



My first housecall

Jonathan R. Kerr MD

When I was 2 years old, my great-grandmother bought me a toy doctor's kit, which included a plastic stethoscope, blood pressure cuff, and reflex hammer. I carried this kit with me wherever I went, especially if I were going to visit my great-grandmother. I'd run in through her front door, and before she even got the chance to pinch my cheeks or plant a kiss on my forehead, I'd ask her, "Grandma, how are you feeling today?" She'd put on quite an act, saying she was in so much pain and wasn't feeling well, and she needed someone to check her out. My eyes would open wide with excitement, and I'd tell her that I could make her feel better.

I'd spend hours checking her temperature, blood pressure, and reflexes with my plastic tools. When I was confident that I'd given her a thorough checkup, I would pull out my toy syringe and proceed to give her injections wherever she complained of pain. After I was done, she'd give me the world's biggest smile, and tell me how much better she felt. "Oh, thank you, Jonathan. You fixed me." That was our ritual, and I'd leave her home truly believing that I had made her feel better.

More than 20 years later, I was in medical school at the University of Toronto. I quickly became immersed in medicine, learning from world medical leaders at top-notch tertiary care centres. But there was something missing. Although I cared about my patients' laboratory values and found discussions about this trial and that trial intellectually interesting, I knew that I expected to be a part of something else when I applied to medicine. I couldn't put my finger on it. What was it that I wanted?

Finding the answer

During a clerkship elective in rural BC, I was working in a clinic with a family physician. One day he received a call from one of his patients, Mrs Stewart. She was an elderly woman who was feeling too ill to make it to the clinic for her scheduled appointment that afternoon. The doctor listened to her for a while, then he asked her if it would be okay if he



visited her later that day. She said yes.

As we wound up things at the clinic, my preceptor asked me if I'd like to join him. Wanting to be keen, I agreed. And besides, I'd never really been to a patient's house before. As we entered the house, I saw Mrs Stewart lying on her living room couch. She was covered with a thick wool blanket, and the only sound in the room

was the gentle hum of her nearby oxygen tank. At first, nothing was said. The doctor slowly walked into the living room and sat down on the beat-up coffee table beside the couch. He calmly reached out and took her hand. Finally, after what seemed like an eternity of silence, she said, "Doctor, I'm so glad you're here."

He asked her a few questions about how she was feeling, and she answered with quick-witted remarks. He reached into his bag and pulled out a blood pressure cuff. Her blood pressure was a bit high. Then he took his stethoscope and listened to her slowly failing heart and lungs. This brief physical examination probably didn't help him much, but she seemed to appreciate it nonetheless. He put away his tools, and they continued to talk.

While they talked, the room was slowly filling with Mrs Stewart's family. There were now 7 of us in the room. Looking around, I noticed how well the doctor fit into this setting. You would have thought he was a part of her family. In a sense, maybe he was.

As I stood in that living room, I was suddenly struck with *déjà vu*. Emotions and feelings woke up, and I felt as though I had been there before. Although I knew I'd never been to this house, I was sure I had been someplace similar. My mind was racing.

I stared at the patient. The combination of fear and strength in her eyes was something I had seen before. Her ability to laugh despite her dire circumstances was something I had seen before. Her absolute confidence in her doctor's abilities and advice and the way his words comforted her was something I had seen before. Then it hit me like a ton of bricks. This wasn't my first housecall. My first housecall was nearly 23 years ago.

Since I was a child, I had wanted to be a family doctor. And there were many reasons. But it wasn't until the moment when I stood inside Mrs Stewart's living room that I realized *the* reason. I wanted to give my patients the sense of comfort this doctor was giving Mrs Stewart, the same comfort that I believed I was giving my great-grandmother many years ago.

Through the good and bad

During the course of my medical training, it has become abundantly clear that family physicians are best suited to this type of primary care. Well-crafted buzzwords like *physician-patient relationship* don't adequately describe the connection between family doctor and patient. It's the family doctor who has known the patient for years and decades. It's the family doctor who knows the whole family. It's the family doctor who, in a sense, becomes part of the family. And it's the family doctor who is there for the patient through the good and the bad, who is a source of advice and comfort. That's why I went into medicine, and that's why I want to become a family doctor.

So, whatever became of the toy doctor's kit that my great-grandmother had given me so long ago? It's sitting on a bookshelf in my bedroom. Whenever I look at my toy doctor's kit, I'm reminded of my first house-call and what medicine really means to me. Medicine is much more than diagnoses, laboratory values, and medications. Medicine is a vehicle through which all of us are able to touch and make a positive difference in the lives of others, and nothing in life is more important than that. ✨

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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.

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Storytelling through poetry and song can be an effective healing tool. These song lyrics illustrate the use of imagery and metaphor to provide support and inspiration.

Courage

*Courage is not the absence of fear,
but the taking of action despite fear.*

Half awake she stretched herself, her hand went to her chest
where just a week ago there used to be another breast
but in its place was empty space, just skin beneath her hand
and a change in her self-image that she did not understand.

The doctors said it had to go, there was no other way
to have a chance to laugh and dance at her daughter's next birthday
the cancer an aggressive one and she so very young
so many stories left to write, so many songs unsung.

So she said yes, they booked a date, though fear was in her heart
for this was just the first of many treatments that would start
her friends told tales of courage, but fear was all that she could see
for even with an absent breast life gives no guarantee.

What life may bring, we do not choose; how we act is our choice
and part of healing is to speak, to give our pain a voice
for courage is not lack of fear, but singing out despite
and living's more than dodging death, it's singing through the night.

A fine scar on her gentle skin...a wound within her soul
she hadn't planned to think of death till she was very old
but as she rose to dress herself and face another day
she thought perhaps she'd start to sing and heal herself this way.

Now quite awake she stretched herself, her hand went to her chest
where in another life, there used to be another breast
now in its place just empty space, just skin beneath her hand
and a change in her self-image she did not yet understand.

— Ros Schwartz

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