The following paper was published in Family Medicine in 1991 (Fam Med 1991; 23(8): 577-579). It was the first of a series called 'Life's Stories' that 'spoke to the complexity and creativity that lies within the teaching and practice of medicine.'

I have often used this paper to illustrate the essence of being a general practitioner and I believe that it is as relevant to us now as it was in 1991.

We gratefully acknowledge the permission of the Society of Teachers of Family Medicine (http://www.stfm.org) to reprint this classic family medicine paper.

– Editor

Patient-Physician Relationship, III

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"He's my patient. I'm his doctor. There is no beginning. There is no end."
– Ray Greco, One Man's Practice

I met Mary Nelson first. I won't pretend that I remember the specific event. My records state that it was the third of June, 1967. She was 61 years old and had recently moved to the Pittsburgh area from Illinois. Most likely it was a Thursday evening, because I do remember that I mostly saw her at night. Of course, back then I had evening hours twice a week.

Her initial problem list included hypertension, multiple somatic complaints, and chronic use of tranquilizers. The note from her doctor in Illinois was brief and to the point. She was a nervous woman whose blood pressure and symptoms were well controlled with minimal medication.

Her previous doctor had established a successful pattern which I followed. I saw her every three to four months, checked her blood pressure, listened to her complaints, discussed some problems, and reviewed her prescriptions when necessary.

We spoke of various family difficulties, deaths of neighbours, conflicts with her son, and the financial problems. She noted repeatedly how dependent she was on her husband and how good he was to her and her children.

She had been coming to see me for over a year before Harold became my patient, at her request. As usual, he was in the waiting room during her visit. She said he needed help and would I talk with him.

Mr Nelson was 10 years younger than his wife. He was short, about my height, but much more muscular. His cheeks were plethoric and his nose just suggested rosacea. He told me his story quickly but with detail. He was clearly upset when he couldn't hold back the tears.

He complained of dizziness and fatigue and somehow knew that it was related to his job promotion. He had gone from shop mechanic into the office and sales.

On subsequent weekly visits he talked about his increased responsibility and the animosity of the other workers. He also, with tears, noted how he tried to help his stepchildren but never seemed to make much progress in their relationship.

After the fourth visit, I suggested he return in three to four weeks. It was nearly three years before he returned for me to remove a sebaceous cyst from his scalp. I knew he was doing well as I continued to see Mary every three months.

Two years later, he returned for a 'checkup'. His rosacea now required therapy, and we spoke of his complete break with his stepson.

I saw him two or three times for minor respiratory problems over the next several years. In April 1976, nearly nine years since they had first entered my practice, the first hospitalisation occurred. Because of my teaching responsibilities, I had temporarily given up my hospital practice at the local hospital. One of my associates treated Harold for his pneumonia, and Mary kept me informed. She again expressed her concern about what would happen to her if he were seriously ill.

He gave up his one-and-a-half packs of cigarettes a day and generally did well. A year later he had prostate surgery and tolerated it without difficulty. He was upset with the subsequent retrograde ejaculation and the lack of information from the urologist. I explained and reassured and chided myself for not doing so prior to the surgery.

By the following year (1978), his COPD had gotten worse. He had frequent acute bronchitis, required monthly visits to the office, and had another hospitalisation. We discussed possible early retirement and applying for Social Security. He was upset with his insurance department, our billing office, the life insurance company, the red tape with Social Security, and the state of the world. I listened and helped where I could. We also discussed his concern about his wife's continued smoking.

His COPD was finally stable, although he required low-dose steroids most of the time. He developed carpal tunnel and a cataract and tolerated both surgeries well (1981).

After the cataract surgery he complained to me of some persistent difficulty with his vision. But the real reason for the visit was to discuss some recent sexual dysfunction which really only required some explanation of the normal ageing process.

Over the next six months, I saw him infrequently, and he was always well enough to complain about the government or some injustice in the world.

In April 1982, Mary was admitted to the hospital with severe shortness of breath. She showed poor response to therapy and had to be intubated. After a slow, gradual response she had a relapse and had to return to the ICU. She seemed to have no drive to get well. Her only request was to be allowed to continue smoking.

She did respond but relapsed a second time. She was alert enough to respond to questioning and requested not be returned to the ICU and not to be intubated again. I discussed her request with Harold at her bedside.

I still remember our standing by her bed searching each other's eyes for the right answer and wondering what to do about our doubts. I asked her again. She had no doubts. Harold said it would be best to go along with her wishes. She died on April 29, 1982, age 75, 15 years my patient.

We always knew how difficult it would be for her without him. We had never considered the opposite. He was devastated. *'Hard to go on.' 'Don't think I can make it.' 'Can't get along without her.'*

He had developed some chest pains while she was in the hospital. Now, it was clear that it was angina. He was admitted to the hospital with coronary insufficiency, transferred to the university medical centre, and had angioplasty of his right main coronary. It was four months since Mary's death.

Over the next year he was up and down. He remained on antidepressant medication. At times he was well enough to visit his stepdaughter in Chicago. Yet he also required several hospitalisations, once for pneumonia, once for recurrent angina.

