

Presence With Patients

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The sun peeked through pink-streaked clouds as I made my way to the office, my morning coffee steaming against my face with the quiet promise of wakefulness. My eyes, still puffy from the deep sleep I'd reluctantly left behind, blinked toward the familiar outline of the family medicine clinic. Routine guided my steps: check and recheck my supplies.

Pen. Notepad. Badge.

Sliding into my desk chair, I began the ritual of reviewing my first patient of the day. The chart glowed softly on the screen as I combed through her history, social notes, and past diagnostic screenings for her establishment of care appointment, each line a small window into a person I had yet to meet. When her name turned green, signaling she had arrived, my sneakers screeched softly against the tile as I rose.

Stethoscope. White coat. Room 2.

Three quick knocks on the exam room door. I peeked my head through, ready with my usual introduction, but the air shifted the moment our eyes met. Her gaze flickered up, almost startled, before darting back down to the floor. The room felt smaller somehow, the hum of the fluorescent light suddenly louder. In training, I had been taught to move efficiently—guided by checklists, timelines, and the quiet expectation to gather information quickly. I relied on structure: review the chart, confirm key details—*establish care*—and proceed with the exam. It kept me organized, but in that moment, it also led me to move forward before truly understanding why she had come in at all.

Hair. Skin. Nails.

The words played like a quiet checklist in my mind as I had already begun the physical exam. Her hair was pulled into a long braid that trailed down the center of her back, a few loose strands escaping to frame her face, soft but unkept. Her skin looked dimmed somehow; the warmth beneath it had gone quiet. Her nails were short and uneven, edges raw as if chewed. She sat quietly, hands resting in her lap, fingers intertwined in a nervous knot over faded, threadbare jeans. Her right hand gripped the left as if anchoring herself to something unseen.

Ears. Nose. Throat.

Unclicking the otoscope from its resting place, I attached the earpiece and turned toward her. She tilted her head slightly, the braid shifting over her shoulder like a pendulum, as I leaned in. A faint scent of citrus, clean but out of place in the sterile air, hung between us. I offered a gentle smile.

“So, what kind of work do you do?”

“I clean houses,” she murmured, eyes fixed on her shoes.

“That must keep you busy,” I said softly. “Do you work with a company, or on your own?”

Her shoulders lifted in a small shrug. “Just me.”

I nodded, hoping to bridge the silence. “And how's home? Do you live nearby?”

She hesitated. “With family,” she said finally, the words catching slightly in her throat.

Her answers were carefully measured; each syllable trimmed to the safest minimum. Her voice was soft but strained, like it hadn't had the chance to rest in days. I noticed her posture, tight and guarded, like someone expecting bad news or worse: judgment.

Heart. Lungs. Abdomen.

Laying my stethoscope on her chest, I felt her heart beat with force — urgent, unwavering. Her shoulders tensed beneath my hand. I paused, placing my hand gently on her shoulder, and asked softly, “Are you okay?”

Tears welled in her eyes as her gaze finally lifted to meet mine. Only then did I truly see her. The deep shadows beneath her eyes, the way her whole frame seemed held together by sheer will. Her voice cracked under the weight of her words as she shared how relentless her life had become, how her workplace had worn her down, how her colleagues had treated her, how she was running on scraps of sleep to care for both her children and her aging parents.

She was a devoted daughter, an unyielding mother, and a quiet warrior.

But this time, I did not return to the checklist. I set my stethoscope aside and turned fully toward her, letting the computer screen dim behind me. “That sounds like a lot to carry,” I said gently. “You don’t have to go through it alone.”

She exhaled, as if those words had given her permission to release something she had been holding for far too long.

We talked. Not in rushed fragments, but in pauses that made space for truth. She shared that sleep had become a luxury, that the weight of responsibility had begun to feel unbearable, that some days she wasn’t sure how much longer she could keep up. She denied feeling unsafe at home, but admitted to feeling overwhelmed, constantly anxious, and emotionally exhausted.

I asked more directly this time. “Have you been feeling down or hopeless?”

A small nod.

The visit shifted.

We discussed what support could look like—small, realistic steps forward. A referral to behavioral health. Information on community resources to help with caregiving. A conversation about sleep, stress, and the possibility of therapy. I reassured her that what she was feeling was valid, and that help was not only available, but deserved.

Before leaving, I paused at the door. “I’d like to see you again soon,” I said. “We can work through this together.” She looked up, meeting my eyes with something steadier this time.

“Okay,” she whispered.

The note I wrote that day was still incomplete in its own way—no template could fully capture her story. But it held something more important than efficiency. It held intention.

Because presence may be where healing begins, but it is not where it ends. It continues in the questions we choose to ask, the silence we are willing to sit in, and the steps we take to ensure our patients are not left to carry their burdens alone.