

## Essays and Commentaries

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# Redefining Moments

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Sometimes I find it difficult, in my chosen profession, to resist disenchantment or cynicism. Some consider the US health system “broken.”<sup>1</sup> Millions are uninsured. Insurance coverage changes, and, after many years of trusting relationships, patients are required to transfer away from one’s practice. Medicine has become corporatized, mechanized, homogenized, and seemingly depersonalized. In family medicine, the interest of US medical school seniors in our discipline has waned compared to other specialties, perhaps in part due to our own poor role modeling.<sup>2,3</sup> After 35 years, we find ourselves contemplating our future as a specialty.<sup>4</sup> Some, myself included, even view themselves as “imposters.”<sup>5</sup>

Redefining moments, however, still occur.

I visited a 79-year-old man in a nursing home one evening after work. I had taken care of his wife for several years, and his daughter is my neighbor. A few years ago, he transferred his care to me so he could have a family physician and also to get my recommendation for a local cardiologist. He feared that his heart would start acting up. It did. I was with him through cardiac procedures, congestive heart failure, and chronic obstructive pulmonary

disease exacerbations, attempts at replacing his arthritic knees to keep him on the golf course he loved, advanced prostate cancer, acute urinary retention, and chronic renal failure. His family took fabulous care of him until progressive multi-system disease and weakness necessitated placement. This particular evening, I visited him shortly after he had returned to his room for the evening. He was very tired. It was sad to see him that way. We made small talk; I did the obligatory examination. I helped him into bed and bid him good night. A while later, a nursing assistant discovered that he had passed away.

Most recently, an 87-year-old patient of mine was hospitalized for end-stage recalcitrant prostate cancer and azotemia. I had known him for a shorter time, and he spent the cool weather months in Texas. He had refused third-line rescue therapy for his cancer and wanted to “let nature take its course.” He was awaiting transfer to inpatient hospice. My first visit following notification of his admission was after office hours. The chart indicated that he was not alert. Supine, his eyes closed, I spoke his name as I approached his bed. He opened his eyes, sprang up in the bed, flashed his characteristic captivating smile, stuck out his hand and said, “Well, hi, doctor!” I said that it was good to see him. He muttered “good,” then rested his head on the pillow again. In the next instant he was somnolent, never recovered consciousness, and died the next afternoon.

The day following each man’s death, I imagined a flashback of every conversation these two individuals had ever had in their well-lived lives. No doubt some were trivial, others profound. Some in love, kindness, or joy; others in anger or remorse; some in fear or military combat. Previously strangers, I only knew these individuals because I was their physician. Now I had been the last person to converse with them in their lifetime. I cannot imagine a greater privilege.

Thinking back, I have had this privilege a few other times in my career, the first being during my first internship rotation with a man I had just met 20 minutes before. This privilege extends to the inception of our care of patients, as well. One mother never fails, at each well-child visit, to remind her young daughter that I am the first human being that she ever saw.

Few outside of the medical profession have such intensely personal occupational encounters as private medical and personal histories, physical examinations, and someone’s first breath and another’s last words.

Fleeting moments such as I have described, seemingly inconsequential at the time, can indeed be ultimate moments in our patients’ lives. For these individuals at the extremes of life and death, I cannot imagine what they knew and felt. I can only hope that they felt cared for. For me, I now see these encounters as profound moments of inspiration and definition in a profession that

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may not always seem to be, but in fact is, extremely privileged. The past, present, and future of family medicine is our relationships with our patients.

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REFERENCES

1. Snyderman R, Williams RS. Prospective medicine: the next health care transformation. *Acad Med* 2003;78(11):1079-84.
2. Pugno PA, McPherson DS, Schmittling G, Fetter GT Jr, Kahn NB Jr. Results of the 2004 National Resident Matching Program: family practice. *Fam Med* 2004;36(8):562-70.
3. Champlin L. Why medical students lose interest in family medicine. *FP Report* 2004;10(7):2.
4. Future of Family Medicine Project Leadership Committee. The Future of Family Medicine: a collaborative project of the family medicine community. *Ann Fam Med* 2004;2(suppl 1):S3-S32.
5. Oriel K, Plane MB, Mundt M. Family medicine residents and the imposter phenomenon. *Fam Med* 2004;36(4):248-52.