What Does It Mean To Be a Personal Physician? A Father’s Advice To His Son

Mark D. Robinson, MD, and Lavius A. Robinson, Jr., MD (posthumous)

Keywords: Career Choice, Family Medicine, Medical Home, Patient-Centered Care, Personal Health Services, Physician-Patient Relations, Quality of Health Care

On October 30, 2009, my father, Lavius Arad Robinson, Jr., MD, died at the age of 82, surrounded by his loving family. He lived a wonderful life. He practiced solo family medicine for 43 years in northeastern Connecticut. As I sat at his bedside during his final days, and later as I wrote a eulogy for his memorial service, I was reminded of the kind of personal family medicine he practiced and the kind of personal physician he was. In the receiving line after the memorial service, we heard many stories from his former patients. The pizza man stood next to the cardiothoracic surgeon, highlighted the breadth of people he touched.

One woman in her mid 30s stood in line for nearly 2 hours to tell us her story about my dad. She was emotional while telling it, but she recounted the story of how my father had delivered her. It was a difficult delivery and she apparently needed resuscitation, but she survived and grew up as a patient in his practice. I wondered why she would stand in line for hours to tell us this story, especially when none of the family in the receiving line knew her. In retrospect, I think it came down to a profound sense of gratitude for a man who was there when she and her mother needed it most. We heard many other stories of his interactions with loved ones still living and those who had died. All were told straight from the heart and with tear-filled eyes. These patients recounted my father’s years of care with loyalty, trust, and love. He was the role model of all role models.

I followed my father’s footsteps into family medicine. Twenty-nine years ago, my first year as a family medicine resident was not a happy time for me. I had come face to face with a rigorous military training program in the rainy Pacific Northwest, a long way from home. I was working tremendously long hours in a climate known to make the most cheerful person dysthymic. (This was way before Starbucks appeared on every street corner.) I was feeling overwhelmed and totally inadequate to the task, and I was drowning in my own anxiety over how I could ever learn all that I needed to know. While working on my father’s estate after his death, I found the following letter dated September 25, 1983.

Dear Mark,

This letter is long overdue! I have intended to share its concepts with you since your beautiful letter before graduation.

Medicine is a jealous mistress. No matter how long you practice, just when you begin to feel comfortable with yourself and feel that you know something about it she will hit you with change, new ideas, unexpected complications, or obvious simplicities and make you feel nubile. The tremendous bulk of medical knowledge is beyond any one human mind to encompass. There is, however, no real need to even try to know it all. Libraries are : for a reason! There are reducible minima that you can espouse. With these, a forthright and inquiring mind, and an honest, diligent approach to patients, you will be able to purvey a good branch of medicine with which you can live. And ultimately the best medicine to which patients will respond is yourself. Your presence, the give-
ing of yourself coupled with their desire to get well, is a
tremendous healing balm. . . .

Remember the 4 A’s of the best qualities of a physi-
cian:

Available: all the talent in the world is no good to the
patient if the doctor is not available.
Affable: you must relate
Ability: only useful if the first 2 apply
Affordable: speaks for itself

My father concluded the letter with the follow-
ing:

I’m very proud of you Mark—you will be a good
physician, but it will not happen overnight. I believe it
takes 15 years of practice to reach your peak. A pebble
here, a rock, or occasional boulder, slowly the pyramid
builds. But all said and done, we only set the stage, only
God can heal.

Love, Dad

I have had the privilege to experience the bond
patients share with a personal physician my entire
professional life. Personal physicians cannot be pres-
ent for all the critical medical moments in the lives of
our patients, but when we are present, we make an
indelible mark on the life of that patient and family. I
learned at my father’s funeral that no one will fully
know how much our work has touched our patients
and their families until our families are standing in the
receiving line at our own memorial services.

Today I am a family medicine residency pro-
gram director and I think a great deal about pre-
paring residents for practice. Until recently I did
not frame this as preparing our residents to be
personal physicians, but those are the healers
sought out by patients. They are the physicians
who will provide care for a lifetime. Patients know
we are busy, and when we take time—unexpected
time—to care for them, it sends a message. The
message is: I care for you. My father’s favorite
saying comes from the The Prophet by Kahlil Gi-
bran, and it became the motto of his life. “Work is
love made visible.”¹ I do not think of loving my
patients into health, but when the personal physi-
cian cares for a patient outside of an office visit at
an inconvenient time, the patient and family get the
message of “love made visible,” which tells them “I
care for you. You and your health matter to me.”
More often than not the patient responds with
gratitude and healing.

The work of personal physicians is love made
visible. It is sacrificial, challenging, and rewarding.
We do not practice today like my father’s gener-
ation did. The challenge becomes how to model
and teach continuous responsibility and availabil-
ity with the interrupted availability most of us offer
to our patients. How do we maintain life balance
and still remain available to our patients for the key
events? The answers lie in the systems of care in
which we work. As I think about and influence the
systems of care that I work in, I am trying to remain
ture to what my father was teaching me about the
role and healing power of the personal physician.

I have known a personal family physician my
whole life—he delivered me—and at the end of his
life, I was able to be just a bit of a personal physi-
cian to him when he needed it most. I remain his
grateful and ever-loving son.

The first author thanks Dr. Timothy Daaleman, DO, MPH,
Professor and Vice Chair, Department of Family Medicine,
University of North Carolina, for editorial assistance.

Reference

Knopf; 1970.