

# Reflections

# Home visiting

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ne particular patient really stands out in my memory, Mrs Smith. She was one of the first patients in my practice. Mrs Smith was in her 70s or 80s, had fairly severe chronic obstructive pulmonary disease, and occasionally seemed slightly demented. She was clearly very poor and generally seemed rather depressed, but she had no medical conditions that were terribly life-threatening. She came in very irregularly and fre-

quently did not show up for her appointments; then she would show up later without an appointment.

Mrs Smith was an incredibly polite woman. You could see she had little education, but she held a deep respect for me, her family doctor, and a deep respect for whatever I could do for her. She was immensely thankful every time she came, but I usually had no idea why she had come in the first place. I didn't know if she was following my advice or taking the medications I prescribed. Every time I saw her, I struggled as to whether I should be angry with her or be thankful for the appreciation she showed for anything I tried to do for her. I could never really figure her out.

## Living conditions

Mrs Smith had been my patient for about 2 years when I got a phone call from her neighbour. She asked if I would visit Mrs Smith at home. Apparently, Mrs Smith was quite unwell and couldn't make it to the clinic or the hospital. As many people in the countryside said in those times, "I'm too sick to come today, Doctor. I'll come and see you when I'm better."

Her neighbour was really quite concerned, however, so I asked for directions. I received really very complex instructions to Mrs Smith's house, as the roads didn't have names, and the houses didn't have numbers.

After getting quite lost trying to find her place, I finally made my way up a mud track and found her in a very rundown house. When I went inside, I quickly realized that



this woman was not, in fact, desperately ill. Mrs Smith was able to get up and greet me at the door, and as always, she was extremely appreciative of what I had done for her.

I was, however, quite flabbergasted by what I learned from that housecall. I found a woman who was living in a tiny, half-insulated, wood-frame house that was heated by only a wood stove and lit with a coal-oil lamp. She had no electricity. She had neither a telephone,

nor a car. It suddenly all fell together for me. I realized that this poor lady, who lived in this terrible isolation with no amenities, had to make unbelievable efforts to get to my office.

#### A light turns on

Seeing Mrs Smith that day was a true moment of enlightenment. I realized the importance of visiting people at home. I still don't do housecalls as regular practice, but in this case, it certainly gave me a new perspective on this patient. It helped me understand why this woman appreciated every little effort I made for her and how difficult it was for her to comply. It changed our relationship completely.

This brought an entirely new meaning to the whole doctor-patient relationship, and it made me want to make every effort to help her. Whenever I wanted to make an appointment with her, I would ask, "Well, how are you going to get here?" I would call the neighbour, and I developed a relationship with her as well. It enabled me to better help and better interact with this wonderful woman, who used to irritate me by her seeming noncompliance.

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### **Competing interests**

None declared

This story was collected as part of the Heartbeat of Family Medicine project of the College of Family Physicians of Canada. An exciting new program called History and Narrative: Stories in Family Medicine will be launched at Family Medicine Forum 2007 in Winnipeg, Man, this fall. Please send your stories by e-mail to Inese Grava-Gubins at igg@cfpc.ca or by mail to History and Narrative: Stories in Family Medicine, College of Family Physicians of Canada, c/o Research Department, 2630 Skymark Ave, Mississauga, ON L4W 5A4.