

Lessons From Our Learners

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Valuable Wisdom

Arturo Aguilar, MD; Tina Kenyon, ACSW

The first time I saw Mrs S was in clinic near the beginning of my first year of residency. She was seeking medical attention after 10 years of refusing to see doctors. After taking her vital signs, the medical assistant stepped out of the room and told me how stubborn and difficult she was acting. I took that as a warning, gathered my nerve, and prepared for the worst. I knew that she probably had a series of bad experiences with doctors and was not about to trust someone as inexperienced as me.

She appeared disheveled and sat staring at me from the exam table. I started the conversation cheerfully, "Good afternoon Mrs S, I'm Dr Aguilar, one of the resident doctors here. How are you doing?"

She sternly replied, "Fine, thank you." She then continued, "I just want you to know right off that I

don't like doctors! I didn't even want to come here."

I responded, "Okay, fair enough," and asked, "What brings you in?"

She started telling me about her worsening heartburn and thought she should get a physical while she was at the clinic. In spite of her apparent reluctance to seek medical care, she brought a long list of symptoms to the visit. I discovered that her diagnostic list would go on to include diabetes, hypertension, obesity, smoking, hyperlipidemia, and severe GERD. She told me how she did not like taking medications and could not afford them. Further, she reported that she did not want any cancer screening because it was too uncomfortable. Additionally, she let me know that she was unwilling to change her diet, would not consider quitting smoking, could not afford further follow-up appointments, and wanted to be declared disabled for her chronic back pain.

I kept hearing the words "patient autonomy" in the back of my mind as she spoke. If I was ever to encourage a patient to take part

in her medical care, then it had to be now! "Mrs S," I told her, "I am here to work WITH you, not to tell you what to do. I am not your parent and would not try to compel you to do anything that you do not want to do. Rather, I will advise you what I believe is best for your health. Ultimately, what you do is up to you." She needed to know she was in control of her care with my assistance.

There was dead silence in the room after I finished speaking. She seemed taken aback, as if I was speaking a foreign language. Her attempt to create a power struggle with me was unsuccessful. We settled into an uneasy truce. I would make suggestions regarding her health care, and she would help me understand how those did or did not fit into her life.

Surprisingly, Mrs S continued to keep her many follow-up appointments. Each time we met, she seemed to tear apart my ideas for improving her health. Many of the treatments I suggested did not fit into her lifestyle, whether it was for economic reasons, time restric-

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tions, or personal preference. Since it seemed difficult to identify a mutually agreeable treatment plan, I convinced myself that each appointment would be her last. When discussing her diabetes diagnosis, she stated she did not want to take her medications. Clearly, I needed to change my approach if we were going to make progress. Using a motivational interviewing style, I decided to explore what the most important thing is in her life. What goals does she have? She told me she really wants to live long enough to see her grandchildren grow up and graduate from school. I then described the role of her diabetes medication in her overall health and longevity. I connected the effective management of her diabetes with the ability to achieve her goal of living longer. For the first time, we shared a common objective, and I could tailor my treatments and advice to that objective.

Over the next year, we established a comfortable, collaborative relationship. Through financial assistance, she acquired her medicines. Much to my surprise, she began to comply with her medications, attend diabetes education classes, change her diet, and increase her exercise. By working together, her diabetes is now in excellent control.

As I look back on my journey with Mrs S, I am struck by some of the lessons I have learned from treating complex and difficult patients. My residency cites the challenges of treating complex patients who resist behavior change as a potential source of burnout. Mrs S initially felt she needed to express her negative feelings toward physicians and medicine. She was also clear about what she was not willing to do for her health. I learned that helping Mrs S understand that she had control of her health care was

critical. This helped her change her behavior and better care for herself. She needed to know that avoiding the seriousness of her illnesses could impact her mortality. As we worked together, her goals remained our focus. My faculty reinforced the skill I learned of “not working harder than the patient.” Also, I realized the value of fostering self-efficacy with my patients. It is the willingness to be open to the wisdom gained from these challenging patient experiences that matters most.

Currently, Mrs S has well-controlled diabetes, and she feels quite well. I smile when I see her on my schedule, and she always seems happy when I walk in the room.

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