

Family Practice Stories

Lessons in Professionalism and Ethics

Study and Facilitator Discussion Guide

Family Practice Stories is a large collection of stories and essays told by, or about, 48 Hoosier family doctors practicing in the mid-20th century. Each story reveals much about their style of practice and how they touched the lives of their patients and their communities.

The book was written and edited by Richard D. Feldman M.D., Past President and Chairman of the Board of the Indiana Academy of Family Physicians. A project of the Indiana Academy of Family Physicians Foundation, the book is a culmination of nine years of collaborative efforts. It was published in December, 2013 by the Indiana Historical Society Press. The project was also supported by the AAFP Foundation's Family Medicine Philanthropic Consortium and was the recipient of the first fellowship grant from the AAFP Center for the History of Family Medicine. **All royalties from the book benefit the IAFP Foundation.**

Primarily an oral history, *Family Practice Stories* celebrates and preserves the Golden Age of Generalism through storytelling. It captures these stories about our founding fathers, our specialty's elder statesmen, before they are lost forever. It is a book about a time gone by, a time when professionalism, the art of medicine, and the art of healing were at a zenith.

This book is a remembrance of the lives of the Greatest Generation of family doctors who practiced during a crucial time in the history and development of our specialty's philosophical underpinnings. These doctors possessed the character, core values, and principles from which our contemporary specialty of family medicine grew and emulates today. And from the collective wisdom of these doctors, there are lessons to be learned for all of us and for future family physicians.

The book is divided into three sections. The first is an introduction that recounts the history and development of family practice and details the traditions, principles, beliefs, and values of family medicine. The second section is a collection of perspectives on various subjects. Most of these essays are the insights of the doctors concerning medicine and their careers. The last section contains a large collection of stories told by older Hoosier family physicians that practiced during this era. These stories are specific episodes in their careers; some stories are humorous, some sad, others touching, and several stories with a twist. Each story stands by itself as a single chapter taken from the original transcripts of the interviews. The reader, then, will gain an appreciation of this time-honored period in medicine, not so much by reading a rote historical description, but by reading anecdotal accounts of episodes in the professional lives of these elder family physicians.

Residency programs have utilized this book as a tool in teaching professionalism and ethics through storytelling, and it is now extended as a tool for teaching the professionalism competency in the Residency Curriculum Resource. The authors of this curriculum guide believe there is no better way to teach professionalism to family medicine residents than to place the discussion in the context of the lives and values of family medicine's founding fathers.

Presented here is a curriculum guide for utilizing selected stories for group discussion with a faculty or resident facilitator. This curriculum is meant to be a resource for a longitudinal experience in ethics/professionalism in a group setting of residents. Residencies may choose to have multiple faculty members present as well.

The book is available through Amazon at

http://www.amazon.com/s/ref=nb_sb_noss?url=search-alias%3Daps&field-keywords=family+practice+stories

and through the Indiana Historical Society Press at

<http://shop.indianahistory.org/SelectSKU.aspx?skuid=1011424>

Also available through other outlets including Barnes and Noble.

Audience: Appropriate for PGY 1, 2, 3 and medical students

Key points:

1. The importance of professionalism and ethics in medicine has been increasingly emphasized in recent years. Specifically, teaching professionalism is an essential element for residency accreditation as evidenced by inclusion in the ACGME competencies, milestones, and the CLER site visits.
2. There is value in focusing on professionalism specifically as it relates to the specialty of family medicine.
3. Storytelling and analysis of the messages and potential lessons contained in narratives through group discussion is an ideal way in which to consider professionalism and ethics in residency training.
4. The oral histories of family medicine's founding fathers, practicing during the Golden Age of Generalism, are a powerful way not only to explore issues of professionalism but to rediscover the specialty's values.

Objectives:

- 1) Define professionalism in the context of medical practice

- 2) Describe the professional, ethical, and personal characteristics of what makes an effective family physician
- 3) Discuss how the practice and values of family medicine have changed over the past 60 years
- 4) Identify the contemporary barriers and pressures that discourage optimal professionalism in the practice of medicine and in family medicine.
- 5) Discuss how the “art of medicine” and the “art of healing” relates to professionalism
- 6) Describe the value of “mindfulness” in the practice of medicine, and how it can promote meaningful relationships with patients.
- 7) Develop an action plan for incorporating major elements of professionalism in one’s practice

Process

This is quite simple for the facilitator. Almost all the stories are short and can be read aloud in a group setting by one of the residents. Reading is recommended as a homework assignment for the longer chapters in the Reflections portion of the book. These stories and essays are meant to be discussed in a group setting among residents. The discussions are free-flowing. There are no correct or incorrect responses. The facilitator guides the discussion by use of the questions in the study guide. The facilitator may want to encourage the participation of faculty to add different perspectives to the discussion from older and more experienced physicians.

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Family Practice Stories Study Guide

Each of these stories has relevance to professionalism in medicine. When reading these stories, it is hoped that the medical student or family medicine resident will

understand that family physicians, as all physicians in the medical profession, are part of something of great importance, and something that is bigger than oneself.

Part One-Reflections

Chapter 2, A Family Doc, Chapter 3, Three Generations of family Docs, and Chapter 4, The Son of a Family Doctor, are reflections of life as a family doctor in the mid-20th century. Chapters 2 and 3 are descriptions by small town family doctors. Chapter 4 is described through the eyes of a son of a family doctor who practices in a college town. The commonality depicted in these chapters manifests the physician's life as demanding, yet fulfilling, and are descriptive of how family life is affected.

