



On Baby Pictures and Empty Nests

Sharing life transitions is both a challenge and a joy of long-standing patient relationships.

I walked into an exam room to see a longtime patient of mine. She was an older woman who had been in and out of the hospital over the last several months. After we greeted each other and I said how

epidural? Is the baby in daycare or do I have a babysitter? At the time, I appreciated these questions for what they were — patients caring about their doctor. These women felt like they had participated in my pregnancy and wanted to know how things were going. Discussing these details made them feel closer to me and strengthened our relationship.

These conversations also made me run behind. Talking about the baby added an extra five minutes

remains important for my patients to see me as a real person. Are we friends? No. But the relationship between us is long-standing and important, and the boundaries tend to get blurred.

The literature on self-disclosure by physicians is mixed.¹⁻³ Some incidents of self-disclosure do not benefit the patient and can actually detract from the visit. However, I find that bonding with patients over common life transitions in the process of answering their questions is helpful to them and me. Many of my patients are women who are also moms and can commiserate about how hard it is to let our children go and how even though we are proud of them for becoming independent, successful people, we feel a void in our self-described mom personas.

Rather than detracting from the medical content of the rest of the visit, these disclosures help to solidify a relationship between us that will be vitally important for my patients' future health care. **FPM**

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nice it was to see her doing better, she interrupted and said, "Enough about me. How are you doing? Are your boys both in college now? How are you adjusting to being an empty nester?"

This scenario has repeated itself several times in recent months, and it has reminded me of what I experienced when I returned from maternity leave each time. Patients I had been seeing for several years and during my pregnancy wanted to know about the baby. Did I have a boy or a girl? What was his name? How did the labor go? Did I have an

to each visit. By the end of the day, I was more than an hour behind. Twenty years later, I am more skilled at navigating a visit so I am not falling behind in the same way, even as I take the time to talk about our transition to an empty nest. But I am struck by this idea of give and take in the doctor-patient relationship. I have been through a lot with many of these patients. We have known each other for more than 20 years. Some are the same people who wanted to know about my babies. My babies are now grown and in college, but it

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