

Retirement Tea

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In this narrative essay, the author, a family physician, remembers his encounters with patients at his 2008 retirement tea following 34 years in practice. The physician and the patients explored their experiences working together and expressed their gratitude to each other. The author looks back at how these long-standing relationships led to better care and better health. (J Am Board Fam Med 2021;34:874–877.)

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My wife, 3 children, and office colleagues waited in the sunny, spacious office lobby for the 4:00 PM tea reception. After 34 years at our 5-physician practice, this hot day in 2008 was my last. Regular patients had been sent a postcard invitation. I was looking forward to the opportunity to say goodbye to patients that I had worked with for years and wish them well. This type of event for patients was not customary in our community. The usual retirement celebration, which I also experienced, was for colleagues and friends. However, our office supervisor, Rebecca, thought that since I had many long-standing relationships with patients, they would be interested in coming to this event. I wondered how many would come.

Janice, in a wheelchair from a stroke, was first in line. She was smiling and said, “I am going to miss you, Dr. Pine.”

On our first visit years ago, she had set the Coke Classic she was drinking on the small examination room desk. She had made no effort to control her diabetes or stop smoking. She had chronic pain treated with narcotics and lost her

pills often, creating great consternation for me. She had depression but would not see a counselor. Initially, I dreaded her visits. I struggled with how to be empathetic. She came often, and I tried to address as many issues as possible on each visit. I stayed with her in her darkness. She struggled, and over time, made small improvements. She no longer lost her pain pills and started thanking me at the end of each visit. Over time, I began to appreciate that she was honest with me. I looked forward to seeing her and felt a sense of accomplishment that she was now doing her best to improve.

This same positive change in my attitude occurred with other patients. As I understood their personalities and medical conditions better, I developed more compassion.

“I will miss you also, Janice,” I replied and introduced her to the resident physician, who was my replacement.

Grace, a heavy-set woman in her 70s, approached me, also smiling. After we exchanged greetings, I said, “Thank you for that time you encouraged me. It was remarkably uplifting.”

Grace said, “I remember that day.”

She had many symptoms; frequently, I was frustrated. She seemed dissatisfied with my advice, and I wondered why she continued to come. On one visit, I misread a wordy radiograph report and conveyed normal findings. I made a mistake!

It had been a rough day, and I was far behind schedule. I had met with the medical director, who noted my below-average productivity despite my long working hours. He encouraged me to

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work faster. But there was nothing else I could do to improve efficiency because working at a faster pace would have disrupted patient care. It was a disheartening discussion, but it was the real world of practice.

I corrected my error with Grace and apologized. I was irritated. How could I have made that mistake? Grace abruptly stopped describing her symptoms. She had been despondent but then became upbeat. She said, “Dr. Pine, you are a fine doctor. Everyone makes mistakes. You always listen to me.”

Grace helped me appreciate that though I was a slow practitioner, I used the time to listen to patients to understand their needs better. This approach was important for good medical care.

Patients often went out of their way to help me. Due to our usual full visit agendas, I did not always take the time to show my appreciation to them. Balancing my tea in 1 hand, I shook hers with the other. I was pleased to have the opportunity to express gratitude to patients in person.

Betty, another older patient, handed me a copy of her husband Ben’s recent memorial service program as we greeted each other.

“I am sorry about Ben’s death,” I told Betty.

I liked them from the beginning. Betty and Ben had been quiet and thoughtful during visits. They always came together. Ben had been a farmer but then repaired antique cars as his retirement hobby. He enjoyed telling me about his successes.

I had been their physician for years before I realized they lived 41 miles from my office. I mentioned several times that there were clinics closer to their home, but they kept coming. I appreciated their loyalty.

I was grateful for the long-standing relationship with Betty and Ben as well as with other patients. They trusted me, and I did my best to help them. As a result of this trust, patients revealed more about themselves. I was able to deliver better care because I understood them better. I was surprised that these relationships were so close because I remembered when I was behind schedule and trying to hurry and felt that I did not deserve their trust.

Sometimes I had to work especially hard to connect with patients.

Philip, a short, cantankerous retired ophthalmologist in his 80s, greeted me. “Thanks for taking care of me, Don.”

Philip had been critical of everyone, uncooperative, and challenging for my colleagues. He was well cared for but still unhappy with their services. Finally, Rebecca, our office supervisor, said to him, “Try seeing an older physician. Maybe you will get along better with him.” Despite his disagreeable personality, we managed to work together. We started his visits by discussing a topic that he enjoyed: his travels. He was lonely, and I encouraged more social activities. He was interesting to work with because he had a good understanding of his diseases and made astute observations. His visits were long, but he did better.

Rebecca said to me, “He has become more respectful to us. What did you do?”

I responded, “I listened to him as carefully as I could. I convinced him that I understood him.”

It was challenging to listen carefully as I addressed each of his problems. I needed more time.

Shaking Philip’s hand at the tea, I said, “I am glad you are doing better, Phillip.” I was glad to see color in his cheeks and that curmudgeonly glint in his eyes.

Elsie and George were a well-dressed, distinguished-looking couple. Elsie, a former chief surgical nurse, was formidable and used to giving orders. George was easy-going. I was impressed with their solid marital relationship despite their differences.