Questions:

- 1) How do you think the practice of medicine has changed over the last half-century?
- 2) Describe the differences in the life of a rural family doctor as compared to an urban or suburban physician?
- 3) How has professionalism in medicine changed through the years?
- 4) What personal traits and aspects of practice of these physicians would you most like or not like to emulate?
- 5) Compared to today, were physicians more self-sacrificing years ago? Self-sacrifice can be seen as noble, but what is the possible cost of noble sacrifice to personal life? Would noble sacrifice be considered worth it today?

Chapter 5-Patients Are People

This physician reflects on the human side of medicine and how family physicians must focus not just on the science and disease but on the patient as a person. Dr. Gillum also discusses dealing with life and death, and his belief that physicians need to cope with the joys and tragedies of caring for patients.

Questions:

- 1) Reflect on a time when you treated a patient and forgot about the person. Why did it happen?
- 2) Reflect on why one of the core values of family medicine is viewing patients as people rather than just diseases.
- 3) Has the medical profession helped prepare young physicians to cope with death and tragedy?
- 4) What have you learned from the death of one of your patients as it pertains to the profession of family medicine and about yourself?

- 5) Describe how you felt the first time one of your patients died. Describe the most recent death and how it affected you.
- 6) Have you known a physician who seemed unaffected by the death of one of his or her patients? How do you feel about that physician? Are some physicians truly unaffected or do they just not want others to view their emotional response? Discuss the possible dynamics.

Chapter 6-Times Are Changing

This physician, a former residency director, laments the changes in the culture of medicine from the time when he began his practice. He worries about the attitudes of today's medical students and young physicians. Dr. Nicholson explains that young physicians today have lost some of the basics of good clinical diagnostic skills (including history taking and the physical exam) and rely too much on technology.

He also expresses concern that we are creating a generation of doctors who have a "shift attitude", and who are not always willing to take advantage of every learning experience. This physician does recognize and appreciate the advances in medical technology but worries that for something gained, medicine has also lost something in return.

Questions:

- 1) Do you think that this physician is just "old fashioned" or does he have valid points?
- 2) As a resident, were you irritated by this chapter?
- 3) Have duty hour restrictions created a "shift attitude"? Do you think being required to leave or wanting to get home to your family challenges your sense of professional duty or integrity?
- 4) As medical technology advances, are we losing our human touch? Will medicine just be reduced to an algorithm?

Chapter 7-Looking Back and Looking Forward

This chapter is about an older family doctor who continues to work even at age 75. He reflects on medicine past, present, and future. He includes his thoughts on preventative medicine, the role of psychotherapy, and giving back to his community.

Questions:

- 1) How long do you think you will work as a family physician?
- 2) Are you ever too old? When should someone retire? What would motivate you to continue working in family medicine as long as possible?
- 3) Discuss how your training in basic counseling skills has helped or hindered your patient encounter.

- 4) What is the value of including patient counseling in your practice? Do you enjoy it? Is it a defining element in family medicine?
- 5) Is taking the time to counsel your patients realistic in this day and age?

Chapter 8-Passing the Torch

Dr. Lester Bibler was one of the founding fathers of family medicine and served on the first board of directors of the American Academy of General Practice (later becoming the American Academy of Family Physicians). He meets a medical student at lunch who is interested in becoming a family physician. The medical student would later discover the special significance of that informal meeting and the family practice pin that she received from this older doctor. There was never a person who felt more proud and privileged to be a family physician as Dr. Lester Bibler.

Questions:

- 1) Can you identify a family physician icon or a mentor who has greatly affected your career and life? In what ways did this person affect you?
- 2) Pride in one's profession has a great deal to do with professionalism. Reflect on this statement.
- 3) What are the other elements of professionalism? Is professionalism in medicine different than professionalism in other professions, jobs, or trades? What are the commonalities and the possible differences?
- 4) What is your responsibility to nurture the next generation of family physicians? Discuss whether physicians in practice have a responsibility to teach medical students and residents. Do you feel any professional responsibility to teach if you are asked to do so (this assumes that you have been identified as a doctor who would be a good teacher and/or have something valuable to contribute)?

Part Two-Family Practice Stories

Chapter 9-The Art of Using Placebos

This is a story about a physician who gave a patient a placebo for erectile dysfunction. In those days, there were no effective medications for patients struggling with erectile dysfunction as well as other medical conditions. Prescribing placebos was just a fact of everyday practice.

Questions:

- 1) Is the prescribing of placebos an ethically acceptable behavior? Is it justifiable deception?

- 2) Was harm caused to this patient?
- 3) Does the end justify the means?
- 4) Is there room for placebos in medicine today?
- 5) This story may demonstrate a paternalistic view of medicine by physicians back then. What place does paternalism have in today's doctor-patient relationship?

Chapter 13-December 7, 1941

This is a story about a family doctor who found himself as a military physician caught up in the tragic events of Pearl Harbor during WWII. It is about a time in history but more so about what the physician learned about humanity, himself, others, and about life. At Pearl Harbor, he had to practice "triage medicine", the protocol during mass-causality situations, where physicians must decide who to treat from those who are left to die as comfortably as possible.

Dr. Feldman was a Jewish American who began his medical school training in Germany in 1932. He had to leave in 1933 when Hitler rose to power. He witnessed the brutal treatment of Jewish people at the hands of the Nazis. Ironically, later in the war since he was fluent in German, he served as the medical officer of a German prisoner of war camp in Kansas.

