2026, Volume 0, Issue 0, 1-2, e-ISSN 1938-3800

Family Medicine

NARRATIVE ESSAY

When Silence Speaks

Janelle Azar

AUTHOR AFFILIATION:

FIU Herbert Wertheim College of Medicine, Miami, FL

CORRESPONDING AUTHOR:

Janelle Azar, FIU Herbert Wertheim College of Medicine, Miami, FL, jazar010@fiu.edu

HOW TO CITE: Azar J. When Silence Speaks. *Fam Med.* 2026;0(0):1-2. doi: 10.22454/FamMed.2026.416597

FIRST PUBLISHED: April 9, 2026

KEYWORDS: Narrative/reflective writing, Clinical-patient communication/relationship, Patient-centered care

© Society of Teachers of Family Medicine

It was a busy Monday afternoon at the primary care clinic, with patients, doctors, nurses, and third-year medical students like me shuffling in and out of rooms in a steady rhythm. I sat at my designated student doctor workstation, reviewing the schedule and notes for my next patient and mentally running through my checklist of questions. I watched as his status bar changed from "check-in" to "intake," anticipating "ready for provider" as my cue to enter.

The quiet order of my thoughts quickly slipped away when the alert came—not from my screen, but from the medical assistant rushing toward me, her voice urgent, "His blood pressure is 185 over 111."

My heart raced, but I lingered at the doorway, drawing in a steadying breath. While a single elevated reading is not always an emergency, I knew reacting too urgently could heighten his anxiety.

I knocked gently and stepped inside. The room was bright but small, the sterile scent of disinfectant hanging in the air. Against the wall sat a single lime-green chair that seemed too cheerful against the patient's visible unease as he sprang to his feet, his movements jittery.

I smiled softly, introducing myself and gesturing for him to take a seat. He did, though uneasily—his hands folded, then unfolded, then folded again.

"I'm here for a checkup," the sentence slipped out in a rush, betraying the tension he tried to hide. He explained that he hadn't seen a primary care doctor in years. "Life happens," he added with a half-smile that didn't quite reach his eyes.

I glanced at the chart, "Your blood pressure was high today. Is it usually like this?"

His eyes widened. "No, never that high. At home, it's 140s over 80s. I'm just... nervous here. I don't like coming to the doctor's office." His voice wavered, part apology, part confession.

I nodded, meeting his gaze, and reassured him. "That's more common than you think. Let's give it some time and recheck later."

His posture softened, arms resting on his thighs, and he exhaled a laugh of relief.

"Before I dive into more routine questions, is there anything specific you would like to address?" I added.

Silence.

The tone of our conversation shifted as he looked away, searching for words he hadn't planned to share. He had been waking up at night drenched in sweat, chest tight, breath short, convinced he was having panic attacks. He fidgeted in his chair, knuckles blanching as his fingers twisted together.

I inquired about his social history, the usual questions that frame a person's life. Work, family, stressors—nothing stood out. His answers came easily at first, almost rehearsed. When I asked about the days leading up to these panic attacks, he hesitated.

Silence.

After a long pause, he admitted to drinking heavily: more than 12 drinks the night before the first panic attack, and six more the next morning. As I became aware of the direction our conversation was heading, I continued gently, asking a few more questions about his habits and routines.

At first, he answered flatly, in stark contrast to the start of our encounter. But with each stretching pause, I noticed his gaze drifting past me to the bare wall behind, searching for something. I began to see it in his face—the slow, reluctant recognition of what his answers might mean; a quiet acknowledgment of a problem he had yet to name.

For the first time, his eyes met mine fully, “Do you think I’m going through alcohol withdrawal?”

Silence.

His expression was searching, anxious, as though bracing for an answer he already feared.

“Yes,” I replied gently, “there is a high likelihood that your symptoms are related to alcohol withdrawal given your history of chronic alcohol use and the episodes of heavy drinking the days prior.”

His lips pressed into a thin line, and he stared at the floor, silent for a long moment. “But I never got drunk,” he explained, almost defensively, describing how he could drink daily and binge on the weekends without feeling ill.

I began explaining how the body adapts, building tolerance so that intoxication no longer feels obvious. As we spoke, his defensiveness faded, replaced by a quiet recognition, the kind that sits heavily on the chest.

Silence.

When I asked if knowing this made him want to cut back, his reply was immediate. “Yes. Absolutely. I didn’t think it was hurting me before. But I do now. I don’t feel like myself anymore,” his eyes pleaded earnestly.

By the end of the visit, as I stepped back to organize my thoughts, I realized that much of what had happened in that room was shaped by silence. In those pauses, his body language, his hesitation, and eventually his own question spoke more clearly than any checklist could have. As a medical student trained to gather comprehensive clinical information, often mindful of time and completeness, I learned that silence served a clinical purpose of its own, inviting reflection rather than interruption and helping us reach a plan guided by the patient’s priorities rather than a script. I also saw how it quietly laid the groundwork for trust—a realization that emerged with time, as he returned consistently for follow-up.

A week later, we met in the same room. He sat down in the same lime-green chair, the obnoxious bright color finally matching his demeanor. The restless fidgeting of his fingers had stilled and the anxious sheen on his forehead was gone.

He met my gaze and said softly, “Thank you for making me feel comfortable enough to be honest with you and myself. I haven’t had a drink since we last spoke. And no more panic attacks!”

In that moment, I felt the weight and the privilege of those 20 minutes we had shared—20 minutes of listening, of holding space, and of allowing silence when it mattered most. That is when silence speaks. Not in the absence of sound, but in the space where understanding begins.

ACKNOWLEDGMENTS

I thank the patient for his openness and for granting permission to share this story, which continues to shape how I connect with and care for others.