Editors Note

I click “done” in my inbox for the last time, knowing that as sure as the sun rises, more tasks will appear within minutes. I glance down the hall and see my nurse rooming my first patient, now 15 minutes late. As I enter the room, my hopes that this first appointment of the day would be a “quickie” are dashed as I notice the yellow legal pad filled with numbered, scrawled questions. Trying to refrain from the toe-tapping or forced speech that will reveal my true state of mind, I plod through the list with the patient, explaining her diabetes medications and reinforcing the need for her to check her blood sugars. When I exit the room 30 minutes behind schedule, I see the message from the triage nurse that one of my 93-year-olds is short of breath and wants to be worked in. I let her know what time he should come and turn to my next patient, an 83-year-old with failing memory who is living alone despite the entreaties of the family members who accompany him to the appointment. For sure the solutions to this man’s problems will not be “gimmes.” And the schedule for the rest of the day promises more of the same.

Some days in practice it’s hard to see past the next patient or to ascend the ever-present pile of what used to be paper, now compressed into a devilish device called the inbox. Through the deluge of detail, it’s hard to see the big picture, to think about the plight of the expanding elderly population in our society when you’re seeing that 83-year-old who wants to keep his house or the statistical rise of obesity and diabetes when you’re talking to a 54-year-old who can’t keep her medications straight and doesn’t want to check her blood sugars. We practitioners really need someone to be thinking about the big picture for us. And that’s why we have public health.

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Big-picture thinkers

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