During his military experience, Dr. Feldman reflected in his diary (page 86) about learning to accept and appreciate his soldier-patient's religious beliefs (different than his own) and how it allowed him to see patients as individuals, not merely as a group.

Questions:

- 1) How does someone care for a patient you know loathes you because of your race, religion, or other characteristics?
- 2) How do you rise above your own emotions so that you can provide the best care for this patient?
- 3) Should you have to take care of these patients? Is it appropriate?
- 4) Do you have any stories in which you encountered this? How did you handle it?
- 5) Can you share a time when your own cultural background and your patient's were so different that you believed you could not care for the patient? Share a time when a patient from a far different background uniquely taught you something about caring for patients or about yourself?
- 6) Reflect on seeing each patient as an individual human being. How important is that in family medicine?
- 7) If you found yourself in a triage situation, what would you do? How would you feel? How would you emotionally handle it?

- 8) Dr. Feldman was on duty constantly for 24 hours for 2 weeks after the Pearl Harbor attack. In private practice there are no such things as “duty hour” regulations. How do you feel about that? Is that right?

Chapter 14-A Lesson in Professionalism

This is a story about a patient who owed the doctor a large amount of money for the care that he received. The doctor collected a nominal amount of money from the patient each month to pay off the bill even though it cost more money to send the bill compared to the amount collected. Dr. Feldman also bartered for services when patients could not pay their bill and occasionally had patients do odd jobs around his home (repair work, landscaping, etc.). The physician was very concerned about preserving his patient’s dignity and self-respect. Many patients were eager to work off their bills rather than accept charity.

Questions:

- 1) How does this story relate to professionalism? Is it all about the money nowadays? How have things changed in medicine and why?
- 2) What do you do in your practice that preserves a patient’s dignity?
- 3) Would this scenario likely occur today?
- 4) Were professional boundaries blurred?
- 5) Would you feel comfortable having patients at your home working off their bill?

Chapter 21-Desperate Move

This is a story about a patient who presented with a ruptured appendix and was actually in septic shock. There were no effective antibiotics available to treat the patient at that time. The doctor had heard about a new antibiotic that had not yet been approved and released by the FDA. He called the drug company and they agreed to supply it on a compassionate basis and the patient’s life was saved.

Questions:

- 1) Would you have gone to this extra effort for your patient? Would it even be possible today to secure an unapproved antibiotic in a critical situation? What about liability concerns?
- 2) With the patient being only 16 years old, does that make a difference?
- 3) What if this patient was an 80 year-old man?

Chapter 25-Miracle Baby

This is a story about a patient who called the ER with a potential miscarriage. The patient spoke with the nurses who recommended a D & C. This procedure, of

course, would have terminated the pregnancy. The patient said that she was bleeding and was scared, but that she did not want the D & C. Dr. Macri, who was working in the emergency department at the time, offers to speak with the patient to alleviate her anxiety even though this was not one of his patients. Although the ED nurses disagreed with this decision, the doctor and the patient agreed to wait overnight to see if her situation might improve, and that he would see her in his office the next morning. The story ends with the mother delivering a healthy baby girl 7 months later.

Questions:

- 1) How would you handle a disagreement between you and your nurses when it comes to patient care?
- 2) Have you ever acquiesced to a patient's request to "wait and see" and the outcome was bad?
- 3) What did this story illustrate about the patient/physician relationship?
- 4) Would you have intervened in this situation on a patient that was not yours?
- 5) What is the lesson in just listening to the patient share her fears and worries?

Chapter 26-A Daughter's Broken Arm

This is a story about treating your own family. In this story the doctor has a daughter who ended up breaking her arm. He treated her himself but did not order all the appropriate x-rays, and therefore, missed the diagnosis of the fracture.

Questions:

- 1) What are the ethical dilemmas of treating your own family?
- 2) What are the traps and problems of treating your own family? Can you be objective when treating family members?
- 3) How have you handled it when family members have asked for your advice and you were not comfortable with giving that advice or getting involved with their medical care?
- 4) What kind of illnesses might be appropriate or inappropriate to treat among family members?
- 5) What medicines do you feel are appropriate to prescribe for family members? Are there medications that should not be prescribed?

Chapter 29-A Snowy House Call

This is a story about a patient who was going into labor during one of the worst snowstorms in history. She could not get out of her house. A neighbor's snowplow and the police were instrumental in getting her to the hospital. Dr. Creek mobilized the resources of this community to aid a patient in distress.

Questions:

- 1) What are the lessons?
- 2) Do you think this story would be different had this occurred in the big city?
- 3) Would you have felt the responsibility to go to the lengths that this doctor went for this laboring patient?
- 4) What is the importance of being involved and known in your community?

Chapters 34 and 45 concern physicians going to extra effort to better assure their patients' health and well-being.

Chapter 34-Lines of Love

This is a story about a doctor who did a home C-section that necessitated some post-op follow-up. The patient lived in the country and did not have a telephone, nor were there telephone lines out that far. So, Dr. Baker walked the distance between his office and the patient's home, stringing the telephone line and installing a phone in the patient's home, so he could keep in contact with the patient.

Chapter 45-Slippers

This is a story about a family doctor's office buying slippers for an elderly patient for Christmas.

Questions for Chapters 34 and 45:

- 1) How do you go the extra mile for your patients who do not have access to resources? (addresses health care and socioeconomic disparities)
- 2) The author once had a resident who bought groceries for a patient who was in need. Would you consider this going too far? Does this step over appropriate professional boundaries?
- 3) The author of *Family Practice Stories* also recalls another resident who gave money to a family in need. Does this overstep the line of professional boundaries?
- 4) The author once had a patient ask if he would be willing to fund a scholarship for the patient's child who was attending a private high school. How would you handle this situation?
- 5) For Chapter 45, is there a difference between physicians buying gifts for patients in need vs the office buying gifts?

