Thursday Memo – November 8, 2018

This week we have a story from a UMass Family Practice Residency alumnus. Chris Chang is living and working in Austin, Texas, "doing outpatient family medicine in a commercial practice while running a teaching and volunteering side hustle". Chris writes about the relationships we build even when we think we might be failing our patients. He added about this story: "My boss might not like it, but it's good for my heart."

You can respond with comment to Chris at exc149@gmail.com or to the list serve directly. Enjoy.

Muy poco

Fall can be a rough time of year. Besides the waning day light and cooling temperatures, chief complaints turn to more seemingly frivolous things. A provider can only write so many Adderall prescriptions and deny so many antibiotics for URIs before feeling a little disenchanted. I was in a funk.

I saw Mr. M's name on the morning schedule and my heart sank. He was an elderly Spanish-speaking gentleman I had seen just once earlier in the year to establish care after his insurance changed. He was scheduled for a hospital follow-up. At our initial visit, he had lab work done but never followed up with me to discuss the numerous abnormal results. I had called but lost touch after leaving a message to call back. Instead of coming back to me, he had followed up with Dr. K, a recent residency graduate and a Spanish native speaker. In her notes she made it clear that my initial diagnostic impressions and management were way off. I had misdiagnosed his iron deficiency anemia. I had failed to adjust his medications after identifying issues with his chronic kidney disease. I had not followed the Beers Criteria when prescribing him new medications. She had correctly identified and addressed these issues in the several visits since then. I was hurt that he hadn't come back to see me, mad at myself for missing these seemingly obvious issues in his care, and confused as to why he was following up with me after discharge instead of Dr. K. His hospital discharge paperwork even listed her as his PCP. I figured that the schedulers had put his hospital follow up with me because I was still the PCP of record in our system. But that was it; I was just the outdated PCP when really he should have been following up with someone else.

My agenda for the visit was to review Mr. M's medications, make sure that he had sufficient refills to get him through the next few months, and to confirm his switch to Dr. K as his new PCP. His granddaughter S, who I hadn't met before, was present to interpret. (I'm new enough at this that I still haven't figured out how to negotiate the family member interpreting for both myself and the patient.) He sat with slumped shoulders, interjecting with guttural truncated
I decided to leave this for his follow up with Dr. K, who he should have been seeing in the first place. I tested the waters. "I haven't seen you since the spring, and I know you've seen Dr. K a few times since then. She's a Spanish native speaker. Do you want to keep following up with her? I understand if you do; it would be easier for you." S interpreted for me in her fast Spanish, her 'y el habla español muy poco' standing out to me. Mr. M sat quietly pondering the question, not looking at me but slightly down and to the side the way that Latino patients can often do. "No, con el," came the reply. I was so surprised; I hadn't even thought about that possibility. "He says with you," S said nonjudgmentally.

We stumbled along, S realizing that I spoke more Spanish than I let on and me realizing Mr. M spoke more English than he let on. He asked me questions about his chest pain, his heart, his heart failure, why his lungs and his legs would fill with fluid, why his diuretic dose was so low, and why he was on so many medications but still didn't feel good. The three of us talked for another half hour, sliding in and out of Spanish and English. He nodded as I explained that a lot of the medications that were good for his heart weren't so good for his kidneys, and also that his bad kidneys meant he couldn't take a lot of medications. He laughed when I admitted that doctors don't always agree; the battle between his previous cardiologist and nephrologist had contributed to his polypharmacy issues. We concluded the visit by deciding to address the medication at a follow up in a few weeks, Mr. M satisfied for the time being at having his questions answered and S satisfied that we had a short-term plan. They got up, Mr. M still not meeting my eyes but with more of a smile than when I first saw him. I watched the two of them totter down the hall, his hand on her elbow, wondering when I would see them again and hoping this time that I would.