



## Family Medicine Moments

October 12, 2023

Introduction: I am writing a short reflection below as a companion piece to last week's story by Merredith. It follows along the lines of sayings in our specialty, like - "Don't just do something, stand there." I created a whole lecture on the power of "Doing Nothing." We all know, it is not really nothing, it is a lot of something, just not things that can be billed for or objectively evaluated necessarily. But they can be powerful.

### The Relationship is the Medicine

By Hugh Silk

I want to follow up to last week's reflection to tell a quick vignette about the author as a way to highlight the power of relationships in primary care.

We were sharing stories in our office at the Homeless Outreach and Advocacy Program (HOAP) about how sometimes it feels like patients come in and they don't want to except the Covid shot, or they don't want to get their colonoscopy, nor do they want to change the dose of their medicine, and they leave, and we are not sure that we've done a whole lot. And then they come back the next time and they don't make any changes, but they keep coming back. But we all felt like something good was taking place.

So, Merredith (last week's author and NP), at one point told us a story about saying to a patient: "I'm transitioning out of primary care and I'm just going to be doing diabetes

care." She is doing this because she has become an expert in diabetes and the health center needs her expertise.

The patient replied, "You mean the only way I could see you is if I have diabetes?"

And she said "Yes, that is correct. I'm sorry."

And he replied, "Then I'm gonna go home and start eating bags of sugar so I can get diabetes so you could still be my provider."

We all laughed and she said, "you see, the relationship is the medicine."

Not to be outdone, I brought up a patient I had talked to recently who previously had Dr. Erik Garcia as his physician. He had seen him for years at HOAP when he was homeless. He had stopped me during one of our outreach clinics at a food pantry. He said he wanted Dr. Garcia to be his doctor again. I asked a few questions and while he was still needing access to some food resources, he was fully housed and had a job. I explained to him the Dr. Garcia is only allowed to see patients at HOAP if they are homeless.

He got a little red in the face and said, "That's it. I'm gonna get kicked out of my apartment so I can be homeless again so Dr. Garcia can be my doctor. I love that guy."

As a counterpoint, I was recently talking with my brother who told me he had never had a primary care doctor.

"Really," I asked, "You're in your late 50s and you never had a primary care doctor?!"

He said, "I don't think so. I mean I've gone to a couple of different people who I would go in and see and they would order some bloodwork and ask me if I wanted another test done to check for this or that and try to push some kind of medication on me for something I had. Then they would send me on my way. The visits were pretty quick. That's not a primary care doctor, is it?"

Part of me felt that maybe because of the stories I had told him over the years that he felt that a primary care doctor must take a lot more time to get to know someone to be able to describe those details. But one way or another it sounded like he did have a primary care doctor, just not someone who valued the relationship.

When we think about *relationship as medicine*, obviously there are good and bad examples of patient-doctor relationships. All three of these stories remind me that I've got to take more time for chitchat and a little less to tick off my quality improvement boxes. Hoping the same is true for you.

Keywords: doctor-patient relationship, diabetes, primary care