Chapter 38- Checking Out

This story is about a doctor with a hospitalized patient who had a heart attack. The patient was determined to leave against medical advice (AMA). The doctor handed the patient two forms. One was the AMA form and the other was a death certificate;

he requested the patient sign both. Dr. Nicholson's way of getting through to the patient was for him to sign his own death certificate. This is a great example of paternalism.

Questions:

- 1) Where does paternalism fit in today with contemporary medicine? Would this action be considered ethical today? Was the doctor right or wrong in what he did?
- 2) How would this action affect the doctor-patient relationship in today's culture?
- 3) What do you think would happen to this doctor today if he proceeded in this manner to convince a patient to stay in the hospital? Is there a possibility of medical licensing board or hospital medical staff sanctions?
- 4) Would this action be more or less appropriate in a smaller community/rural hospital compared to a larger metropolitan hospital?

Chapter 40-The Sting

This story is about a physician just starting out in practice. He was set up by the IRS in a sting operation for accepting cash from patients for house calls and not recording the money as income. This doctor was honest and recorded the monies accepted from patients despite the advice from an older physician to just go ahead and stick the money in his pocket and not record the income.

Questions:

- 1) The lesson here is obvious. How honest do you think physicians are today in their accounting practices?
- 2) How have you handled the matter of patients wanting to give you money on the side or other gifts?
- 3) Where is your cut-off? What and how much may be appropriate to accept? Describe specific situations that may alter what is acceptable.

Chapter 42-You Just Cannot Help Everyone

This is a story about an invested physician who really wanted to help his patient quit drinking because the patient's alcoholism would certainly result in his death. Despite Dr. Hill's best efforts, the patient did, indeed, die from his alcoholism.

Questions:

- 1) How do you handle patients who are noncompliant with your treatment and lifestyle recommendations?

- 2) How do you handle professionally and personally patients who struggle with addictions (smoking, illicit and prescribed drugs, or alcohol)?
- 3) Is there a difference between the two groups of patients described in question 1 and 2? When is it, or is it appropriate, to discharge (terminate) a patient for non-compliance?
- 4) How does being judgmental fit with your concepts of professionalism?
- 5) How do you handle judgmental feelings when they arise with certain types of patients? When do these feelings impact professionalism?
- 6) Do you consider addiction a character flaw or a medical disease?

Chapter 43-Just Let Me Go Home

This is a story about a doctor seeing one of his partner's patients. The patient was hostile and did not want to talk to him. She just wanted her shot that she received routinely from her regular doctor.

Questions:

- 1) Tell a story to the group about how you handled a belligerent, hostile, or aggressive patient. Were you successful?
- 2) Should we continue seeing hostile, belligerent, or aggressive patients? Should they be terminated from the practice?
- 3) Why are some patients hostile, challenging, or unpleasant?
- 4) Can those relationships turn around over time?
- 5) And what can you do to facilitate that process?

Chapter 44-Wallpapered Love

This is a story about a physician on a medical mission trip to Guatemala. The doctor was unable to save a dying patient. The family invited him to their home, and he watched the patient's family lovingly care for her in her dying days. Dr. Hill was reminded that you cannot save everyone, and that physicians have to take to heart this fact.

Questions:

- 1) How do you cope with the fact that you can't save all your patients?
- 2) Even in America, there are health care disparities, difficulties with access to health care, and lack of insurance coverage. Some of these patients may die, and maybe some could have been saved had they been afforded access and resources. How do you reconcile this in your own mind?
- 3) Do you think insured and uninsured patients are treated the same in America? Should they be?
- 4) Do you treat all patients the same, regardless of insurance or socioeconomic status?

Chapter 46-Holding a Hand

This is a story about long-term relationships so common in family medicine. Dr. Anderson had cared for a patient for many years. The patient was at the end of her life and in the hospice section of the hospital. She called the doctor's nurse to make sure that he would see her in the hospital. She merely wanted the opportunity to thank him for caring for her for so many years and to hold his hand in gratitude when he went to visit her.

Questions:

- 1) What are your thoughts about the healing/therapeutic power of touch?
- 2) Have you ever felt uncomfortable when a patient asked for your hand or a hug? Do you ever offer hugs to your patients? Is that appropriate? If so, when, or under what circumstances, is it appropriate?
- 3) How do you remain present with your patients when they are dying?
- 4) How do long-term relationships in family medicine relate to professionalism in our specialty?
- 5) With our changing health care system and so many venues for episodic care, what is the future for long-term relationships with patients in family medicine?

Chapter 47-The Old Days

This is a story about a family doc who is reflecting on his career after his retirement. He shares stories about patients he cared for. It is heartening that this doctor really developed meaningful relationships with his patients and could remember details about their lives. Dr. Asher would clip stories from the local newspaper about his patients and would store them in the patient's chart. He gave them the time they needed to talk and did little things to develop the relationships. The story this doctor tells about his style of practice speaks to the art of medicine; it speaks volumes to the innate style of developing the doctor-patient relationship.

Questions:

- 1) What little things do you do to develop relationships with your patients and why do you do it?
- 2) Do family doctors take sufficient time for these little things, especially with the changing culture of medicine?
- 3) How has the EMR impacted your ability to be present with your patients?
- 4) Tell about a time when you knew you had developed a deep connection with a patient.

