

# Diary of a Family Physician



**Maya Bass, MD**, is the associate program director for the Cooper Family Medicine Residency Program in Camden, New Jersey. Send correspondence to mayaalexbass@gmail.com.



**Arindam Sarkar, MD**, is an assistant professor at Baylor College of Medicine, Houston, Texas. Send correspondence to arindams@bcm.edu.

## 5:15 a.m.

I meet a running buddy on the trail. We run around a beautiful lake while discussing female leadership in my field of medicine and in her human resources and diversity consulting field.

## 8:15 a.m.

I huddle with the staff before starting the morning session. We spend some time discussing access issues and listen as staff, administrators, and providers air grievances and brainstorm solutions as a team.

## 11:00 a.m.

I pull one of my residents in to observe as I place an intrauterine device in a young woman without any issues. Per the patient's request, we play an "R & B throwback" playlist during the procedure, and we sing along to the chorus of one song as the resident provides the patient with follow-up education.

## 12:00 p.m.

My last patient for the morning is a nonbinary person here for hormone therapy and PrEP follow-up. We discuss increasing their testosterone. The patient also has a new partner, so we are doing STI testing in addition to routine HIV screening for PrEP. We talk about their plan to start graduate school in the fall.

## 3:30 p.m.

I perform a telehealth visit with a patient who has opioid use disorder and is prescribed buprenorphine/naloxone. He turns the camera to show me how much his daughter is growing. He has not used opioids in more than one year, and his new business is keeping him busy. I find it extremely rewarding that I am able to offer my patients medication to help manage opioid use disorder.

## 7:30 p.m.

I am facilitating a discussion for abortion providers on Zoom. We share stories about caring and advocating for our patients and our fears about current state legislation that could further restrict access.

## 8:00 a.m.

A weary mother wants to discuss hospice care for her 33-year-old son who has cirrhosis caused by alcoholic liver disease. Despite being the scheduled patient, he is silent—perhaps from shock, embarrassment, or resignation. They decide to forgo future paracenteses and complete an out-of-hospital do-not-resuscitate form.

## 9:30 a.m.

My next patient is a 36-year-old Vietnamese man I meet with virtually for a hospital follow-up visit. After being intubated for a week with COVID pneumonia, he has become a vocal vaccine advocate on social media. His BMI was 50 kg per m<sup>2</sup> prehospitalization, but he lost 20 pounds while in the ICU and is keeping the weight off with a keto diet and home workouts.

## 12:45 p.m.

I enjoy a brief but lively lunch break with our medical students and residents. An intern reports she got ringworm from the four-year-old we examined together last week.

## 2:00 p.m.

Between patients, I open a prior authorization appeal form for a 24-year-old patient whose medical bills have been silently financed by our county health system while the patient has been uninsured. The patient had a myocardial infarction resulting from anomalous coronary vessels, and now his insurance plan will not renew his evolocumab prescription until rosuvastatin therapy has failed for one year.

## 4:15 p.m.

A young Guatemalan woman describes her frustrations with breastfeeding. Her postpartum dilated cardiomyopathy leaves her exhausted, and she is visibly relieved when I endorse infant formula as an alternative. She shares her journey with prenatal Chagas disease. We also exchange stories of the joy and uncertainty of being first-time parents. I leave the clinic feeling further connected to and valued by our local community. ■

Send Diary of a Family Physician submissions to [afpjournals@aafp.org](mailto:afpjournals@aafp.org).

This series is coordinated by Sumi Sexton, MD, editor-in-chief.

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