While he was in the hospital we consulted a psychiatrist regarding his persistent depression. He liked the psychiatrist but not his suggestion to move to a senior citizen's apartment. *'I'll never leave my home. I'll have to find some way to get through the night.'*

He was seen often, usually for his respiratory problems. He was always depressed. He exclaimed that he wanted to die but denied any suicidal thought or plans. I told him we needed to stay in close contact.

He told me he had bought the gun two days previously. He had come close but was unable to pull the trigger and then decided to call me

He had a couple more brief hospitalisations and was establishing a relationship with the cardiology and pulmonary consultants. He still had mostly bad nights and occasional bad days with the depression, but he functioned well and was proud of his new car, which he used to stay independent and take brief rides into the countryside.

As much for his benefit as for educational purposes, I invited Harold to join another widowed patient of mine in helping me with my annual presentation on the doctor-patient relationship to first-year medical students.

It was a nice day and we enjoyed our ride into the centre city. The presentation went well as the two men talked about how they had each adjusted and who was the better independent homemaker.

There was friendly conversation as we rode back to my office. My hope that a mutually supportive relationship might develop seemed possible. But there was never any further contact between the two of them.

I saw Harold nearly once a month. It's interesting that when we first met we were Mr Nelson and Dr Merenstein. During the years when my visits were mostly with his wife, he began calling me Joel. I reciprocated by calling him Harold. As he became more ill he addressed me as 'Doc' or 'Doctor', and I continued with Harold, and that's the way we continued.

He seemed stable though persistently depressed until just before Christmas in 1985. He came to the office complaining of constipation and worsening depression. He then said he had something to show me. He told me he had bought the gun two days previously. He had come close but was unable to pull the trigger and then decided to call me.

I called the hospital and the psychiatrist to get him admitted and the police to pick up the gun. He saw the psychiatrist for two months after discharge and then refused to return although he continued his medications. He developed other medical problems including a colonic polyp and a compression fracture of his L1 vertebra, presumable secondary to the frequent use of steroids.

After a period of bed rest he improved again. He was well enough to visit his stepdaughter in Chicago and to attend his mother's 88th birthday celebration at her nursing home.

He bought himself a poodle and seemed happier than he had been in a long time. When he showed me the pictures and stated he hoped they'd have 10 years together, I wondered why I hadn't thought about a pet as therapy.

Despite some setbacks (he couldn't take the dog to obedience school because he got too short of breath putting the dog through the required programme, his vision was failing because of macular degeneration), he remained active and upbeat. So I was surprised when he brought in his handwritten statement requesting no life support. He agreed to amend it to allow life support measures if there was a reasonable chance of recovery. After the nurse witnessed his statement it became part of Volume III of his record.

Although he never required life support, his hospitalisations were increasing and his functional capacity decreasing. He had more angina, recurrent bronchitis, acute pulmonary emboli, another compression fracture, and a lacunar stroke.

I was his doctor in the hospital and the rehab centre. I saw him every few weeks in the office and spoke frequently to the home health nurses. I never made a house call. That was a mistake.

He gradually told me about his increasingly close relationship with his neighbour, Mae. She and her husband always helped and cared for Harold, often bringing him to the office when he was too ill to drive. Mae brought him meals and invited him for dinner. Harold helped them also when he could.

Mae's husband then became severely ill with emphysema. I cared for him in the hospital. Or rather I provided the medical care while Mae slept in her cot by his bed and cared for him. I received a nice note of appreciation after his death but didn't see Mae again, until she began coming with Harold.

Their plans for marriage were almost cancelled with another hospitalisation for his angina. He stabilised in time to proceed with the ceremony.

She took care of him, called him 'Daddy', showed him affection, and managed his affairs while never taking away his sense of control.

He suffered so much he wanted to die. He was tired of the pain, the constant oxygen, the frequent hospitalisations, and the inability to do. Yet every visit there was a smile or a laugh and at least one off-colour comment when Mae helped him get his pants back on.

I, unfairly, wanted him to keep trying. If we can just get you over this next hurdle, I'm sure you're going to be okay for a while. He either believed me, wanted to please me, or just didn't know how to give up.

His final hospitalisation, he had a deep thrombophlebitis extending all the way into his iliac. He had chest pains, but we didn't look for pulmonary emboli. We did start Heparin and continued his meds.

On the day of admission he said *'This is it doctor, I can't go on anymore. Thanks for everything. I really appreciate it.'* He lost consciousness soon after admission. The nurses called about treating his arrhythmias. I talked to Mae a lot, but I didn't spend much time with him. He died October 29, 1990, age 74, 22 years my patient, his doctor.

I never got a chance to tell him how I wanted to write this story to tell the world about this special relationship that doctors and patients sometimes have – that we had. I didn't cry until now when I wrote this last sentence.

Mae and I talked on the phone. She brought some cookies and talked to the people in the office who knew Harold so well. Last week she came in for a checkup and Pap test and brought some more cookies. 'There is no beginning, there is no end.'