- 5) Discuss relationships with patients as a defining element of family medicine.

Chapter 48-Big Ears

(Also see related **Chapters 58-Listening, 66-Maria, and 67-Some of the Best Lessons Are the Ones You Teach Yourself**, all concerned about listening to patients)

Dr Wolf discusses the importance of actively listening to patients. He did not have formal training in this important component of communication. This family doctor intuitively knew to just sit back and let patients tell their story. He also talks about the “Great God Doctor” syndrome. He never valued assuming this role.

Questions:

- 1) What makes a good family doctor? How does one’s ego and humility relate to professionalism? Does ego get in the way?
- 2) What communication skills do you think you possess well and what are areas for improvement?
- 3) Discuss the importance of listening to your patients.
- 4) What gets in the way of actively listening and being present for your patient?

Chapter 50-House Calls

Chapter 17-House call Companion

Chapter 18-Of Horses and Buggies

Chapter 29-Snowy House Calls

Chapter 60-Delivering Babies

Chapter 64-An Expensive House call

These stories all relate to the standard practice of performing house calls during the mid-20th century. It was an expected part of general practice at that time.

Questions:

- 1) Why are house calls such an unusual part of practice today?
- 2) Why were doctors so willing to do house calls in the mid-20th century?
What changed?
- 3) How much of the reluctance of performing house calls is for personal convenience and lifestyle advantages?
- 4) How willing are you to make house calls and what would deter you from it?

5) Are we less professional today if we do not perform house calls as a part of primary-care practice?

Chapter 53-Take One Practical Joke, Twice a Day.

This is a story of bantering with your patients and using humor in the doctor-patient relationship.

Questions:

- 1) What place do jokes or humor have in the doctor-patient relationship?
- 2) Does humor detract from professionalism when you are working with patients? When can it be appropriate? When is it inappropriate?
- 3) Where does lighthearted jousting with patients fit into the contemporary concept of professionalism? And can it be used to build the relationship between physician and patient? What types of relationships would that be?
- 4) What types of patients would respond to the lighthearted sparing?
- 5) How well do you need to know a patient when using humor?

Chapter 57-Stong-Arming Your Patients

This is a story about a patient getting caught in the crawlspace of his home. His wife did not know what to do so she called their family doctor to come to the home and help. The family doc happily helped out. Dr. McClary possessed a sense of community and connectedness.

Questions:

- 1) How would you handle the situation of a patient calling you for nonmedical assistance? Would you go? Would you feel annoyed?
- 2) Do family physicians have any responsibility to fulfill nonmedical requests from patients?
- 3) Do you think there is a difference between small town versus big city practice in this regard?
- 4) Give a scenario in which you might consider fulfilling a patient's nonmedical request. Why would a doctor be apt to do this years ago as opposed to now?
- 5) Have family doctors lost a sense of community and connectedness?

Chapter 58-Listening

(Also see related **Chapters 48-Big Ears, 66-Maria, and 67-Some of the Best Lessons Are the Ones You Teach Yourself**, all concerned about listening to patients)

This is another story about the power of listening. Some days you will have patients who just want their doctor to listen. The patient in this story had a multitude of problems. As the patient flooded Dr. McClary with all of her personal problems, the doctor was overwhelmed and at an absolute loss as how to help her. When she was finished venting, she simply thanked the doctor and walked out feeling much better. The surprised physician felt relieved that she never expected him to solve all her problems; she just needed someone to talk to.

Questions:

- 1) Explain the value of listening. How much of primary care is simply listening?
- 2) Is there an association between listening and relationship building with patients?
- 3) Do we listen to patients like family physicians did years ago? If not, what gets in the way?
- 4) How has the electronic medical record affected listening and patient communication? Has it affected relationship building with patients?

Chapters 61 and 108 concern physicians praying with their patients

Chapter 61-Treating the Eternal

This is a story of a doctor who made a house call. The woman was very ill but wanted her physician to also treat her soul. They recited one of her favorite psalms together which made her happy and calm. Dr. Siebenmorgan knew what was important. The doctor remarked that whereas treating the patient medically is imperative, the bigger mission is treating the “eternal.”

Chapter 108- A Patient’s Prayer

This is a story about a patient who asks her physician to pray with her. Later, she asked him to say something at her funeral, so Dr. Bobb used her prayer that she eventually taught him.

Questions for Chapters 61 and 108:

- 1) Have you ever had a situation in which a patient asked you to pray with them or to read a religious/spiritual passage with them?
- 2) Is it appropriate for the patient to ask you to participate in a religious moment? What would you do if you really did not want to pray or participate in the religious/spiritual request?

- 3) How do you use religious or spiritual thoughts and beliefs within your practice?
- 4) What are appropriate boundaries for the use of religion in patient care?
- 5) Where does religion/spirituality fit within the doctor-patient relationship?
- 6) Is it appropriate or inappropriate for a physician to initiate religious discussions or express religious beliefs with their patients? Give examples.
- 7) Have you ever been to a funeral of one of your patients? If so, why did you go? Do you think attending patient funerals is a necessary part of being a family physician?

Chapter 65 Welcome to Town, Doc

This is a story about a family physician and his wife who were welcomed by people of a small town community. The community bestowed their warmth and kindness on the young couple in many ways. Dr. Blix says he returned their kindness by providing the best care for them as their doctor. The townspeople obviously loved their doctor and the doctor loved them as well.

