



## “I Am Fine With Who I Am”

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(Fam Med. 2018;50(4):310-11.)

doi: 10.22454/FamMed.2018.657232

This was the first time I was seeing Ben as his doctor. He was another young adult with autism, a group of patients that I had become increasingly fond of. As a primary care physician focusing on patients with disabilities, I had recently been seeing more and more young patients with autism. I had become intrigued by their attention to detail, their exhaustive knowledge in certain areas of interest to them, and their honest and direct communication.

I knew Ben’s mother through my work connections. I had heard from her that he had been depressed at times after realizing he was different from others, which troubled him a lot. At one point, he even had suicidal thoughts. He wanted to date “normal” girls like other young men his age did; it bothered him that he could not find someone who wanted to be his girlfriend. He started seeing a psychiatrist and was being treated with medications.

Ben was my second patient of the afternoon and I made sure I was on time. Previously, I had arranged with Ben’s mother that I would inform her if I was running late, in which case she could delay Ben’s arrival at the office. I had observed that patients with autism often are anxious in unusual surroundings (eg, waiting rooms in doctors’ offices) and I wanted to be sure our encounter was free of negative distractions. Ben was

in the exam room with his mother when I entered and greeted him. He did not make eye contact, as is often the case for patients with autism. However, I continued to speak with him directly in keeping with disability etiquette.

I asked Ben if he wanted his mother to leave the room and he said “No.” I typically ask this question of young adults transitioning from pediatric practices. I make every effort to help them feel independent and to function as adults to the best of their potential.

As I reviewed Ben’s medical history and medication list with him, I admit, I was trying to avoid the topic of depression. I was encountering my own discomfort: I have found that, in interviewing patients with autism, reactions to sensitive questions are often unpredictable. Instead of asking about his depression, I took a different route and decided to first address his medications. I asked Ben, “Are you taking Wellbutrin and Effexor? Are they working?” To his affirmative response, I went on to ask, “How do you know they are working?”

What he said in reply left both his mother and me spellbound—we could not believe what we were hearing. He said “I am okay now because I am fine with who I am.” And he had no difficulty saying this. He did not look up but, because patients on the spectrum say things exactly the

way they feel (without a social filter), I could tell he meant what he said. This moment was profoundly meaningful for both his mother and for me.

It took a moment for me to digest his declaration—I was completely taken aback at what I had just heard. I felt I had been able to reach him beyond the autistic veil. He was able to connect with me—an essential first step in any doctor-patient relationship. As I reflected on these rare career moments that bring meaning and fulfillment to our work, I looked through the corner of my eyes and saw Ben’s mother trying hard to contain her emotions. Realizing the breakthrough that we had just witnessed, it became difficult for me to hold back my own tears! Finally, Ben had come to not only accept his diagnosis but also share his self-acceptance with me.

Our visit continued with a significantly improved level of comfort on my part, and Ben seemed more comfortable in his interaction with me. After the exam, we planned future visits, I completed a form that he needed, and they left. As I continued to do my work that afternoon, I kept wondering how Ben felt seeing me for the first time. A new doctor, a new office, and new staff must be a lot to handle for a patient like Ben.

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I wondered, “Did he like me? Will he come back to see me?” Was he asking his mother questions about me or sharing his opinions about our interaction? Because of the way patients with autism react to any social interaction, these questions were prevalent in my mind. We had talked about American Idol, the TV show that he likes to watch. Was he wondering why I was asking about his hobbies? It has always been my practice to engage my patients about their lives outside of their illnesses and disabilities. I want to look past their disabilities.

As the day came to a close and I went home, I was still thinking about Ben’s office visit. His mother called to thank me, telling me that this was by far the best doctor visit Ben ever had. She shared that she had called Ben’s father, who was working in New York at the time, to tell him about Ben’s statement. His

father became very emotional over the phone—Ben’s self-acceptance was what they had always wanted for him. As parents, they had come to accept and be “okay” with Ben’s diagnosis. Now, for the first time, Ben had communicated that he also felt “okay” with who he was! Indeed, he seemed to be proud of this discovery—yes, he is different but he has his own strengths. As a physician, I have learned to cherish moments such as these, recognizing that each individual I encounter has his or her own strengths and should be applauded for them. Recognizing my patients’ abilities and assisting them to overcome their disabilities to the best of their potential has brought countless rewards to my years of practice.

I still see Ben regularly, and through these visits, we are continuing to build a strong relationship.

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