Peabody's Corner



"... for the secret of the care of the patient is in caring for the patient." — FWP

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Treating the Patient Who Has the Disease

s a psychology major and an admitted "people person," I enjoy talking to people and trying to understand what makes them tick. This is why becoming a Family Medicine doctor is so appealing to me—I can get to know my patients. It has been said that everyone has a story to tell, if only someone will take the time to listen. I believe that this is true.

I recently had the pleasure of interacting with one of my patients, "Rhonda." Rhonda entered my care after she was hospitalized with the diagnosis of myxedema coma. However, her journey with hypothyroidism had started nearly 8 years before, when she had just recovered from brain surgery. She noticed that her eyebrows were thinning and that her skin had become pale. She looked at pictures of herself and thought that she looked "dead." Her speech was slurred, her voice lowered in pitch, and her judgment became clouded. The signs of a medical condition were clear, but she was in denial and didn't want to go through anything rough again. A cruel attendee at a social gathering finally spurred Rhonda's self-recognition by asking her, "Are you slow?" Rhonda considered herself to be fairly intelligent, and she cried after hearing that remark.

Rhonda then saw a specialist and was treated for hypothyroidism, and her problems began to go away. She started to look younger, and her mother cried with joy to see her daughter reverting to her normal self. During the entire time of Rhonda's debility, her mother had been her rock, taking care of Rhonda's children and helping around the house.

Rhonda was on the way to full recovery when depression struck. Next, the hypothyroidism crept back. Rhonda knew that she needed to keep her medical appointments and take her medication, but she did neither. As the depression deepened, the hypothyroidism worsened, and as the hypothyroidism worsened, the depression deepened. This led to her hospitalization and our meeting.

During our discussions, Rhonda shared with me her observations about "good" doctors and "bad" doctors. To her, a good doctor took the time to listen to her and consider her concerns, and a bad doctor was rushed and had an "I know what's best for you" approach. These descriptions reminded me of words from William Osler, a Canadian physician and a founding professor of The Johns Hopkins Hospital: "The good physician treats the disease; the great physician treats the patient who has the disease." Osler is correct. To be the best doctor possible, one cannot merely treat symptoms; one must also nurture the patient's soul.

I will probably never forget Rhonda and her story, because I want to become the type of doctor who takes the time to listen receptively and explain things in a caring, compassionate way. As Osler said, the great physician treats the patient.

Editorial Commentary

As time passes, fewer and fewer medical students and house officers know anything about William Osler. And of those who do, about half mispronounce his name. Even worse, almost none of today's medical trainees have ever heard of Francis Weld Peabody. These sad facts reflect the shift of modern medical education from the bedside—where Osler and Peabody excelled—to the laboratory and imaging suite, where numbers rule. Our thanks to Ms Gibson for reminding us where our focus should always be: the patient.

Herbert L. Fred, MD, MACP, Associate Editor, Texas Heart Institute Journal

Submissions for Peabody's Corner should 1) focus on the interpersonal aspects of a specific patient—doctor experience; 2) be written in storybook fashion; 3) contain no references; and 4) not exceed 5 double-spaced type-script pages.