



Celebrating the patient-physician relationship

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For me the month of February is about relationships—celebrating those we love on Valentine's Day and, for many, honouring our relationships with family members on Family Day. This leads me to reflect on the relationships I have with my patients and how important they are to the work we do together to improve their health and well-being.

As in our personal relationships, the relationship we have with each of our patients builds over time and takes work. We have to have a clear understanding of who we are as individuals and professionals and what we bring to each relationship, and couple that with the information we learn from and about our patients over time.

These thoughts bring me back to our fourth principle of family medicine: The patient-physician relationship is central to the role of the family physician.¹

As family physicians, we have an understanding and appreciation of the human condition, and, in particular, the nature of suffering and a patient's response to sickness. But this relationship goes further; the patient-physician relationship has the qualities of a covenant—a promise by physicians to be faithful to their commitment to patients' well-being, whether or not patients are able to follow through on their commitments.

When I think about my practice and the relationships I have shared with my patients, one stands out in particular. The patient was HIV positive and I first met her when she was pregnant with her second child. She was about my age and grew up in the same city, but she lived a life that negotiated a fine line between poverty and the legal system. As well as a mother, she was also an artist and a writer. She continued her pregnancy and gave birth to a baby boy, who is now a teenager. Unfortunately, her disease progressed to AIDs and she slowly deteriorated. She died a few years ago on the palliative care ward, surrounded by her family.

Over the years she shared with me her struggles and hopes for herself and her family. We spent many hours talking about what it meant to be living with a disease that had such stigma in her community and what that meant for her and her family. We also talked about what she wanted her children to learn from her life and her hopes for their futures. Her children have moved away now, but I came across some news about her daughter the other day; her mother would be so proud to see the talented woman her daughter has become and I wish I was still able to share this with her.

During our many visits, I don't know that I was able to offer her much more than someone with whom she could share her challenges and thoughts without judgment. I hope that in some way that made her journey easier and helped her in the decisions that she made about her health as we discussed the treatments and many medications she took over the years to sustain herself. Her conversations with me enriched my understanding of the human condition and taught me much about the kind of parent I want to be.

The more we understand about our patients as whole persons, the better we are able to serve them. As Elder Point, of the Musqueam Nation, said during his traditional prayer and address at the opening of Family Medicine Forum this past November, our role is to lift up the hearts and minds of our patients. It is our role to support them in their decisions about their health. It is through our ongoing relationships like the one I described here that we are able to build on the healing power of these interactions and help our patients make the best decisions for themselves and their families. 🌿

Reference

1. College of Family Physicians of Canada. Four principles of family medicine. In: Section of Teachers of Family Medicine Committee on Curriculum. *The post-graduate family medicine curriculum: an integrated approach*. Mississauga, ON: College of Family Physicians of Canada; 2003. Available from: www.cfpc.ca/uploadedFiles/Education/Postgraduate_Curriculum.pdf. Accessed 2014 Jan 2.

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Cet article se trouve aussi en français à la page 192.