Questions:

- 1) Have we lost the spirit of natural affection for our patients?
- 2) Have you ever done things for your patients (or certain types of patients) for whom you felt a bond or closeness? What sort of things?
- 3) Do you think of your patients as friends? Is it appropriate to form personal friendships with your patients?

Chapter 66-Maria

(Also see related **Chapters 48-Big Ears, 58-Listening, and 67-Some of the Best Lessons Are the Ones You Teach Yourself**, all concerned about listening to patients)

This is a story about a young woman who comes into the doctor's office initially with a physical complaint. Dr. Blix allowed her to pour out her heart. She had a family system that was not very nurturing, which in turn led to her low self-esteem, lack of confidence, and fear of people. The doctor's treatment of her condition was simply to listen and give the gift of encouragement that helped set her on a path of success and happiness.

Questions:

- 1) Mindfulness is about being totally present with your patients. This doctor was truly present. Tell about a time in which you really felt present with a patient. Did it create a positive effect for you? For your patient?

- 2) Do you have the time and willingness to be mindful with your patients and spend time necessary to listen and advise?
- 3) What are the barriers to that today?
- 4) Give an example of when you tried to give a patient encouragement and support when he or she needed it. What effects did it have on you and/or your patient?

Chapter 67-Some of the Best Lessons Are the Ones You teach Yourself

(Also see related **Chapters 48-Big Ears, 58-Listening, and 67-Some of the Best Lessons Are the Ones You Teach Yourself**, all concerned about listening to patients)

This is a story about a doctor who also talks about the importance of listening. The doctor relates various instances professionally and personally where he found listening and being attentive were instrumental, not only in the patient's optimal care, but also in the development of patient relationships. Listening is an essential element in the healing process.

Questions:

- 1) Do we listen to patients as family physicians did years ago? If not, what gets in the way? What is the value of listening to patients?

The doctor reflects on the importance of touch as he relates, "Just a simple touch is a miraculous healing thing."

Questions:

- 1) How do you use touch in the care of your patients?
- 2) What would you consider appropriate touching/inappropriate touching?
- 3) Can you think of an area of the body to touch to express your care and concern that is always appropriate (and safe) for male and female patients?

Chapter 69-The Back Door Approach

This is a story of a doctor making a house call. Dr. Gillium is so present and mindful when going through the house that before he even arrives to the patient's bedroom, he quickly assesses whether this patient could adequately care for himself; he also evaluates if anyone in the home is able to help the patient. Medicine is becoming more aware of the importance of mindfulness.

Mindfulness is the ability to take notice of the details of one's immediate world and to care for the present moment. In medicine, this usually takes the form of listening intently to patients and to absorb oneself in the patients' stories, even the smallest

details. This doctor displays mindfulness in his assessment of the patient's living environment and those details are ultimately important to the patient's care.

Questions:

- 1) What's your conceptualization of mindfulness?
- 2) Is mindfulness actually important in medicine?
- 3) How do you use mindfulness in your practice? Or do you?
- 4) What effect can mindfulness have on patient care?
- 5) Research is finding that mindfulness is important to physician well-being and prevention of burnout. What are your thoughts on this?

Chapter 70-The Ten-Dollar Delivery

(Also see related **Chapters 93-Better Than Money and 40-The Sting**)

This is a story of a family medicine physician who during her internship year delivered a baby. Out of appreciation, the parents insisted on giving her a \$10 bill. Dr. Grant ended up accepting the money even though she knew she was not allowed to do so as an intern.

Questions:

- 1) Have you ever had a patient offer you monies or a gift for your work as a medical student or a resident?
- 2) How did you handle it? What feelings did this evoke?
- 3) Would it be a different situation if you were out in your own practice?
- 4) What are examples of acceptable and unacceptable gifts from patients to students and residents? Why? Are there monetary thresholds for unacceptability?

Chapter-72-I'm a Doctor, I Promise

This is a story about a female physician in an era when there were just not many female doctors. This physician was often mistaken for a nurse. But she took it all in stride and did not let it bother her ego.

Questions:

- 1) For female residents, have you ever been mistaken for a nurse, NP or PA? How did that make you feel and how did you handle it?
- 2) For all residents, have you ever received the comment about looking too young to be a doctor? How did it make you feel and how did you handle it?
- 3) Do you think many patients have less confidence in your abilities as a youthful physician?

- 4) What would you do if you became aware of a lack of a patient's confidence in you because of your youthful appearance or lack of years of experience?
- 5) How has the field of medicine changed in the past 50 years in reference to physician gender? What other biases or prejudices might you encounter as a female physician from patients and other professionals?

Chapter 74-Memorable Victories

(See related **Chapter 72-I'm a Doctor, I Promise**)

This is a story of a family doctor relating an instance where he had a surgical emergency. The family doctor went up to surgery to inform a vascular surgeon that he needed him ASAP. The surgeon was rather miffed that a family doctor was summoning him.

Questions:

- 1) Have you ever felt that subspecialists do not have the proper respect for family physicians?
- 2) How does that make you feel and how do you deal with it?

Chapter 75-A Late Night Phone Call

This is a story of a family physician who could have taken the easy route after hours and just called in antibiotics for a sick child. But, instead Dr. Gray encouraged the mother to bring the child in to his office that evening to be examined. The parents brought the child in and the child clearly had meningococemia.

