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Family Medicine

NARRATIVE ESSAY

Emergency Snack

Wayne W. Bryant Jr, MD, MS

AUTHOR AFFILIATION:

Department of Family & Preventive Medicine, University of Arkansas for Medical Sciences, Little Rock, AR

CORRESPONDING AUTHOR:

Wayne W. Bryant Jr, Department of Family & Preventive Medicine, University of Arkansas for Medical Sciences, Little Rock, AR, wbryant@uams.edu

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After a busy morning clinic that spilled into the lunch hour, I was eager to eat before turning to my scheduled administrative time that afternoon. Patient care extending into lunch was common in our clinic, especially given the complexity of the underserved patients we care for.

As I headed toward the exit, a familiar face appeared in the hallway. It was a patient of mine I had seen the day before for a hospital discharge follow-up, a visit that had taken over an hour and left me without time to eat before precepting. She hadn't seen me yet. For a moment, I considered turning the other way—my stomach growled in agreement—but something about the way she stood there made me stop. She clutched an oversized plastic bag, typically provided to patients at discharge from the hospital, filled with at least 50 bottles of medication. When our eyes met, she called out, "Dr. Bryant, I don't know what to take. Can you help me?"

Her conditions flashed through my mind: diabetes, stroke, hypertension, chronic kidney disease, opioid use disorder. Her medication list reflected the tangled complexity of her life and the web of multiple specialists involved in her care. We had tried simplifying it before, but here she stood again—confused and overwhelmed.

After seeing her the day before, I asked our pharmacist to schedule a medication reconciliation visit to simplify her regimen and clarify which medications were truly necessary. I did not realize the appointment had been scheduled for that day. Unfortunately, the pharmacist had called in sick, and no one had told her in time.

"Have a seat," I said, exhaling, knowing I could not let her leave uncertain. I darted out of the clinic for a quick bathroom break and then to the fridge upstairs to grab my "emergency snack," a small survival tactic I had kept since medical school for days when study sessions ran long, or clinic stretched through lunch. I returned to her side with yogurt in one hand and picked up her bag of medications with the other.

For the next 2 hours, we worked through every bottle. I made piles for essential medications, symptom control, and pain management, alongside a growing stack of duplicates and discontinued prescriptions. By the end, we had safely discarded 30 bottles using proper medication disposal procedures. Seeing how confused and overwhelmed she was about her medications, I explained the purpose of each remaining medication and kept my explanations simple. I made sure she repeated key points and allowed time for questions before moving on to the next medication.

She left with fewer than 20 medications and a plan to follow up with our pharmacist to discuss bubble packing—patient-specific blister packaging organized by dose and time. By then, the clinic hallway was filled with patients scheduled for the afternoon, the staff back from eating lunch, and my spoon scraping the bottom of the yogurt cup.

A month later, she returned with a couple of blister packs in hand, now down to 15 medications after meeting with the pharmacist. "Dr. Bryant," she said, "I still feel like I'm on too many."

Together, we reviewed her regimen. I reassured her that these medications were necessary, and the bubble pack would help her stay organized. She smiled, visibly relieved.

What stayed with me from this experience wasn't the pile of discarded bottles, but how our patients with a high degree of medical complexity can easily have their health become unmanageable, and how much trust and vulnerability it takes to ask for help. Patients like her—juggling chronic illness, limited resources, and a dozen pill bottles—ask us for help long before they have the words for it. That kind of unspoken trust is heavy and humbling. Experiences like this remind me why I chose family medicine. While I hope that one day our health care systems will make it easier for us to do this work without time constraints, when it comes down to helping a patient understand their health, I'm happy to occasionally skip lunch, adjust my plans, or eat lunch one spoonful at a time while sorting pill bottles. I know many of my family medicine colleagues do the same.

In family medicine, sometimes the most essential tools are trust, time, and an emergency snack.