Editor’s Note: Submissions to this column may be in the form of papers, essays, poetry, or other similar forms. Editorial assistance will be provided to develop early concepts or drafts. If you have a potential submission or idea, or if you would like reactions to a document in progress, contact the series editor directly: William D. Grant, EdD, SUNY Upstate Medical University, Department of Family Medicine, 475 Irving Ave., Suite 200, Syracuse, NY 13210. 315-464-4365. Fax: 315-464-6982. grantw@upstate.edu.

Lessons From Our Learners

William D. Grant, EdD
Feature Editor

On my first day as a summer “researcher” interviewing patients with type 2 diabetes, I walked into the clinic with butterflies in my stomach. I was between my first and second year of medical school. Despite wobbling a little bit in my new heels, I succeeded in holding out my hospital name badge to anyone who might have suspected that I didn’t belong there. “I am supposed to be here. I’m a researcher. Look at the badge. I’m a researcher.” The plan was to talk to patients who had been diagnosed with diabetes from as early as 6 months to as long as 20 years ago.

I sat down in my research office—also known as examination room #11. I scrupulously arranged my pens and paper in front of me, and I waited. Before too long, my first interviewee shuffled around the corner. He was a portly Baptist minister wearing a slightly stained red tie and a pin-striped suit fastened around his imperial girth. I picked up a pen to write. He spoke slowly, in a low rumble, “I cannot interview today. I have not eaten, and I am feeling very tired. I’ll come back later.” Saying nothing more, he stood up and just left. OK, this is not going to go well.

Later came a soft-spoken middle-aged man with a noticeable stutter. He told me about his job bagging groceries. “Would you ever consider group doctors visits?” I asked him.

“I-I-I w-would like to,” he said. “B-B-But, I think s-slower than other people do.”

I nodded and asked a second question, “How do you feel that you are managing your diabetes?”

“I-I have a bit of a-a sweet tooth,” he said, turning a little red. “It raises my sugar levels.”

He then reached into his pocket and pulled out almost 15 small booklets penciled with blood glucose readings. He found the one he was looking for. “You see—Peppermint Patties are to blame for this one,” he said, pointing to the entry on the third page of his sixth booklet. Indeed, his readings had gone up a little bit: to 130. I looked at him and couldn’t help but smile.

After a few more interviews, my first day ended. I closed my notebook, gathered up my pencils, and looked for my research mentor. “How did it go today?” he asked, surprisingly upbeat after a full day of appointments. “Have you noticed any patterns about how people manage their diabetes?”

“No patterns yet,” I said. I smiled, wished him good night, and walked out of the clinic, with my name badge dangling from my collar.

And so the summer went. I sat with each patient in examination room #11, listening, asking questions: “How long have you had diabetes?” “How do you keep yourself in good health?” “What would you do differently?” “Where do you find support?”

One day, I met a Harley rider who “rolled the dice of life hard” and who wanted to stay healthy for his grandchildren. Last year, the grandchildren had lost their mother, his daughter, at the age of 34 to unmanaged type 1 diabetes. “Our family doctor went through my daughter’s death with us,” he said. “Our doctor was there every step of it. Now, I don’t want to repeat what happened. I want to take my grandchildren to the park and watch them grow up.” He paused. “I hope I can do that.”
Most of my interviewees were men. Some mischievously binged on French fries when their wives weren’t looking. One man traveled halfway across the world in the hopes of finding a miracle cure. One man, an ex-firefighter, had become so hypoglycemic that he fainted in the kitchen in front of his 8-year-old daughter. I kept wondering what I could do to help these patients. What could I do? What could I say? Then I met a woman with daisies on her dress.

I was a little surprised to see her. I had just interviewed a string of full-bellied, mid-50s men who sang the glory of plates stacked high with steak and potatoes. Then she peeked around the corner. She was small. I could have rested my arms on her shoulders. Her hair was white, but not all the way, and she set her arthritic hands patiently in her lap.

“Diabetes? I have had it for 2 and a half years. At the time, my medical card wouldn’t pay for classes, but I got a little book from a nurse called What You Should Know About Diabetes. It’s a cookbook. I use it every day. I’m the cook in the house, and I look after my husband. He got diabetes 12 years ago, and now he has Alzheimer’s.” She told me her blood glucose readings as well as his.

“Every day, I buy two fugi apples. I cut one up and cook it in the microwave for 2 minutes. Then I sprinkle some cinnamon on it.” I watched her slightly crooked hands lift up from her lap and pantomime the sprinkling of cinnamon. She continued, “My husband likes that. The other apple, I give to him at night. That one, I just sort of throw at him.” Her eyes twinkled. “If he won’t eat it, I cut it up, and we eat it together. He likes that too.”

She then began talking about her doctor. “He is a very special man,” she said. “He lets the patients help themselves.” The statement replayed in my head. I began to ask other interviewees on their own opinions about what made the perfect doctor:

“My doctor has worked with me a long time and he knows how stubborn I am. So, we work together to come up with a plan—it’s like bartering.”

“I feel like my doctor really knows me. I’m sure he has a hundred patients, but every time I come in here, we work well together.”

“I didn’t want to listen to my doctor when told me I had diabetes. I wanted to do it my way. So he let me. But my way hasn’t worked, so I’ve come back.”

When I began medical school, I envisioned myself as a doctor wielding an impervious pen and a golden prescription pad, saying such things as, “You have to exercise more. You have to eat less. You have to take your insulin.” Of course, the patient’s eyes would glow, bedazzled by the glint off the golden prescription. Their resolve would be renewed; they would take my words as gospel and live for 100 years more.

I heard a low, rumbling voice in the hallway. I peeked out and glimpsed pinstripes. We sat down, and over the next half an hour the Baptist minister confessed the past 20 years to me. “I never knew as much about my diabetes as I would have liked,” he said. “I was told that I had it but never told what to do. I wished I had asked more questions of my doctor back then. I wished I had known.” He looked at the ground. “My diabetes has grown so old. My legs ache, my eyesight blurs, and I fear the heart attack that I’ll never feel. And so, it keeps on growing.” He lifted his eyes toward mine. “It might be too late for those like me, but I hope that you young doctors can find a way to tame this demon.”

When I return to class and spend time learning long lists of β-blockers and α-antagonists, I will remember his words and look forward to, one day, becoming the type of doctor for whom he had hoped. I now realize it might take some bartering along the way.

I set down my pen, looked up at him, and said, “I hope so too.”

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