Questions:

- 1) What would you have done in this situation? Why?
- 2) Talk about convenience versus the medically prudent approach?
- 3) Many of your patients will request that you call in prescriptions for their convenience. Do you ever feel pressured to do that? How do you address this (let's just say it is a nice patient who works all the time and just can't make it in to see you)?
- 4) Are you pressured with the fact you are judged nowadays by patient satisfaction scores?
- 5) Under what circumstances might it be appropriate to call in prescriptions for both acute and chronic conditions (without seeing the patient first)?

Chapter 76-If There Was Only an Instant Replay

This is an amusing story about the extent to which a family doctor will attend to his community with a sense of duty and dedication. Dr. Conrad was the team physician for the Milan, Indiana high school basketball team that inspired the movie *Hoosiers*. The game came down to the final shot, and at that moment, in all the frenzied excitement, a woman in the stands collapsed. The good doctor attended to her without hesitation. He was probably the only one present at the game that did not see Milan's game winning shot over the much favored and bigger-city Muncie Central team.

Questions:

- 1) So, would you have missed the winning shot?
- 2) What might have happened if this occurred today?
- 3) Discuss duty, dedication, and sacrifice as part of being a family physician. Is this sense of duty as much a part of being a family doctor (or any physician) today as it was a half-century ago?
- 4) How does duty, responsibility, dedication, and sacrifice relate to professionalism?

Chapter 77-Grandma's Ailment

In the editor's note, after the story of Grandma's Ailment, a doctor recalls an amusing story of a patient who fell out of a hayloft drunk and broke his hip. The patient informs his doctor about the alcohol so that the doctor would know before they head to surgery. The patient asked the doctor to promise not to tell his wife that he had been drinking in the hayloft. The doctor promises him that this will be their secret. Although this is an amusing story, it does bring up serious issues of patient confidentiality.

Questions:

- 1) HIPPA laws were enacted for good reasons, but do they ever go too far or inhibit optimal patient care?
- 2) Tell a time when you have had patients and/or their families ask you to keep information from a spouse or other family members.
- 3) Do you ever feel triangulated?
- 4) What are your rules about keeping confidentiality? When would you be compelled to break confidentiality? In such an instance, how do you preserve your relationship with the patient?
- 5) What are your rules about keeping confidentiality with adolescent patients?

Chapter 79-When Insults are Really Expressions of Respect

This is a story about bantering, camaraderie, and respect among close friends. The cardiologist has deep respect and admiration for this older family doctor and he in turn respects and admires the cardiologist. They have this relationship in which they joust with one another. The jousting is filled with sarcasm and taunting about being a “real doctor.” There is personal jousting but also bantering between specialties. All these actions are actually expressions of camaraderie.

Questions:

- 1) What are the different layers of this story?
- 2) In light of today’s culture in medicine with such a focus on proper professional behavior, can physicians still joust with one another like this?
- 3) Even though this was good-hearted, could there be an underlying message of friction between primary care and other specialists?
- 4) If you did not know the context of the relationship, what would you think about the encounter between these two physicians?
- 5) How do you think this outwardly adversarial relationship came to be? What is the meaning behind the jousting between specialties?
- 6) Have you ever witnessed a similar exchange and what did you think?
- 7) What role does sarcasm have in humor? Can you use sarcastic humor effectively in a positive way?
- 8) Has camaraderie changed in medicine between physicians over the years?

Chapter 80-A Person to Emulate

This is a story about a family doctor in private practice who greatly valued being a teacher of medical students and residents. Dr. De Wester strongly believed that physicians in private practice (as opposed to academic physicians) should have the preeminent role in clinical medical education and that they were the most effective teachers.

Questions:

- 1) Have you experienced tension between academic physicians and physicians in clinical practice?
- 2) Why does the tension exist between the two groups?
- 3) Who do you respect more?
- 4) What issues have academic medical centers created for the specialty of family medicine?
- 5) As a medical student did you experience discouragement from academic physicians regarding your choice of family medicine? Discuss the issue of professionalism in that regard.
- 6) Many would consider teaching is a part of professionalism. Do physicians have a responsibility to teach the next generation of doctors?

- 7) After graduation, if your program director asked you to come back and precept in the clinic, would you feel it is your responsibility to say yes? If so, why? If not, why not?

Chapter 81-A Child is Found

This is a story about a physician who was called to the coroner's office to identify the bodies of a patient family killed in an automobile-train accident. While identifying the bodies, Dr. Records realized that there was one little girl in the family missing. Because of the doctor pointing this fact out to the coroner, this child was later found under the dashboard of the car and her life was saved. This physician obviously knew his patients and their families well.

Questions:

- 1) How well do you know your patients and their families?
- 2) How much do you need to know or should you know about your patients other than their medical histories?
- 3) What are the barriers to knowing your patients in these contemporary times?
- 4) Discuss the value of knowing your patients in the context of their families.

Chapter 84-Bantering With the Sister

This story is about Dr. Mouser and a sister in a Catholic hospital who have an excellent relationship and a history of good-hearted bantering between the two of them. One time the family doctor presents a number of policies he has helped write for the sister's review in her hospital administrative position. As a joke, the doctor purposely included a policy on abortion. Needless to say, the sister held her own and got him back.

Questions:

- 1) Upon reading this story, what are your thoughts or feelings?
- 2) Is it appropriate to joke about sensitive issues?
- 3) If this occurred today, would this be considered unprofessional behavior?
- 4) If you practiced in a Catholic hospital, what would be your responsibility to uphold its moral and ethical religious standards? Is there room to quietly violate them in small ways when working privately with patients? One example might be prescribing birth control pills purely for contraception purposes.

