

## House Plans

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Many years ago, I had the privilege of caring for a woman in her mid-40s. During our visits, she shared that she and her husband were designing their dream home. As her family doctor, I saw her once a year for health maintenance and occasionally in between, if other health issues came up. She had breast cancer years before and, fortunately, was in remission following treatment that included radiation therapy. Her only other active health concern was heartburn due to radiation esophagitis, for which I prescribed omeprazole.

Then her cancer returned. She saw her oncologist, her surgeon, and was in and out of the hospital for various treatments, illnesses, and complications. Through these challenges, she continued to see me. I would sometimes spend the visits explaining imaging reports, doctor notes, or the complexities of health insurance and health systems. After addressing her health concerns, she would update me on the house. They found and bought land out in the country. They met with an architect and finalized their plans. They started work on the foundations.

Her health continued to decline. Her cancer had metastasized and was not responding to treatments. At one visit, as I renewed her omeprazole, I remember asking her, “Why do you come to see me?” Surely her other doctors could renew this simple medication, and asking her to come to one more visit amidst all her hospitalizations, infusions, office visits, and health needs seemed like a burden. In a powerful moment, she looked at me and said, “Because you are the only one who listens.”

For the next several months, I saw her occasionally. She told me they had nearly completed their house and were planning to move in soon. She ended each visit with an invitation to see her home. I always found a reason not to go: my son’s basketball practice, a weekend trip, concerns about boundaries, and fears of my inability to change an inevitable outcome. As she transitioned to in-home hospice, her visits to me became less frequent, and I finally decided to make the trip after clinic on a Friday afternoon. I got lost a couple of times on the gravel roads and eventually rolled up to a house, set back from the road, on a hill surrounded by trees.

Her husband met me and gave me a tour of the house. It was beautiful and full of light. My patient was lying on the couch watching birds at the feeder off the deck, with the sun setting behind the trees. We sat together, quietly, for an hour or so. Despite birds fluttering to and from the feeder and dust motes sparkling in the fading sunlight, there was a stillness in the room and peace in the moment. As the quiet lingered and the sun set, our visit drew to a close. She and her husband thanked me for coming to visit and I thanked them for the opportunity.

The quiet ride home solidified principles that have guided my practice since: I seek time to listen, to ask about the “house plans” in my patients’ lives, and to remember that my presence can be as powerful as any prescription I write. I learned Monday that she had passed away that weekend.

As family doctors, we are privileged to share moments in people’s lives. We must overcome fears and busy schedules, manage boundaries, and explore our reasons and excuses so that we may be fully present. We may be there as people are born, care for them in times of illness, and share their challenges, successes, and joys. We can’t always offer a cure, but we can always offer our time, our care, and our interest in the “house plans” along the way.