

## Dear John Doe

Brandy Truong, MD

### AUTHOR AFFILIATION:

Kaweah Health Family Medicine  
Residency, Visalia, CA

### CORRESPONDING AUTHOR:

Brandy Truong, Kaweah Health  
Family Medicine Residency, Visalia,  
CA,  
[btruong@kaweahhealth.org](mailto:btruong@kaweahhealth.org)

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Dear John Doe,

The page for your admission came early into my night shift. I opened your chart the same way I do for every patient, but something felt off. Your chart name was a pseudonym with no prior medical history or age. Your vitals were normal, and your labs were unremarkable. Nothing explained why you needed admission. Then I clicked on the CT scan of your brain.

First, I read the radiologist’s report: “multifactorial acute brain injury and intracranial hemorrhage from penetrating trauma.” Then, I viewed your CT scans, unable to understand what I was seeing. How did this happen to you? Given the injury, I wondered if this had been paged to the wrong service. Surely you were meant to be admitted to the ICU. But the neurosurgery consult note made everything clear: “catastrophic injury, as the bullet crosses the midline; grave prognosis.”

Confused and unsettled, I called the emergency medicine resident—my friend—who paused before speaking. “Are you sitting down?” he asked. He explained that the admission was for comfort care only. As he spoke, a sharp ache spread across my chest.

Afterward, I made my way to the emergency department to meet you. My heart was racing because I had no clue what I would encounter. What would you look like given the injury? All I could visualize was your CT brain. Was your family going to be at bedside, and if so, how am I going to talk to them? I couldn’t gather my thoughts in an organized way. Quietly out loud, I told myself to take deep breaths.

When I arrived, my attending was already at your bedside, talking to your parents. I felt emotion rise in a sudden wave. Because your chart was a John Doe, I didn’t know your name or how old you were. You looked young—too young. Maybe in your 30s.

Your face was partially wrapped, shielding the worst of your injuries, but I knew what lay beneath. I had seen the scan. I had read the word: *catastrophic*.

Your mother moved between stunned silence and loud, trembling sobs. Your parents kept saying they wished they had lingered with you a little longer that morning. They believed your depression was improving. My attending and I spoke carefully, hoping to ease any sense of blame they might carry and offered condolences—gentle and inadequate.

I wanted to leave. My eyes burned with tears that I struggled to hold back. How was I supposed to stand there and comfort your parents when I was barely holding myself together?

Several hours later, when I finally had a chance to step outside the hospital, I let myself break. I called a coresident, sobbing. I kept wondering, *is it easier not knowing who you were, or harder because I’ll never know what made you, you?*

I am sorry.

I am sorry you felt this was your best choice.

I am sorry I couldn’t stay in your room longer. From outside, I coordinated the small things—orders, medications, instructions—hoping they eased your final moments. While standing there, watching the nurses ensure your comfort, I felt the weight of more than just your individual tragedy. It was impossible not to reflect on the larger systemic failures that shaped your final moments. I’m sorry our health care system failed you and we lack psychiatry resources. I’m sorry our society failed you. I’m sorry we don’t have better gun safety laws.

Since meeting you, I've spent a little more time with every patient I see in clinic who is struggling with depression. I try just a little harder to connect them with resources and give handouts with resources listed.

I took care of you for only 1 hour, but caring for you reshaped the way I approach my patients, reminding me that even brief encounters can leave lasting imprints on who we become as physicians.

John Doe, thank you for the privilege of caring for you in your final moments. I hope you are now at peace.

Sincerely,  
Brandy