

Virtual Mentor

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CLINICAL CASE

When Patients Worry about the Doctor

Commentary by Jan Miller, MD

Dr. Weller, a pediatrician in a one-stoplight town, arrives at her practice earlier than usual, avoiding the eye of the office manager, who is sitting at the front desk. No doubt Alex is aware of what much of the town now knows—that Dr. Weller’s 16-year-old son was arrested the night before, after drunkenly driving into a shop front not far from the office Dr. Weller is standing in at the moment.

“Morning, Doc,” Alex calls to Dr. Weller’s retreating back.

“Morning, Alex,” she mutters, busying herself with her coat, bag, and mail. She looks forward to immersing herself in patient visits—any break from the loop of worry, anger, recrimination, and embarrassment that she’s been in since the call came from the county jail.

But work provides little respite. A couple of well-child checkups are canceled; Dr. Weller wonders if there’s a connection. Are her patients doubting her or trying to give her space? Or is it just a coincidence? And a number of patients’ families express condolences and offer parenting advice during their visits, despite her best efforts to redirect conversation to the patients’ condition. Dr. Weller ends the day exasperated and embarrassed.

Commentary

On the island where I live, there’s a sign that hangs in our police station. It reads: “The nice part of living in a small town is that when I don’t know what I’m doing someone else does.” Living in a small community can be an incredibly rich experience. Living and working in that same community can also be a tremendous challenge.

My family and I live on a small island 12 miles from mainland America. Access is by boat or plane. In bad weather we can be cut off for days. There is one medical center, one doctor on duty at a time. Everyone knows who drives which car, and who has been where. A 5-minute trip to the store becomes a 45-minute outing as you stop to talk. Though it’s a sign of respect, I sometimes feel like my given name is really “Doc.” Patients have long conversations in the waiting room about many topics, including their medical problems (and probably *me*) and often discuss their diagnoses on the way out the door. They do not have to abide by HIPAA; we do. And patients know that what they discuss with me goes no further.

Being a keeper of secrets can be emotionally difficult. And what happens when the focus is turned back onto you? If you choose to become a part of a small community, you give up all chance of anonymity. It is really nearly impossible to keep your private life private and still be a part of the community without appearing aloof and superior. Your patients are also your friends, neighbors, and colleagues. Advice is freely given, even if unwanted, and presumably the givers mean well. The trick is to acknowledge it, then gently steer the conversation back to patients' own concerns. When parents offer Dr. Weller their condolences on her son's arrest during an office visit, a simple "thank you" is all she needs to say before resuming the previous topic. This should convey the message that the sentiments are appreciated but the subject is not open to discussion. If parents ignore the message and continue with advice, Dr. Weller may have to be more direct: "I'm sorry but we're here to talk about your son (or daughter), and I'd like to hear more about the reason for your visit today."

Damage control, too, is difficult. But if Dr. Weller is truly part of the community, has been at the library and school fairs, the church dinners, the town meetings, the birthday parties and funerals, she will be respected and supported by most. If office visits continue to be lighter than usual, Dr. Weller has a couple of choices. She may just be patient. If she continues to treat everyone professionally and to the best of her ability, avoiding as much discussion of her personal life as possible while being interested in all aspects of her patients' lives, then her patients will return when they need care.

If waiting patiently and doing nothing is not part of Dr. Weller's character, she could consider writing a letter to the editor that is brief and to the point, apologizes for any harm her son's behavior has caused, and emphasizes that the experience has strengthened her understanding of troubled kids and her compassion for parents.

Will a private scandal hurt patient care? Chances are that it will not, as long as Dr. Weller's competence as a pediatrician and focus on her patients' needs does not diminish. The good news is that it probably won't be long before another controversy replaces this one, and Dr. Weller's son's misdeeds take a back seat.

Despite what some doctors might like to think, we are all human. No one is perfect. As long as Dr. Weller's work isn't the issue, she should shake off the embarrassment, work out the problems with her kids, listen to others' opinions without anger, and get on with her life in a special place. Chances are the people in that small town will respect her more for maintaining her professional demeanor and moving on.

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