

Diary of a Family Physician



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The diary entries in this issue focus on whole person care, which is the approach both authors use in their practices. To read more about whole person care, see <https://www.aafp.org/afp/2026/0100/editorials-whole-person-care>.

8:00 am

I start my day with a clinic-wide meeting. My subgroup is working on the workflow for forms, and we hope to streamline completion and processing.

12:40 pm

My next patient is a 53-year-old man who is on leave from his restaurant job. He used to drink heavily with coworkers but realized he was self-medicating due to anxiety and needed other forms of self-care. He is taking buspirone but still has trouble falling asleep, so he decides to try Kava tea. We discuss his past hobbies of painting, building furniture, and hiking. He decides to restart these activities and pick up journaling.

1:00 pm

My 41-year-old patient is having severe hot flashes despite starting a low-dose estrogen patch and progesterone 6 months ago. The nightly interrupted sleep is intolerable, and sex is painful, even with lubricant. We review the pros and cons of increasing the dose of hormones, and I suggest alternatives such as phytoestrogens. She decides to add black cohosh and soy through her diet and with supplements. We add vaginal estrogen for dryness. Her mother suffered terrible menopausal symptoms, but she says that our visit gives her hope that it won't be as bad for her. This comment brightens my whole day.

3:45 pm

I see a 32-year-old woman who has had long COVID for 2 years. She has decreased energy and gets dizzy when standing. She also has chest wall tightness and a negative cardiac workup. On exam, I find several thoracic segments and ribs out of line. I use the osteopathic muscle-energy technique on her ribs and show her how to do it herself. She agrees to keep a daily symptom diary. Her improvement is slow. I applaud her progress and continued self-advocacy.

Author disclosure: No relevant financial relationships.

8:30 am

I see a 54-year-old Spanish-speaking patient with poorly-controlled diabetes who was previously labeled “noncompliant” in his medical record. I feel that there is a great deal of judgment in this term. I try to approach with curiosity rather than blame. He wants to be healthy enough to play with his six grandchildren. Today, his goal is to improve his diet. I'll check to see if he qualifies for a produce prescription program.

9:45 am

My next patient is a 1-week-old infant who is 1 oz less than her birth weight. Mom isn't feeling well. It's a busy morning, but this is important. I ask her to check in for a visit, and her blood pressure is 160/91 mm Hg. I send her to the hospital to be evaluated for preeclampsia.

10:55 am

My 27-year-old patient with IBS no longer wants to take her linaclotide. She experienced traumatic events around the time her symptoms began. We discuss the gut-brain connection and options for managing IBS without medication. She isn't ready for counseling and chooses yoga. She thanks me for listening.

11:30 am

A 4-year-old with autism and a new prediabetes diagnosis misses her appointment. I call the mom and learn that they lost their insurance and have food insecurity. I refer them to an agency that helps with insurance and SNAP enrollment.

12:15 pm

I see a woman who hasn't had a primary care physician for 10 years because she has encountered weight bias from previous doctors. I start the conversation by asking, “What brings you joy?” I learn about her life and dreams. Then, she shares that she struggles with depression. She doesn't want to take medication but would like to try mindfulness and counseling. I spend a few minutes teaching her the basics of mindful breathing and direct her to a mindfulness app and class. She schedules a follow-up in 1 month. ■