

I Started Buying the Chocolate Bar and the Almonds Separately

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As a little boy growing up, I liked candy bars. My favorites were those with milk or dark chocolate and nuts, usually peanuts or almonds. As a kid, I remember going to the grocery store with my parents and getting my favorite candy, the Mars almond bar (I think it was replaced with a new kind of Snickers candy bar about 20 years ago, because the current Mars bar does not have almonds). I remember peering up at the well-stocked shelves as I hopped and skipped alongside my parents down the grocery store aisles as a 7- or 8-year-old kid. Sometimes they would let me push the shopping cart, and I couldn't wait to steer the buggy to the checkout so I could ask for a Mars. There it would be: M-A-R-S in those bright red letters with the beige, striped wrapper that even had almonds printed on it. On the ride home, I got to enjoy every mouthful, trying to savor the caramel, nougat, chocolate, and as their famous advertising catchphrase stated, "an almond in every bite."

As I grew into my early teens, I noticed that most of the time I just didn't get enough almonds in the candy bar. It seemed like I was hungry all the time as a growing boy, and even though my parents encouraged healthy eating, I still craved my beloved Mars. My favorite chocolate bar, however, was starting to disappoint me. For an entire candy bar, I would sometimes only have three almonds. I wanted more almonds! Many years passed and I came to terms with my reality: I would just have to deal with what I was given. Then, as a young adult, I had an epiphany! Who was the manufacturer to tell me how many almonds I could have with my chocolate? I realized that I could control the ratio of chocolate to almonds without being limited by the offerings of the candy bar producer. Now I do just that, by purchasing chocolate and nuts separately and mixing them myself, even if I can no longer access my dearest Mars almond bar.

My desire to control the ratio of chocolate to almonds expressed my adaptability and resilience. I wasn't giving up on my candy bar just because it didn't have enough almonds. I was determined to achieve the outcome I wanted: more almonds! As family physicians, we are taught to be adaptable and resilient. We can change the flow of conversation or the direction of an appointment in a moment based on patient needs, and we won't give up on our patients or the encounter because we are relentless in our pursuit of health for our patients. A scheduled diabetes visit may turn into a counseling visit for depression, or a scheduled appointment for knee pain may also need a lengthy discussion about migraine headaches. Recognizing the challenge some patients have in making it to the clinic, we can address multiple concerns per visit oftentimes without requiring patients to make additional appointments. We are careful with prepared, template-driven care experiences and prefer a person-centered approach that allows for variability as dictated by our patients. In taking detailed histories and carefully examining our patients, we consider our differential diagnoses. We share compassion with each unique patient in our own unique way at every patient encounter and determine the right mix of history to exam, knowing when to engage our fully comprehensive approach and when to be more focused. In our work with learners, whether they be medical students or resident physicians, we demonstrate our approach, which is uniquely family medicine.

As family physicians, we examine the information and situation presented to us, essentially separating the chocolate from the almonds. We decide the proportions of each that we need, not being restricted by the ratios set by the manufacturer or the candy store, or medical coding categories. In a time when our country needs family physicians more than ever before, we must boldly declare our value beyond that of algorithms, templates, and checkboxes. We must ensure that there will always be a place for the human touch

and response in a setting that allows for adaptation and change when evaluating patients. There will always be a permanent place in medicine and need for the family physician.