

Reflections

“Welcome to our home, doctor”

Richard Allen, MD

I left the office Tuesday afternoon and drove out to the country. As usual, I wondered why I made home visits each month. My mentors taught me that it was an important part of family practice. My homebound patients are certainly flattered by it. But I do not really have much to offer them. I do not carry any medicines—there are too many to put in my black bag. I do not change dressings or carry bandages. I do not feel like the old “country doctor” in a horse and buggy, accepting chickens for pay. Nevertheless, I find myself driving out of town to fulfil appointments I have scheduled.

It is harvest time, and I pass dozens of tractors and combines on the rural roads. These communities do not make it into a road atlas. They are dying towns with decrepit main street apartments and closed businesses. If it were not for the peaceful beauty of the surrounding farmland, it would be hard to imagine that anyone could live out here in nothingness. But it is peaceful, and almost ghostly quiet.

Walter

Walter is a rickety-thin widower living in a clean and well-preserved home. In addition to



checking his blood pressure and putting a stethoscope to his lungs, I keep looking at photographs, framed and loose, some with an updated snapshot placed in the corner, some of children who are now grandparents, and grandparents whose likeness shows in three generations.

Glass trinkets are carefully placed on small shelves and end tables: tiny bells; unicorns; tea sets; keepsakes from foreign countries, such as the painted figurine that a military son sent home from Switzerland and an Asian fan from a grandchild's study

abroad. The past is frozen here until the complete passing of a generation when these things will be stored in a basement, then finally sold to strangers at a yard sale or put in the trash.

Rosie

Rosie lives in a home that would kill someone with asthma: six cats, a husband who smokes heavily, dusty tapestries and blankets, and dirt a half-inch thick on the floors. The house itself has eight rooms, each a separate wooden shack connected by particleboard hallways. She showed me her current medications: 10 prescription bottles in a cigar box.

Canadian Family Physician invites you to contribute to *Reflections*. We are looking for personal stories or experiences that illustrate unique or intriguing aspects of life as seen by family physicians. The stories should be personal, have human interest, and be written from the heart. They are not meant to be analytical. Writing style should be direct and in the first person, and articles should be no more than 1000 words long. Consider sharing your story with your colleagues.

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Dr Allen moved from Illinois to a practice in Cardston, Alta, that includes emergency, obstetric, surgical, and family medicine.

I feel guilty for prescribing all those pills, but Rosie takes them faithfully, some four times a day.

A single large photograph dusted clean and mounted straight on the wall catches my eye: a son in military uniform. I imagined that 30 years ago when the city park was new and the general store was thriving, Rosie's life revolved around this little boy who ran wild through the grain fields. Now this frail 72-pound woman wears an oxygen mask and takes her pills and feeds her cats and watches talk shows all morning.

Edna and Harold

In Edna and Harold's home, I picture a large family once crammed into the parlor listening to war news on the radio. The hardwood floors, once polished and new, are now irregularly hidden with purple and green carpet. Wooden chairs sit idly with knitted seat covers; afghans are on the rocker and over the back of the couch; crystal candy dishes contain hard sweets left over from three Christmases ago; clocks tick; lace curtains hang in the windows; plastic grapes sit in a wooden bowl centerpiece; and the remaining pieces of a chinaware set are displayed in a cabinet that is now antique.

The home is as clean as it was when unexpected male visitors came to call on a young lady. The lady is now old and frail and has cared for this home some 60 years. "Welcome to our home, doctor," the gray-haired homemaker bids me pull up a wooden chair, her husband slowly shuffling out from the kitchen. I

hear water boiling for tea, and low-salt leftovers are heating in the toaster oven.

In her voice is the appropriate pride of 40 years of hard work to pay for this home, now maintained on a meagre pension. I take my chair, and part of me wants to know it all, to sit with this couple for hours and hours and hear all the stories of all the years. And another part of me knows that I have hospital patients to see, and children's skating lessons to get to, and my own home to maintain.

Chickens or apples

I do not make much money taking the afternoon off to make a few home visits. And I do not accept chickens or apples. But as I am leaving, I find myself looking at my pocket calendar, finding an open day next month when I can return. I want to feel this feeling again: the pull of slowness on my fast-paced life. I need to be in these mundanely precious homes and humbled by these people. I want to relive the memory of visiting my grandmother, to taste the stale caramel popcorn that was kept in the buffet cabinet. I want my children to smell the musty mothball smell and feel the velour couch. It will not be long before *my* parents' home is stuffy and old, and they ask me to install tub railings, and I notice their medicine chest filled with too many plastic pill containers.

And then I will hope that some young physician visits them and feels what I feel as I descend the green turf steps and wave goodbye to Edna, who I think has a tear in her eye. ❁