The Marcus Welby Moment (MWM)

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My parents used to watch a show on television called “Marcus Welby, MD.” He was a compassionate doctor who made house calls, cared for the disabled, and thoughtfully consoled dying patients. His small black bag filled with tools and medicines cured most ailments. People watched the show because the stories were poignant and stirring. The best part about being a primary care physician is experiencing the Marcus Welby Moment (MWM). It is those precious times when patients share their private lives and feelings. When patients are sick and vulnerable, improving their condition makes physicians remember why medicine was a right career choice.

I have a basket of letters from patients that I keep in my office to remind me of what a privilege it is to be a physician. When I get discouraged at work I will randomly grab a card and read it. The kind words inject me with strength to get through a harrowing day. Most of the cards are about small things that I did for patients or updates about their lives after they have moved away. One note in the basket is from a woman who had advanced metastatic lung cancer. She was frail and dying, but I convinced her to go on her annual family beach vacation. I pestered her to go knowing it would be her last trip with her family. Reluctantly she accepted the prescription for home oxygen and a walker. She sent me a note when she returned saying that the trip was one of the best risks she had ever taken. She described how she was filled with happiness, surrounded by loving family as she sat in a beach chair at the ocean’s edge with her neuropathic feet in the water. She died at her home 2 months later in the company of her closest family and friends. That was a promise I made to her. When I called the son to express my condolences we shared memories about her, and we both cried tears of laughter and sadness remembering things like the way his mom would apply sky blue eyeshadow and bright red lipstick whenever she left the house. These MWM can only be created when patients and doctors share a special bond. Constructing these moments is not something that can be forced or taught but rather they are crafted over time with constant caring.

Sadly these moments are being whittled away by the advent of the Electronic Medical Record. In the past I would write my notes on paper that went into expansive thick charts. These paper charts hold volumes of pages that constitute years of patients’ “stories.” Admittedly it was bulky and cumbersome, but there is something about the process that I miss. Maybe it was the cluttered inefficiency of the paper chart that slowed us down so we could actually have a real experience with our patients. Maybe it was the ability to turn pages like a book and read the patient’s history in sloppy handwriting. Maybe it was the scrapbook feel of the variety: Blue ink, black ink, coffee stains, my inadequate illustrations of rashes and quotes like “I only get palpitations when I think of my beautiful wife.” Maybe it was the pages that eventually got in to the chart after sitting on my desk for a week as I contemplated how to go about managing an abnormal radiology study. Maybe it was the correspondence from specialists that came to me by postal service, printed on embossed stationery with medical terminology typed out in fancy calligraphy fonts.

I remember the first month of using the EMR, I was proud to be in a generation that could use a computer, not yet old enough to ask a teenager for assistance and not old enough to be considered a Luddite. One morning I was seeing Mrs M, a longtime patient of mine. I have seen her through unemployment, alcoholism, hospitalizations, and homelessness, death of her father, severe depression, and suicide attempts. Often she arrived over an hour late because it took her three bus rides and a ½ mile walk to see

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me. She is smart and good hearted, but so many psychosocial factors prevented her from being employed or maintaining meaningful relationships. As a result, she lived on the fringes of society. As she spoke, I used my 60 WPM typing skills to transcribe where her latest battles with alcohol had taken her. I efficiently renewed her 15 medications “electronically” so I did not have to hand write each one. I reviewed her tests and placed electronic referrals for her to see specialists. I told her I would see her again in 3 months. I was done in 15 minutes, a feat never achieved during my paper chart era of practice. She glared at me with a distressed face of disappointment and said “I guess today there’s no time for a physical exam, you paid more attention to the computer than to me.” The following minutes were excruciating and time passed painfully slowly as I realized that I had not even looked her in the eye or reassured her that she would get back on track to recovery from her addiction. I had been reduced to being a doctor who was more focused on entering data and completing tasks than caring about my patient, someone I deeply cared about. I profusely apologized and she laughed about the whole incident, calling me “Dr Google,” but the debacle of this visit will forever stick with me. Today I make sure to have a MWM when I see patients, it makes medicine joyful. And yes, I battle with the enormous amount of data entry required, but I persist because I fear that the MWM will become an antiquity if we don’t teach, demonstrate, practice, and preserve them. So while my patients may complain that I am running behind, I will argue that the Marcus Welby Moment takes a lot of time and compassion.

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