



Why I Practice Family Medicine

Pamela Adelstein, MD

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While I was busily charting, our clinic’s physiatrist, Dr Yuri, asked me two questions: “What’s your favorite illness to treat?” and “What is your favorite procedure?” Dr Yuri and I usually did not overlap at clinic; instead we communicated through office visit and consultation notes in patients’ charts. I was grateful to Dr Yuri for initiating this conversation so that we could better get to know each other.

I considered the common diseases I treat: diabetes, hypertension, back pain, headaches, depression, insomnia, anxiety, infections... As a family doctor, I see patients through all ages and stages of their lives. I recalled many work experiences as I tried to respond to Dr Yuri.

No one had ever posed these questions to me during my 20+ years of practice. I found these questions curiously difficult to answer. Upon reflection, I understood that I am not drawn to family medicine to treat an illness or perform a procedure. For me, the doctor-patient relationship is what transforms. I enjoy talking with people and learning what makes them who they are. I am gratified when we piece together who they want to be and feel how they wish to feel. When I help someone understand their body in a new way, I feel energized.

Helping people with diabetes and hypertension is rewarding, but it can

be challenging for patients to take their medication, maintain a healthy diet, and exercise. I remember Mr J., a gregarious man whom I knew for years. He never believed that he had high blood pressure. He declined medication and never was ready to stop smoking or make dietary changes. His hypertension worsened and caused kidney failure. On dialysis he felt too tethered to a machine, so he opted to stop dialysis and move to Florida. I have not heard from him, and I hope he is alive and well. I was always happy to see his name on my schedule, and I miss him.

I enjoy working with patients with insomnia, depression, and anxiety because people suffering from these diagnoses are more than these labels. Taking the time to ask about and deeply listen to who they are as people is fulfilling, and I learn wonderful things about them. In response to my inquiries about their interests, patients have shared recordings of them singing, paintings they have created, and other handiwork. Their stories demonstrate incredible resilience and survival.

The longitudinal relationships that I, as a family practitioner, enjoy with my patients, have taught me that societal woes such as homelessness, joblessness, and loneliness are often primary causes of mental health diagnoses. Many patients immigrated to the United States in search of a better life, only to feel

isolated by a lack of services to help them learn English, find employment, and live in a safe place. A painful doctoring experience springs to mind. Mrs R. could not find a job, despite an exhaustive search. Unable to pay her bills, she was evicted, and had to beg relatives to take her in. Mrs R. did not cook in their kitchens because she felt she was an imposition. She had no money for healthy food. Weight gain, and stress further elevated her blood pressure. She understandably became depressed and anxious. Rather than address the root causes, people in her life told her she should see a psychiatrist and try medication for her symptoms. She resisted these suggestions, knowing that housing and employment was the path to improved health. Desperate, she applied for disability. I struggled to complete the disability paperwork. Her disability was iatrogenic: poverty and institutional racism. If my patient was employed, she would have the means, privilege, and ability to focus on her health.

Dr Yuri awaited my reply. Stalling, I asked, “What’s YOUR favorite illness to treat?”

He smiled. “Anything musculoskeletal.”

I commented, “Sounds like you chose the right specialty for your interests!” I finally responded. “My

From Codman Square Health Center, Dorchester, MA.

favorite illness to treat is a urinary tract infection!" He regarded me quizzically. I explained, "It is usually straightforward to diagnose and treat, and patients feel better afterwards!" He seemed satisfied but I felt unsettled. Did 4 difficult years in medical school culminate in my prescribing pills for urinary pain and white blood cells in a urine sample?

Dr Yuri then reminded me his second inquiry was "What is your favorite procedure?" He enjoys injecting joints. "As a physiatrist, that makes sense to me!" I chuckled.

I weighed the options. I appreciate the opportunity to provide safe and reliable contraception to women by inserting an intrauterine device or intradermal contraceptive. I feel satisfied when I incise and drain an abscess, and know the patient will feel better. To Dr Yuri I replied, "Ear wax and skin tag removal! I shared how satisfying it is to fix temporary hearing impairment with a scoop, showing the patient the wax that had been impacted inside their ear, and hear them exclaim, "THAT was in my ear?!"

I disclosed how I pick up skin tag removals. If I note skin tags during physical examination, I mention, "Should those skin tags bother you, I can remove them." Some demure, but others are elated. One patient cried with joy after I snipped off skin tags on her neck. "Finally I won't have to wear turtlenecks this summer," she confided. She had been embarrassed by her appearance for years. I was moved by the impact of this simple intervention, a stark contrast to the demands of a complex family medicine residency.

Still reflecting, I asked the family medicine residents whom I was precepting the questions posed by Dr Yuri. They also were stymied. My conversation with Dr Yuri brought to mind different questions, such as "Which patients inspire you with their perseverance?" "Which patients, despite adversity, work to improve their health?" "Which patients make YOU feel better when you see them?" "Which patients do you worry about at night?"

My specialty affords me the unique opportunity of caring for

patients and their families throughout all stages of their lives. I find this work meaningful and inspiring. The connections with my patients sustain me, humble me, and invigorate me. This why I continue my work despite frustrations with charting, insurance companies dictating how I practice, and institutional racism. I feel fortunate that my chosen specialty aligns with my values. This alignment helps stave off burnout and is why I adore my patients and love to practice family medicine.

CORRESPONDENCE: Address correspondence to Dr Pamela Adelstein, Codman Square Health Center, 637 Washington St, Dorchester, MA 02124. 617-822-8377. 617-822-822. pamelaadelstein@gmail.com.