Back to Basics

“I lost my job, my wife, and my kids, and I’m currently homeless and living out of my car” said the patient in front of me. This moment shook whatever confidence I had during this clinic visit as a third year medical student. Ten minutes earlier, I entered the exam room thinking the patient on the other side of the door would be a simple follow-up after a meniscus repair.

I had come a long way since my first encounter with a patient during my family medicine rotation. During my first two years of medical school, I learned to work up and diagnose acute issues such as the flu, appendicitis or a torn anterior cruciate ligament. However, the first time I faced a perfectly healthy forty year old man in an exam room alone, my whole template disappeared and left me with the phrase, “How are you feeling?”.

After a couple of weeks on the rotation, I got a better handle of the flow of an annual preventive visit. When I saw a man here for a follow-up after a meniscus repair, I knew what I had to do. Before seeing the patient, I looked for appropriate questions to ask. I should look for signs of infection (fever, redness, and warmth), return of mobility and range of motion. His pain level should be assessed and determined whether his medication appropriately treated his pain. I reviewed the physical exam tests used to assess the function and mobility of his repaired knee. Feeling confident, I knocked on the door.

I introduced myself as I had many times before: “I am a medical student working with your doctor today”. When I asked the patient how his knee felt, he said the knee seemed great and much improved from before the surgery. He experienced no pain and had much improved range of motion without clicking or catching. I felt relief the surgery succeeded and he felt better. I imagined the encounter to end here with a great resolution.

The patient then said the surprising and unsettling statement. Not only did I not expect it, but I also did not know how to respond right away. Of course, I tried to empathise with him, but nothing I said made a difference. He was angry.

After I did as much as I could do, I left the exam room and reported to my preceptor. He is a family practice physician who did not need to look at the medical record before seeing most patients as he has taken care of them for years. He will point out a stranger’s abnormal moles at the grocery store because he worries no one else will notice it and it will become skin cancer.

I told him the patient's knee looked great with no complications but I did not know how to manage his other issues. I felt useless. After screening the patient for depression and ensured he had no thoughts of harm, I could not fix his issues. Since my preceptor had been following this patient throughout his ordeal, he provided more context. The patient worked in maintenance when he tore his meniscus during a work related activity and his work would not pay his workman's compensation. He ended up going through tens of thousands of dollars in medical bills. Finally, his work offered to pay the medical bills, but only if he resigned. Given the mountain of debt he faced, he chose the pay-out and thus lost his job.

Going back into the exam room together, my preceptor talked with the patient and offered some options including referral to psychotherapy. The patient resigned to the fact he did not have a job and could not afford the help. Additionally, he still felt angry about the whole situation and felt wronged. We offered him a bucket to help remove water from his sunken boat. After the visit, he shook both of our hands and left. My preceptor and I continued to see more patients until the end of the day. No other patient the rest of the day affected me as much as this patient.

Through this painful and humbling experience, I realized an office visit cannot resolve some conditions and situations. I felt stripped of my clinical tools I had worked to get during my first two years of medical school. Instead, I only had my personal tools of empathy and compassion for a fellow human in the face of his current loss and difficult situation.

As part of the requirements for my rotation, I needed to follow-up with a patient and complete asthma control counseling. When I asked for suggestions, the patient from yesterday happened to also have asthma so he would be a perfect person to follow-up with. In retrospect, my preceptor must have worried about this patient too. I followed up with the patient by phone. A pleasant sounding man replaced the patient talking yesterday about anger and vengeance. His mood seemed much better, and informed me he got a job. After yesterday's visit, this news thrilled me. He seemed to appreciate someone cared about him.

This patient's statement shocked me because it did not correspond with my expectations of an office visit. I needed resolution. Had I thought he had an infection or he had inadequate pain control, I could have addressed those issues during the visit. His social issues could not be addressed during one visit and thus left me with a feeling of unfulfillment.

As a future physician, I will meet many, many people. Some I may be able to manage medically and others I may not. Some will be at high points and others at low points in their lives. But I can do one thing even when the medical tools in my toolbox seem useless. I can always be there for the patient.