

Do You Have a Moment?

Donald Pine, MD

AUTHOR AFFILIATION:

Methodist Hospital Family Medicine Residency Program, University of Minnesota (Retired), St Louis Park, MN

CORRESPONDING AUTHOR:

Donald Pine, Methodist Hospital Family Medicine Residency Program, University of Minnesota (Retired), St Louis Park, MN, pineda@umn.edu

HOW TO CITE: Pine D. Do You Have a Moment?. *Fam Med.* 2024;56(3):195–196. doi: [10.22454/FamMed.2024.760560](https://doi.org/10.22454/FamMed.2024.760560)

PUBLISHED: 16 January 2024

© Society of Teachers of Family Medicine

The church social hour was crowded as I headed across the room for a cup of coffee and conversation. Ruth, in her 80's, stepped away from her group and extended her arm.

“Don, what is this rash on my hand?” she asked.

The year was 1975. I had moved with my wife, Sharon, and our young daughter to Minnesota to start my new practice. A colleague invited us to his church, and we began attending services. The people we met were welcoming, and we discussed a variety of topics during the coffee hour. But after a few months, parishioners began approaching me with their personal medical issues.

Ruth's greeting was abrupt, as was her style. She was a kind and intelligent retired engineer, and I liked the way she thought about serious issues. As we moved to the side of the room, my heart was troubled. I felt that I was being taken advantage of, yet I wanted to help. I frowned and glanced away from her briefly. She reported that she was feeling fine.

“Ruth, I don't know what it is. It's not urgent. Your doctor should see it,” I said, barely concealing my irritation.

Ruth nodded. “OK, I will see her in the next few days. Thanks, Don.”

As she walked away, I fumed. I worked long hours as a practicing physician and didn't feel like dealing with medical issues at church. Furthermore, I could not provide the best advice. I didn't know Ruth's medical history. The setting was not confidential. My fellow parishioners were not my patients.

So, I adopted a response when church members would bring up medical concerns: I'd listen carefully but provide minimal advice. I hoped that my tight-lipped strategy and standoffish demeanor would discourage medical discussions, but churchgoers continued to approach me with health issues, both serious and minor.

“I can't stand these endless medical discussions. We should call it harassment hour rather than fellowship hour,” I complained to Sharon.

Yet church attendance was satisfying in other ways. Sharon and I grew up attending church. As a young family, it was a ritual. Our daughter looked forward to Sunday School, and I relished the socializing, despite the medical queries.

As time went on and I got to know people in the church, my irritation waned. These consults were limited to one issue, and people did not press me for more medical advice after my minimal response. As years passed, my attitude continued to shift. I felt more comfortable in the congregation. I realized that members respected my opinion and were not trying to take advantage of me. I felt more competent as a physician and gained more maturity and wisdom.

Twenty years after my encounter with Ruth, I was talking with a woman named Judy during social hour.

“Where's Fred?” I asked. I hadn't seen her husband in church for a few weeks.

“He just had cancer surgery,” she said.

I was flabbergasted. “He didn't tell me!” I said.

Fred, a retired military officer with strong opinions, and I talked every Sunday. We had divergent life perspectives, but we were friends.

“Fred says that member updates about their health bug you. He didn’t want to bother you.”

Although I’d never mentioned it to him, Fred had figured it out. I didn’t hide my disdain for church medical consultations very well. I was enduring my fellow parishioners rather than demonstrating concern, and he saw it.

“I’m sorry that I gave that impression,” I said. “I hope he gets better soon.”

“I will tell him, Don,” she said.

I was disappointed with myself. Although I had gradually been changing my attitude, on that Sunday I realized that talking about personal medical concerns is a part of friendship and that the health care system is often confusing and intimidating to people. Having a friend at church should be a blessing, not a curse. From that day forward, I resolved to start listening with empathy.

Fred was back in church a few weeks later and, before I had a chance to ask him, he walked up to me and reported that the surgery was successful. In subsequent years, he mentioned other medical conditions, but he didn’t dwell on them. I never told him about my regret that I hadn’t been more open to members’ concerns in the past, though I wish I had.

Now I listen with compassion when a parishioner mentions an ailment. I smile when I greet them; but when we discuss the medical concern, I take on a more professional demeanor. I focus on the individual parishioner. I ask questions only if I need more information to rule out an urgent issue. I often offer sympathy. Sometimes I provide limited help, but I avoid specific medical advice. Sometimes I offer insight on how to navigate the medical care system.

One day I was leaving the social hour for an education class when I heard footsteps behind me.

“Hey, Don, wait a minute.”

I turned and saw Tom, a tall, vigorous man in his 80’s, walking toward me with purpose. He was funny and sociable. I smiled as I greeted him, expecting a humorous story. But Tom wasn’t smiling.

“I fell recently and lost consciousness,” he said. “My physician referred me to a cardiologist, but he was abrupt and didn’t really listen. I don’t want to fall again. What do you think?”

I thought for a moment, then said, “I would consult your primary physician again. He has your cardiologist’s report.”

He looked surprised, “Is that appropriate? For my doctor to overrule a cardiologist?”

“I often talk with patients about specialist recommendations,” I told him. “I’m sure your doctor will be glad to help.”

We chatted about it for a few more minutes.

Beaming, he said, “Thanks, Don.”

I missed my class, but I was glad to help a friend.

ACKNOWLEDGMENT

The names of the people in this essay and identifying details were changed for confidentiality. Any resemblance to actual persons is coincidental.