

Card of Thanks: A Personal Note on the Physician-Patient Relationship

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In 1966, when the specialty of family practice was still a twinkle in the AMA's eye, a landmark paper was published by the National Commission on Community Health Services.¹ Known as the Folsom Commission report, it stressed the need for a new kind of physician, the personal physician, someone who assumed responsibility for the patient's care on a coordinated, comprehensive, and continuing basis. Personal, as in how physicians got to know their patients; personal, too, as in the nature of the physician's investment in the outcome of the patient's illness.

Family physicians still think of themselves as personal physicians who strive for continuity in patient care. This ethic has become ingrained in the physician-patient relationship. We believe that it exerts a positive influence on clinical outcomes. It is now encoded in our contracts with managed care organizations, where subscribers must select a personal physician and communicate with him or her before consulting a specialist or urgent care physician. And it results in greater customer satisfaction, as a recent *Journal* article² and its companion editorial³ have established.

But all of these reasons do not supplant what the practicing physician has proven to himself: that the heart of continuity lies in a sense of responsibility for the patient, which grows out of treating the patient personally and responding to the patient as a person. Such a reciprocity of feeling has given me some of the happiest moments in my career. I want to tell you about one such moment, and the card of thanks it engendered.

When I first moved to town 10 years ago, I would stop by the corner grocery store every Thursday to buy a copy of the local newspaper. That evening, in the privacy of my own home, I would scan the obituary column for my name.

This obsession was driven more by my nagging sense of insecurity than a state of mortal dread, for what I desperately sought was my name in the cards of thanks, those lovely bordered notes from "the family" who thanked everyone—EMTs, nurses, ministers, physicians—for caring for Mom or Dad in the final days.

I was a new physician then and needed reassurance. Was I appreciated? Was I named as often as my colleagues? If so, did it incriminate me for having a suspiciously high rate of death? It was difficult to gauge how well I was doing, physician-wise, relative to the other physicians in town. Medicine is practiced behind closed doors. And patients are more likely to grumble about "those other doctors" than question the actions of their own.

As time went on, I became more self-assured in my doctoring and less dependent upon public applause. I could go for weeks without worrying about the obituary page. But for all my years of haphazard scanning, I never recalled seeing a single card of thanks addressed to the patient from his physician. To be sure, most of the important communication between a physician and patient happens face-to-face, without words, in a generous smile or the squeeze of a neck or the patient's simple act of returning, one appointment after the next. But in this modern era very little of importance should go without saying. So I vowed to scribble down a card of thanks and send it at the next opportunity.⁴ It came in the person of Ken Clark. But I published the note for all those whom I have come to regard as my personal patients.

We recently lost Ken Clark, one of the county's finest. Many good people pass through our doors, but Ken occupied a special place in our hearts at Searsport Family Practice. He was a man who could go unnoticed; he never complained or won the Megabucks or was voted Man of the Year. He was the one who always had a smile on his face and a laugh close by and a steady inner glow that could lighten you instantly, like a torch. Ken be-

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came ill over the summer. On New Year's Day his condition suddenly turned worse, and despite the intensive care of many physicians, he soon died. Ken had lived a long and useful life, we could say as a consolation. And we knew—we believed—that Ken would accept whatever God had in store. But still, when we got the news from the hospital in Bangor, a gloom fell over the office. We talked about him often; the details of his illness ran through our minds, and our hearts went numb. You see, physicians—like parents—always see where they could have done better. In hindsight (which is the direction we turn when things go bad) there is perfect vision; and we are professionals who are disciplined to ask, even when it is painful, "How can we do better next time?" These feelings of loss and responsibility feed upon themselves and eat us up inside as we go on to our next patient, and the next, and work moves along.

Then the discussion turned. We started asking each other about visiting hours at the funeral home and who might go. It turned out that most of us would. On the day before the wake, we received a thank you note from Ken's son, Steve. In it he said how much we had meant to his father—our care down through the years—and how much our concern for him showed through. At the wake I would meet Ken's wide circle of family and friends and feel a part of it. I got to see and hear sides of Ken that I never knew existed: his knack for the guitar, his connections to my favorite minister, a photograph of Ken operating the snowblower taken (according to Steve) "15 minutes after you had insisted he give it up." The man in the coffin, whose waxy hands I squeezed for the last time, was no longer grinning. But I was inside, heartened by the smiles of the many good people in whom Ken's joy for life had outlasted death.

Let me hasten to say that we have received many cards like Steve's during the years, many holiday greetings, many small gifts of affection, or just a handshake or thank you that can make your day. As professionals, we do not expect it. Our job is to perform a certain job at a certain level of competence for a certain fee. We realize that illness and death are justifiable cause for feeling irritable, frustrated, afraid, and angry, not just for the person who is sick, but for the physician who is powerless to stay its advance. And we see clearly, during a lifetime in medicine, our own limitations, foibles, mistakes. We fall short of our high expect-

tations and those of our patients. We lie awake at night with worry, waiting for a sick patient to turn the corner. We wish back all the errors we made when we were overtired, overwhelmed, falsely reassured, or ignorant of the crucial fact.

But all that comes back to us are the patients, who are sometimes better but often the same or worse. They come back, we finally realize, because they feel that somebody understands them, enjoys them, works hard on their behalf. In a world where everyone eventually grows feeble and dies, they know that we—this familiar group of family, friends, and caregivers—are all we have. And they trust that none of this community will change even as American medicine changes, because it is dependent upon people and not the environment we practice in.

On behalf of my staff and colleagues, I want to thank you for the gestures of gratitude and understanding you have so often shown us. You know we are human: you have suffered our weaknesses but also felt our concern for you and our genuine desire to help. You realize that we blame ourselves, always just a little, when a patient's condition worsens, and that we miss our dear friends when they take leave from the office schedule.

When time permits, I try to attend the wake or funeral of an established patient. For there, more so than at other times, I realize that the physician-patient relationship is a reciprocal one, one of giving and taking mutual loss and lasting gain. And I know that in the long run the physician takes away from it far more than he or she ever brings.

I know that the spirit of Ken Clark lives in the lives he touched. So these words are not farewell. Rather they are a small down payment on the mountainous debt of gratitude I have amassed during the years. Ken, we are grateful to have known you, and for the warmth of your glowing smile.

References

1. Folsom MB (Chairman). Comprehensive health care, a challenge to American communities: report of the Task Force on Comprehensive Personal Health Services, National Commission on Community Health Services. Washington, DC: Public Affairs Press, 1967.
2. Weyrauch KF. Does continuity of care increase HMO patients' satisfaction with physician performance? *J Am Board Fam Pract* 1996;9:31-6.
3. Scherger JE. Does the personal physician continue in managed care? *J Am Board Fam Pract* 1996;9:67-8.
4. Loxtercamp D. A physician's card of thanks. *Republican Journal* (Belfast, Me) 1996 Feb 22;Sect A:7.