, some complete physicals, chronic disease follow up visits, etc. One of my patients needed to give a urine sample so I offered to hold her baby while she stepped out of the room. I got a page and took the child back to my desk to make the call. It was the neurologist to whom I had referred my complicated patient. He was angry with me for sending this patient with no previous records. He told me that he had spent the last hour trying to find some sort of previous information or workup on her condition. He questioned whether or not she had even been taking her medication and questioned my management of her other medical concerns. He then proceeded to dictate a very thorough consult note which indicated that he had actually seen this patient before and actually thanked the providers at our clinic for providing care to so many of the community’s homeless and uninsured patients. The patient came in for follow up with a colleague at my own clinic and told her that her neurologist suggested she see someone in internal medicine rather than family medicine because she was so complicated.

I saw the patient again because she needed an ER follow up and had yet to see her internist. She was a bit confused about what the purpose of her seeing that physician was—she thought I would still be the main doctor and the internist would deal with the “internal” things. As diplomatically as I could phrase it, I explained what her neurologist was thinking, how I viewed things, and left the decision up to her. No matter what my bias, I believe in empowering patients to make their own decisions regarding their own healthcare. She decided that she would take the advice of her neurologist because she had seen him a long time ago and trusted his opinion.

*This is a resident case log of a patient encounter in which  
an “Aware Medicine topic” was central.*

When I decided to go into medicine, there was never a doubt as to what specialty I would enter. My belief in family medicine is very personal to me—I cannot think of another profession that would allow me so easily to act on the philosophies and values that I feel most define who I am. It is a vehicle for me to contribute to society in, what I see as a very basic way.

As a resident physician, I am in situations every day that make me doubt whether I know enough, have read enough, or am even dedicated enough to be entrusted with the healthcare of people. The opinion of this neurologist amplified and slapped me in the face with every one of my insecurities. Was I in over my head? Would she best be served by someone who concentrates on adult health only? Should I be seeing children? What if I miss something that I didn’t see in my pediatric rotations? And pregnant women! What happens when something goes wrong during the intrapartum period? Who *should* I be seeing? What is the value of family medicine? I have been struggling with sleep deprivation, high stress learning environments, and, even worse, endless hours away from my child and husband, all as sacrifices to have the honor of practicing family medicine. That phone call made me think, what’s the point? The path I’ve chosen is not valued or respected in this world of medicine. Apparently, this neurologist, and perhaps this patient, does not believe in family medicine the way I do and I’ve had numerous other experiences that let me know they are not alone.

For some time, I have been trying to find a resolution to this little essay. The truth is I don’t have one yet. I have discussed it with some faculty that I really respect and they obviously support me, but I still feel the insecurities of being a new, young doctor trying to tackle the entire spectrum of health. I still feel a little neurotic about consult letters to specialists—wanting the details and history I provide to be a good representation of my own specialty. It does help tremendously to be surrounded by strong, clinically excellent, compassionate family doctors on the other side of residency who manage the care of patients even more medically, psychiatrically and socially complicated than this one. I think deep down I know that things will get easier, but for now, I must really focus on getting through the bad days and recognizing the good ones.