Reason for visit:
CHECK MEDS

A medical student explores his reaction to an especially difficult patient.

BY BENJAMIN MARSH

“Why don’t you go in and see Ms. R. first,” the family medicine resident told me, adding a wary, “good luck.”

I opened her chart and immediately felt my heart sink as I was confronted with the longest problem list I had ever seen: CHF, COPD, HTN, DM2, HLD, OSA, PVD, IBS… I scrolled down the list, thankful I had bothered to master so many acronyms. Was there anything this poor woman didn’t have? Her reason for visit, CK MEDS (Check Meds), was deceptively simple, almost comically so.

I lingered a few minutes, trying desperately to glean information from her record that might assist me. Then I sucked in a breath feeling doomed as I walked along the cream-colored hallway decorated with tired Rockwell paintings, passing the other exam rooms. I heard a kid rebelling against vaccinations in one room. Boisterous laughter was coming from another. A hacking (probably productive) cough. People speaking languages other than English. I wished I was heading to any of these other rooms.

As I passed the nurses’ station, I heard someone say, “Deead man walkin’!” The medical assistant looked exasperated as she wheeled the blood pressure monitor out of the room where my patient waited. I gulped and opened the door.

Ms. R. looked to be in her late 70s. Her black hair had streaks of grey and stood straight up (like the Bride of Frankenstein, I thought). She smelled of body odor, cigarette smoke and something rotten. Dirty, tattered clothes fell over her like a tent. She shot me a look of distrust.

I led off with my typical “Hi Ms. R. I’m Ben, a third-year medical student working with Dr. G. What can we do for you today?”

She emptied a garbage bag full of half-empty pill bottles, inhalers and insulin pens onto the counter. “My inhalers aren’t working. Well, some of them are, but this ah-boo-ter-ahl [albuterol] doesn’t work. And I don’t take this one cuz it’s green, and I don’t like green. This one I only do on days when I’m feeling sad. And this one is working OK, but it tastes funny when I swallow it. And I’m not taking the Singulair pills cuz I ran out a month ago. I’ve been coughing and wheezing like my chest’s all tight. I can’t sleep. Those steroids aren’t helping neither, and my brother said I …”

“Wha … I …,” I stammered, not sure where to begin.

“Don’t interrupt. I’m not finished yet. My diabetes is terrible, just terrible, and I’ve been reading my blood sugars like y’all asked me to, but I never get below 200, and they’re sometimes over 400, and my neighbor keeps yelling at me about my cats, but I said …”
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sucked up resources while her medical problems snowballed. Instead of breaking down her issues one by one, we patched her up and hoped that someone else down the road would rise to the challenge of fixing her up properly. Yet this woman wasn’t a monster, she was my patient.

Ms. R. left the clinic that day with her insulin regimen tweaked. We’d deal with her blood pressure, anemia and myriad other issues later. We hadn’t solved her problems. It was only a matter of time before she’d return.

Next time, we would be more prepared, have more time and get to the root of her problems. We’d put her in a patient-centered medical home, get a pharmacist to manage her meds, a home care nurse to check on her sugars and blood pressure, a social worker to assess her home situation … “Next time will be different,” I said to myself, looking at the long list of other patients waiting for care that day.

“Next time.” MM

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