Chapter 85-A Stranger in Need

A doctor in the field comes across a patient who was not breathing and he resuscitates him. Dr Ray says "I think things are different for people, including doctors, these days. I think some doctors would be reluctant to do mouth-to-mouth on a total stranger in that situation, not knowing what their health history is. But I just did what I had to do. It was part of the philosophy of medicine in the old days that when someone needs help, you help them."

Questions:

- 1) How would you have responded in this situation?
- 2) Is there an absolute responsibility for a physician to treat a patient in the field in an emergency situation?
- 3) Would the possibility of litigation keep you from acting? (If your state does not have protection laws for physicians in these situations)
- 4) Do you think there are doctors who would not come to the aid of others in the field, not wanting to get involved? What would you think of such a physician?

Chapter 94-Susan

(Also see **Chapters 48,58,66,67**, all stories about listening to patients)

This is another story about listening and spending time with patients. However, it is also about a doctor who inherited a patient from another doctor and did not agree with the treatment plan of regular B12 and estrogen shots. Dr. Higgins' attempts to wean the patient off were met with the patient's resistance to change. The patient felt like she medically needed these shots, but she was also obviously emotionally dependent on the weekly shots; they were her entry into the doctor's office to satisfy her need to talk. The doctor eventually gives up his quest to provide the appropriate treatment for the sake of the patient's emotional well-being.

Questions:

- 1) Have you ever been in a situation in which you inherited a patient from another physician, you did not agree with current treatment plan, and the patient was resistant to change? What did you do?
- 2) If you acquiesced to the patient's wishes, what were your reasons for doing so?
- 3) Is it ever appropriate to treat a patient in a manner that does not represent best medical practice for the sake of fulfilling the patient's wishes or to relieve the anxiety of the patient?
- 4) Have you ever found yourself in the conflict between doing the right thing for the patient and keeping the patient happy? Discuss the ethics.

Chapters 96 and 107 discuss the death of children

Chapter 96-The Ones that Didn't Make It

Even years later, the doctor in this story laments the death of newborns he could not save. Dr. Higgins recalls a specific case of newborn triplets.

Chapter 107-Death of a Little Boy

A doctor relates a story about a boy who died during surgery despite all the physician's best efforts. Both these doctors were haunted by the deaths of these young people for the rest of their careers. And as Dr. Bobb in this chapter says, "You never forget and never quite get over the tragedy of a child dying".

Questions for Chapters 96 and 107:

- 1) Is there a qualitative difference in your mind between a baby dying and an older person?
- 2) Do they affect you differently?
- 3) How do these two stories relate to professionalism in medicine?
- 4) How can residents/physicians help each other through these times?
- 5) How do you help yourself?
- 6) What would you think of a physician who appeared unaffected emotionally after such an incident?
- 7) Do you agree with the statement from a physician who says, "Just get over it, and don't let patient's deaths affect you emotionally."?

Chapters 97 and 101 are both about colleagues helping each other out

Chapter 97-Come Sleet or Come Snow

This is a story about helping fellow physicians out in the midst of crisis. Dr. Ress was brought to the hospital by a police car during a blizzard to deliver a baby. After delivering the baby, the doctor then made rounds on 55 patients in the hospital on behalf of his colleagues since they could not get into the hospital due to the snowstorm.

Chapter 101-With a Little Help From My Friends

This is a related story about fellow physicians helping out a doctor just starting out by co-signing his mortgage.

Questions for Chapters 97 and 101:

- 1) Explain how these stories are exemplary of professionalism
- 2) Would you go to these extents to help out fellow physicians?
- 3) Describe ways in which you have seen colleagues helping each other.
- 4) Would something like this be less apt to occur today as compared to 50 years ago?

Chapter 99-The Fire

This is a story about a small town doctor whose office burned down while he was away for a weekend with his family. The townspeople pulled together to help Dr. Ress reestablish his office. While he was away, they made copies of smoked damaged patient charts so any important information was not lost. They even helped him put his office back together including refurbishing his furniture and office equipment. In turn, the doctor treated 50 people to dinner as a way of saying thank you. This is obviously a story about a community giving back.

Questions:

- 1) What does this say about the family doctor's relationship with his patients and community?
- 2) Do you think patients or community members would help out their family doctor today under the same circumstances? Would this be unique to a small town?
- 3) With HIPAA regulations, would this, or could this, even happen today?
- 4) Reflect on the mutual affection that can develop between the family physician and his or her patients and community.

Chapter 102-Doctor and Friend

This is a story about a patient who lived alone and was without family or friends. Her family physician was indeed the closest relationship she had. In her dying moments, she asked Dr. Haggerty to come to her home so that she would not die alone. He held her hand at the moment of her last breath.

Questions:

- 1) If you were asked by one of your patients in a similar situation, would you go to be with him or her?
- 2) If you did, what were your reasons for doing so?
- 3) Was it this family physician's duty or responsibility to go?
- 4) Was there something else beyond just the duty or responsibility?

Chapter 104-Protecting Little Hockey Players

This is a story about a couple of family physicians who became involved in advocating for a policy change in youth hockey leagues. The policy, which was eventually implemented, required children who played hockey to wear helmets.

Questions:

- 1) What is the responsibility of the family physician in regard to improving the health of the community (local, state, and national)?
- 2) In what different ways can physicians become involved in the health of their communities?
- 3) Are there any health-related community issues that you would like to become involved with?
- 4) Discuss the concept of the “social determinants” of health. How can physicians become involved in positively affecting these factors?
- 5) Are family physicians in an ideal position to influence the health of the public? If so, why?