

## Between the Question and Tears

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She arrived listed only as fatigue.

The previous patient's note was finished. Vitals stable. Systems reviewed. Labs pristine. Assessment and plan arranged neatly under familiar headings. I signed, closed the tab, and the cursor moved to the next name.

It was a weekday afternoon in our outpatient clinic, the kind of day when appointment slots compress stories into 15 minute intervals and the waiting room hums with quiet impatience.

Fatigue usually follows a script. Hemoglobin. Thyroid. Sleep hygiene. Her results were normal. I had just begun to reassure her when I noticed she had not lifted her eyes since sitting down.

I closed the file.

"So tell me," I said, "what does the tiredness actually feel like?"

A pause. Then a small shrug. "It's not really the body, doctor." She touched her chest once, lightly. "It's here."

I waited. "Some mornings," she said, "I wake up already tired."

She paused again. "Even before my feet touch the floor, everything already feels heavy."

She was in her 40 s, a homemaker with two school-aged children. Her husband worked late shifts. Her mother-in-law lived with them. The household rested on her shoulders, quietly, constantly. There were no illnesses listed in her chart. Nothing in the record suggested strain. Everything in her life did.

She spoke carefully, as though speech itself required rationing.

"I keep hoping if I sleep better it will go away. But even after sleep, it stays."

The details emerged in fragments. Cooking at dawn. Children to school. Medicines for her elderly parent. Lately she forgot small things—stove left on, keys misplaced. Some days breathlessness on stairs. Other days she lingered in the bathroom because it was the only place no one knocked.

"I don't want tablets," she said quickly. "I just want to know why I feel this way."

This was not ordinary tiredness. It was structural—load-bearing, cumulative. The kind that settles into bone and breath even when the body is still.

Her physical examination was unremarkable. Heart sounds normal. Lungs clear. No swelling. Appetite and sleep answers came polite but thin. Outside, the clinic continued to move—names called, chairs shifting, time advancing.

Her chart could easily have read: *Fatigue. Labs normal. Reassured.* It was a half-truth.

I hesitated, then asked something outside the template.

"When was the last time anyone asked how you were doing?" Her breath caught. Her eyes filled. Not dramatic sobs. Just quiet, steady tears.

"No one," she said. "Everyone asks what's for dinner. Whether the children finished homework. If Amma took her medicines." She wiped her face quickly, almost apologetically.

"I don't remember the last time someone asked me." Then she looked at me.

"Am I becoming lazy?"

"No," I said. "You sound exhausted."

She exhaled slowly, as though the word had finally found its place. I passed her a box of tissues and let the silence remain. Something shifted in that space.

"I feel weak saying it," she continued. "Other women manage. Why can't I?"

"If I fall sick," she said, "everything stops."

No diagnosis declared itself. No scan followed. We spoke instead about what prolonged strain can do—how distress settles into the body, how emotional fatigue can take physical form. I suggested small, practical steps where possible: asking for help, taking brief walks, returning if the heaviness did not change. I mentioned counseling gently.

She nodded.

I documented: *Depression screen negative, general advice given, follow-up advised.*

The chart held the skeleton. It missed the weather.

Clinic moved on. Names were called. Chairs scraped. A blood pressure cuff hummed somewhere down the corridor. I opened the next chart, but my attention lagged behind my hands. I was still hearing the cadence of her sentences, the way she spoke as if even language required energy she barely had.

As a trainee, I had learned to manage throughput—to keep visits efficient, to move steadily toward assessment and plan, to maintain pace.

No one teaches you how to hold what leaks through.

I began to notice how often distress arrives disguised as symptoms, and how quickly I return to the screen after difficult moments. Documentation offers a kind of closure, even when the story remains open.

I began to recognize the velocity of clinic days: how easily stories get compressed by checklists. Not every visit allowed space. Some demanded decisiveness. But occasionally there was room for an interval—a pause where something unfiled could surface.

I was still learning where those openings lived.

Later that week, another woman came with recurrent abdominal pain and a file of normal reports. I nearly reassured and moved on until she mentioned, almost in passing, that her husband had lost his job months earlier.

No organic lesion. Only stress finding a home in viscera.

Over the following days, I started leaving the screen idle a few seconds longer. Waiting through silences instead of filling them. I noticed hands tightening around lab reports, eyes shifting toward the door before difficult words arrived, voices lowering when they moved closer to what mattered.

These details rarely changed treatment. They changed attention.

I did not become a different doctor. The waiting room stayed full. The visits remained brief. But I began to see that even within those limits, I had more agency than I had assumed—not to change the system, but to change where I stood within it. I had not solved her exhaustion, but I had not reduced her fatigue either.

A closed laptop. A pause. One question outside the template.

She returned 2 months later. She looked steadier—not cured, just less compressed.

“I still get tired,” she said, “but now I know what it is.”

A small, tired smile. “I told my sister I need help sometimes. I’ve never said that before.” She had begun evening walks. Shared some household tasks. Scheduled counseling.

Her follow-up note was brief. The visit itself was unremarkable.

That evening, while finishing notes, I remembered the way she had touched her chest, marking a place only she could locate. The chart never held that gesture. It had missed the weather in the room that afternoon.

What stayed with me was not what I documented.

It was the moment in between—the question I asked, and the silence that followed.

In that brief space, before the tears came, something essential had already been said.

#### **AUTHOR NOTE**

This manuscript is based on a real clinical encounter. Identifying details have been modified to protect patient confidentiality in accordance with journal guidelines.

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### **DISCLAIMER**

None

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