Transformation

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I was raised in Rolfe, Iowa, a small farming community.

Then, people lived close to their work, and there was plenty of it. My dad, the general practitioner, knew everybody it seemed, and most flocked to his funeral on that Memorial Day Weekend of my thirteenth year. Afterwards, our family drove to a neighboring town for our primary care. Our new doctor, John Rhodes, Sr., had been at the top of his medical class, served as a perennial delegate to the AMA, and signed my first state medical license.

In this one snapshot, much is revealed: that rural life, if not solitary, nasty, and poor, is at least brutish and short; that the decimation of primary care has been long in the making; and that despite it, good people abound there. Through their example I became a family physician. For two decades I served their memory and my growing patient panel. There was something magical and heroic about it all- managing a postpartum hemorrhage, repairing a deep laceration, or finessing a patient through cardiogenic shock in the twilight hours of an ICU admission. It seemed equal parts reward and exhaustion, so that I had little time to notice that there were no young recruits behind me, or that I was working harder but spending less time with my patients and family.

Age and experience have a way of commanding your attention. Now in my early fifties, I discovered that I had no close friendships, and that I barely knew-- on an intimate level, I mean-- my wife and children. When my marriage began to unravel, I joined a men's group with the only guys I knew- the fathers of my son's friends. And got therapy. One day I read a quote by Howard Thurman, the theologian and civil rights activist, who said "Don't ask what the world needs. Ask what makes you come alive

and go do it, because what the world needs is people who have come alive." It struck me like a lightening bolt, and I began in earnest to recover the redemptive sense of joy.

Shortly thereafter, I applied to participate in the National Demonstration Project (NDP), a study of practice transformation sponsored by the major organizations in family medicine. Surprisingly, our practice was chosen, along with 35 others from around the country. The two-year study, which ended in June of 2008, introduced me to amazing ideas and technologies. And with encouragement, we began to incorporate them: open scheduling, patient portals, e-mail and e-prescribing.

The most important lessons from the NDP came from the physicians themselves. They are by nature an optimistic, self-motivated, and indefatigable lot. At one of our retreats, we spent an evening talking about what matters most in the work we do. Our conversation centered on relationships. We understood that information technology and systems change and payment reform were important, but only to preserve the relationships we cherished most- with patients, staff, family and friends. And we agreed that no matter how untenable our health care system had become, change would come only by our willingness to be agents of that change. As Gandhi challenged us, "Be the change you want to see in the world."

Over the years I have revised my methods of diagnosis. Disease categories are useful to a point, but they miss much of why patients come to see us. The chronic headache, fatigue, diarrhea, chest pain, and insomnia often point to an underlying unhappiness, one that is never addressed. Doctors don't ask the question, frankly, because they have ignored their own unhappiness. But once you start to come alive, once you realize that the hardest change lies within, once you take responsibility for your own happiness, the thrust of our work ineluctably changes, and with it, the ones we care for. The "heroic" physician no longer requires an ICU or delivery suite, but needs only an exam room where the patient begins to unlock a hidden sorrow, or regret, or sense of shame.

An elderly patient came to me not long ago about his diabetes. Before attacking a review of his mediations and recent labs, I asked him off-handedly what he had been up to. "A moose hunt with my son," he proudly reported. "But doc," he added, "I was no use in hauling it out of the woods." As he looked away, tears streamed down his cheeks. Despite my efforts to clarify the source of his pain, we made no progress. I asked him if he would see me again in week. He nodded yes.

There was no breakthrough at our second meeting, either. But I mentioned a group of men- all precisely in his predicament- who intended to meet at the office in a couple of weeks. Would he join them? Again a quick nod, so I began to recruit members for a group that was, as of yet, forming only in my head. Eight men came to the initial meeting, and six have been regulars for over a year. Now a second group gathers to help retirees adjust to their changing social status, one that has left many feeling lonely, isolated, and rudderless.

What is true of them is true for us; we need conversation, friendship, and a sense of connection to fill our lives. This has become the functional measure of my patients' health, and I ask about it and foster it as directly as I promote treatment for hypertension and asthma. In responding to the changing needs of our community, the practice has also come to care for opioid addicts, chronic pain patients, those infected with HIV, and the dying. But we gave up certain areas, too, that were once integral to my self-image: hospital rounds, obstetrics, and outpatient procedures.

I am adjusting to the change, just like my patients. I am adjusting because of them and through them, in deepening relationship. I am struggling to be the good doctor my father was, though in ways he could not conceive. The one thing I routinely share with my patients is my own happiness, as a gift and example for their struggle towards health, connectedness, and self-respect.