

Diary of a Family Physician



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7:50 am

Laboratory results for a teenager with a neck mass I saw yesterday reveal severe leukopenia with lymphocytosis. I administer a monospot test; the result is positive. It is unusual that there are no classic pharyngitis symptoms or clinical findings, but the history and chronology of mild symptoms are reassuring. The mother is relieved to have an explanation for the neck mass. I remind myself that the Epstein-Barr virus in teenagers can present in diverse ways.

9:00 am

An 80-year-old woman presents with urinary incontinence and recurrent urinary tract infections. Her examination reveals a cystocele and vaginal atrophy. She walks out of the office with a big smile on her face because she finally has a reason for her urinary symptoms. Older patients can still benefit from pelvic exams!

10:30 am

My patient tells me, “Doctor, I want to lose weight. I’ve stopped fast food. I looked at the Wegovy website, but I don’t qualify for the savings card.” Wegovy would cost \$800 per month in addition to the \$700 per month he pays for health insurance. He tells me that he wishes he did not have insurance coverage so that he could qualify for the savings card. My frustration continues to rise over the inequities experienced by patients from many backgrounds, with and without insurance coverage.

3:00 pm

I overhear a patient talking with our medical assistant. “I appreciate all of your time, dear.” We provide family medicine care in a town where having a doctor provide primary care is rare. The patient had not considered that a urinary tract infection might be the cause of her malaise and is relieved to have a diagnosis. “I’m glad you’re here to help.”

9:30 am

Although I arrive early, almost 20 people are waiting at the mobile clinic. The first patient I see is a recent widower with multiple chronic diseases. He presents for medication management; he feels lost because his wife used to manage his medications. We review his current medication list and destroy expired and discontinued medications. I provide refills from the mobile clinic dispensary for medications that are in stock and send others to his preferred pharmacy. He expresses gratitude.

10:30 am

A 57-year-old woman who has taken low-dose Premarin for 10 years presents with 1 week of vaginal bleeding. She is uninsured and overdue for cervical cancer screening. I explain that the bleeding could be from endometrial cancer due to the use of unopposed estrogen and advise her to discontinue Premarin. I perform a pelvic examination and Pap test, order pelvic ultrasonography, and refer her to gynecology.

11:00 am

A man experiencing homelessness reports pain on the balls of both feet. He walks for several hours daily and has one pair of shoes that he was given during a recent incarceration. There is skin maceration across the metatarsophalangeal joints of both feet. He elevates his feet in the examination room while volunteers purchase a multi-pack of dry socks and supportive shoes. He sits in the waiting area until the clinic closes to rest his feet.

12:15 pm

A 36-year-old patient reports a painful breast lump. She denies having other breast symptoms or a family history of breast cancer. She stopped breastfeeding her youngest child 6 months ago. On examination, there is a lump in the left breast that is tender to palpation. Breast imaging is ordered, and costs will be covered through a special fund for uninsured patients. ■

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