

## I just want my pills...

*William Cayley, MD*

“I just want my thyroid pills and my hormones.” So said the patient seated in front of me—a late middle-aged woman who was in the clinic for her first visit in over a year. We had never met, but her chart showed a pattern. She would visit the clinic yearly for refills and the occasional TSH, always declining any further health services. No physical exams, no screenings for cholesterol, colon cancer, or breast cancer. Just periodic visits for refills and a TSH.

Wanting to be more than a rubber-stamp doc, I felt it my duty to at least ask about screening tests and preventive health care. “Have you ever had a complete physical?” I asked.

“Nope, I don’t like doctors,” was the reply.

I tried again. “Have you ever had your cholesterol checked?”

“Yep, it was fine when I had it checked at the mall.”

Seeing a ray of light, I pressed on. “For women your age, we also recommend a few other tests...”

“Not for me, doc,” she interrupted. “Ever since that test when I was pregnant, I’ve never liked doctors and I’ve never liked tests.”

THAT caught my attention. “Tell me what happened when you were pregnant.”

She shared a bit of her story.

“When I was pregnant, the doctor said I had to have a test for birth defects—said there was no choice, it was mandatory. The test said there was a birth defect, and he just called me up and said we had two weeks to decide if we wanted an abortion or not. Can you imagine that! Of course we did not want an abortion, but can you imagine your doctor saying that? And when our child was born, everything was perfect after all! Ever since then, I’ve never liked doctors and I’ve never believed in tests.”

How to respond? She’d been told to have a supposedly mandatory screening test, been told to abort her supposedly defective child, and in the end had a perfectly healthy baby—a baby that, from her point of view, was alive in defiance of so-called standard medical practice. With that in her past, I could understand more clearly her avoidance of medicine in general and screening tests in particular. We ended the visit with a quick listen to her heart and lungs to make me feel better, a blood draw for TSH, a refill of her medications for another year—and a plea to at least consider other health issues given her age.

The visit troubled me, however, as I wondered how many other people could echo this patient’s experience. In medicine, do we truly practice so that we “first, do no harm?” How often do we plow ahead with medical know-how,

running rough-shod over our patients’ feelings? How often do we press ahead with one more diagnostic test or ostensibly life-saving procedure, deaf to our patients’ desires to be left alone? How often do we put faith in a new technology, ultimately misleading patients with false hope? How often does our understanding of what is “medically indicated” serve only to frighten our patients and scare them away from health care?

Our calling in medicine is to cure, to relieve, and to comfort. Modern medicine does give us powerful tools for curing and preventing disease, but in wielding those tools we must ask if we are always doing so in a way that relieves suffering and provides comfort. If we press tests and procedures they do not want or do not understand on our patients, we are not being good doctors. If we attempt to persuade patients without the backing of reasonable evidence, we are not being good doctors. If we treat or test just because the treatment or test is available, but we disregard our patients’ needs and goals, we are not being good doctors.

As physicians we are called to be healers, but that calling can often become lost in the maze of modern technology. People like this patient, who have been harmed or put off by that “modern technology” are out there, and if we are to be healers rather than technicians, we must listen to what they have to teach us.

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