Elsie said, “Thank you, Dr. Pine, for your persistence in ordering that screening mammogram”. “Yes, I remember,” I said.

A few years earlier, Elsie had sternly rebuffed my professional advice. “I do not need a mammogram, Dr. Pine. My examination is normal. I am 81 years old.”

“You are in good health. You could live a long time. You need this test. George will miss you if you die from breast cancer,” I’d replied.

We sat in silence for a moment. “I will do it,” she said.

Localized breast cancer was found, and her surgery was successful. I was glad to see her alive and well. This experience was a gratifying moment.

Even though they trusted me, my patients sometimes resisted my recommendations. I was friendly to Elsie and patients like her and had to challenge

them when they made unwise choices. My understanding of Elsie's devotion to her husband helped me reframe my recommendation to address what was most important to her.

Fred, a jolly older patient, said, "Dr. Pine, you helped me live a long time."

He had a huge problem list, but he stood tall and looked robust. He was with his wife, Alice. They had been patients since my first year of practice.

Fred was my first patient with a multitude of conditions. Initially, I was amazed that he could walk around with so many health issues. I wondered if I could really care for a patient with so many serious illnesses. I could not address each problem on every visit, but over time, I attended to the issues on his problem list.

It helped that he was generous and had a good sense of humor.

After a few years, Fred helped me in a remarkable way.

Alice said, "We just met your son Adam for the first time. He thanked Fred for giving him blood more than 30 years ago."

Adam needed heart surgery at age 2, but there was difficulty finding matching blood. Fred found out about this issue when I mentioned it incidentally during one of his visits. He recognized that he had a matching blood type and drove 14 miles into the city to donate.

I told Fred, "I am grateful to you for that gift."

I remembered how Fred sometimes tried to lighten the mood during our encounters. Fred showed me a photograph that I recognized and that he brought to an appointment years ago. As a result of his vast medical history, I usually had a solemn demeanor when Fred came to the office. He was stretching my medical skills to the limit. On several visits Fred had been resisting my advice to exercise. Then, on a follow-up encounter, he showed me this photograph of him riding a new stationary bike as proof of his compliance.

"You had such a hearty laugh when I showed you this photograph," Fred said. I remembered. Alice, Fred, and I laughed.

Alice then said that Fred got tired of his frequent health care encounters and sometimes needed special encouragement when medical attention was necessary. "I remember the time of Fred's first

heart attack. He called you in the night when you were not on call," she continued.

I nodded. Our bedroom was being painted and was draped. I was delayed in finding the ringing phone.

Fred had said, "I woke up because of a pressure in my chest. Alice wants me to go to the ER. I do not think it is anything. I have other pains that are more bothersome."

We discussed his symptom and his high risk for a coronary event. He repeated that the pressure was mild. I said that cardiac symptoms in older people could be mild. Finally, I said, "Alice is right, Fred. Call 911." He did.

I shook his hand. I was grateful that he had called me and followed my advice that night.

Over the years, Fred survived many medical events, and I gained confidence in treating immensely complicated patients.

The procession went on and on. The room was crowded. At 6 o'clock, Rebecca handed me a cup of tea and said the line was still long.

Most of the people in attendance were old, but there was one sincere young man in a suit, Rex.

Rex said, "My father, Ray, is working and could not be here, but he is not drinking. Thank you for staying connected to him and seeing him urgently that day."

Rex was an attentive son I talked to on the phone or seen briefly at his father's appointments.

Ray had long resisted my pleas for treatment. Alcohol was destroying him. Our sessions had been long, and I knew him well. Early one morning, Rex had called me. "My father has been drinking heavily and is about to lose his post office job. He is willing to see you and might take action."

Jane, the receptionist, and Karen, the medical assistant, groaned when I said we had to fit him in the schedule. Nevertheless, Jane and Karen greeted Ray warmly when he arrived and did not ask him to explain the reason for his visit. While other patients waited, Ray and I talked, and he agreed to enter the Veteran Affairs Center that afternoon.

The extensive time that I spent with Ray over the years made a difference. I was grateful for Rex's good news.

I also thought of the multiple patients with alcoholism that I knew equally well who were still drinking, whom I would pass along to my successor. Some were at this reception. I could think of only 1 other heavy drinker who was successfully treated

long-term. I also was saddened to hear that one of my patients with significant drinking issues had died on the day of my tea.

In the end, I said goodbye to the final patient and left the clinic for the last time. I had done my best to deliver care to these patients; over the years, despite visits that were often too short, my relationships with the patients evolved. These connections brought trust and consequently better care and better health. They helped me become a better physician.

It was not easy to leave. As I walked out of the air-conditioned building into the heat of the summer evening, I thought about the rewards of this work. Caring for patients had been exciting, and the enduring bonds with patients were gratifying. But I was looking forward to being a residency clinic preceptor one day per week and

having time for more travel and play with our first grandchild.

My retirement tea had a profound effect on me, and I still think of it often. The conversations with my former patients helped me appreciate, even more, the value of the relationships we had built over time. I have tried to pass on this insight to the residents I work with now. I tell them that while it takes time and effort to develop a strong relationship with a patient, it is worth it and will result in better care.

The names of the people in this essay were changed to protect patient confidentiality.

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