An Appetite for Connection

Jason A. Ramirez, MD

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Ms. Jones was a thin African American woman in her early 40s, although she appeared much older. Four years before I met her, she had been hospitalized for a month with complaints of severe, unrelenting abdominal pain, anorexia, nausea, and vomiting. She was treated with parental nutrition because she could not tolerate anything by mouth. Records showed she had received an exhaustive diagnostic evaluation and was seen by multiple specialists, yet no etiology of her symptoms was identified. She had stayed in the hospital for 4 weeks. Ms. Jones would state that she spontaneously improved and was discharged with "no answers."

While I was attending the adult inpatient medical service, Ms. Jones was readmitted with a similar presentation. She communicated that she had been well since the previous admission 4 years earlier. I witnessed her malnourished body as it lay motionless in bed, interrupted only by paroxysms of pain and emesis. Numerous laboratory tests and imaging studies were ordered, gastroenterology was consulted, and an esophagogastroduodenoscopy was performed, yet all results returned normal. We still had no answer for Ms. Jones.

With knowledge of Ms. Jones's social history of problems with intravenous heroin addiction, my resident team pleaded with me to consider that our patient was malingering. Though malingering was a possibility, I believed our patient was truly suffering. Days passed and she remained unable to eat. I contemplated the need for total parental nutrition. The voices of my senior residents echoed louder each day: "There is nothing wrong with her, she just wants narcotics." Feeling the frustration of having no improvement and no answer to my patient's complaints, I went to Ms. Jones to confront her about the only remaining possibility. I placed a chair by the bedside of Ms. Jones, grabbed her hand, and told her I had tried the best I could to find an answer but that I had failed. She squeezed my hand back and said, "I know you have tried your best." A silence followed as I searched for the next words to say. Neither of us spoke for what was only seconds but felt like an hour. The silence was broken when I asked her if she thought any of her symptoms could be from heroin withdrawal. The conversation that followed changed both of our lives.

"What do you know about the pain of withdrawal?" her words were harsh. "Personally, nothing, Ms. Jones; I have never gone through the pains of withdrawal," I responded. More silence followed. "I do know the pain of being a child who watches his parents suffer though," I explained. "My parents too suffered with heroin addiction. I have seen them not only in pain from withdrawal but imprisoned, near death from overdose, so desperate for money for their next buy that they stole from family and friends. My family and I have been homeless, living out of our car or at homeless shelters. I have seen the pain in my mother's eyes as she felt like she was a failure as a mother to her 4 children."

"You? You have been through all that?" she asked as her eyes met mine for the first time. "Then you do know. It is not easy, addiction destroys your entire life and everyone in it."

I simply nodded. Over the next 2 hours Ms. Jones told me of her own wars with addiction and her battles against withdrawal. There were similar

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Corresponding author: Jason A. Ramirez, MD, Department of Family and Community Medicine, University of Maryland School of Medicine, 29 S. Paca St, Baltimore MD 21201 (E-mail: giftedhands50@yahoo.com).

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stories of suffering, hunger, depression, and alienation by family and friends.

Ms. Jones started to cry again. Displaying vulnerability and humility, she explained to me that she had been attempting to improve her life. She had been started on suboxone and was doing well until she lost the ability to continue with her therapy because of what she said were "financial constraints." She began living in fear that she would relapse and return to the streets in search of relief. As we concluded our confessions, Ms. Jones sat up from her bed, gave me gentle hug, and then said, "Thank you for sharing about your parents. I think I am hungry. I would like to eat dinner now." Ms. Jones ate a regular meal that evening. The next day she was discharged from the hospital with a great appetite, a script for suboxone provided by assistance from our case management team, and close follow-up in the substance abuse clinic.

My experience with Ms. Jones remains one of the most rewarding of my career. I was reminded why the human connection should never be taken for granted. Modern medicine has and will continue to contribute much to the advancement of health and healing, yet if not for the connection made by Ms. Jones and me, I am not sure she would have improved as soon as she did. I have since shared this story with many young learners, hoping to instill a life-long belief the importance of human connection. I now share it with readers as a reminder of its influence in the care of our patients.

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