



Running Behind to Move Forward

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As clinicians we are taught to measure our success by the achievement of evidence-based targets. We work hard to know the right treatments for each disease and so sometimes neglect our relationship with patients. This inversion of priorities has often happened in our encounters with the patient who is “not ready to change.” I have made this “diagnosis” when a patient takes the time to come to the office only to disregard my advice. This may be a way to protect my ego from the alternative that they don’t value my medical recommendations. I have learned that the truth is more nuanced. These patients sometimes need to develop a relationship with their doctor before making changes. It’s faster to render an opinion than to develop a relationship, so if that’s true, the busy clinician faces a difficult choice: to remain “clinical” and on time or to engage in a relationship and risk running behind.

As soon as I opened the door to the exam room, I was reminded there was something special about Ronda. I was running late, but, as always, she wore a brilliant smile. I generally welcome my patients with a handshake, but Ronda is one of the few I now greet with a hug. For better or worse, the boundaries of this doctor-patient relationship had become broad and in our visits we didn’t just talk about her diabetes, hypertension, and obesity. We talked

about the strained relationship with her daughter and her frustrations about being unemployed. As a first-year resident, I experienced each story as an affirmation of my trustworthiness, my humanism, and my value as a physician.

As I progressed in training, I was faced with increased patient volumes and growing wait times, which was bad for patient satisfaction. I also began to notice that Ronda’s blood pressure and diabetes control were poor and that this was negatively impacting my quality metrics. I began to feel that I was using my time with Ronda in a self-indulgent way so I decided to focus our visit agendas on medically important topics like medications, diet, and exercise. Our social worker met with her to talk about counseling for her depression. I referred her to the clinic’s diabetes group visits. Months passed and her diabetes didn’t improve at all.

One Tuesday in the middle of October, Ronda’s hair was uncovered and flowed down over her shoulders. This was a stark contrast from her normal tight bun under a wrap. The first thing she told me that day was that she had always worn a wrap because she hadn’t washed her hair. After the hug, each of our visits started with a personal disclosure like this. A string of stories would follow, until I redirected the conversation and set the agenda. It was a combination of

resignation about the ineffectiveness of my structured approach and nostalgia for the first days of residency when I had 60 minutes for a visit that made me change tactics.

I decided to let her lead the visit. She revealed that she had last washed her hair on the final day at her job. I was intrigued and a little dubious. She had been on disability for almost 3 years! Instead of setting the agenda, I asked a human question. “What happened that last day at work, Ronda?”

In her life as a young professional, before I met her, Ronda had excelled in customer service. Several weeks before that last day, a car hit her. She experienced worsening irritability, insomnia, inattention, and daily headaches. On what turned out to be her final day of work, Ronda completed an ugly transformation. There wasn’t a trace of her usual grace showing when she stood up from behind her desk and ruthlessly castigated a customer in a way that only someone as emotionally weathered as Ronda could do.

After the incident, Ronda was approached by her boss, Sue, who was also her best friend. But Ronda was not herself. She yelled at Sue, pushed the contents of her desk

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onto the floor, and stormed out. The next day, she called in sick. Days stretched into weeks and she finally handed in her resignation, ignoring Sue's messages stating forgiveness and an invitation to make amends.

Ronda had previously believed her true identity was that of a liberated woman with a joyful attitude. Of course, experiences with an abusive husband had left scars, but that was to be expected. This episode called everything into question. Perhaps her sunny disposition was an affectation, and she really was a weak-willed woman who took out her anger on the ones she loved.

I do not know the reason why she chose that Tuesday to wash her hair, but the act was a dramatic statement of readiness to confront her dilemma. It is now clear that the comment about her hairstyle was not chitchat, but an invitation to help her start a new chapter. I had earned that invitation by building trust during the first year of my residency, and our relationship became

the key to a breakthrough in Ronda's health, although her health metrics had not budged during that time.

Now that Ronda was ready to move forward and I understood what was most important to her, our conversations in clinic changed. Although I continued to make medical recommendations, we focused on helping her come to terms with that pivotal day and to rebuild confidence in her identity. I explained to her that she had likely suffered a concussion from the car accident and that her transient emotional lability could have been a part of this condition. I encouraged her to reach out to Sue. We didn't talk much about her diabetes or hypertension, but her A1c has improved, and her blood pressure has come into control.

Unfortunately, Sue had literally moved on. I don't know if Ronda will ever find her to make amends. But I do know that helping Ronda reframe her narrative was a non-medical intervention that has had huge implications for her health. Ronda's

emotional and medical healing has begun, and I am so grateful to have been a part of it. I learned that understanding the pathophysiology of a patient's disease is not the same thing as understanding how to help a patient improve their health. Ronda taught me that when my patients give me a glimpse into their lives, delving deeper can help me move forward, even if I'm running behind.

(The names have been changed in this essay to protect patient confidentiality.)

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