

## For Those on Whom We Rely

FIVE MONTHS AGO DEB—MY OFFICE MANAGER—developed pain in her right armpit. It was initially mild, yet over a course of weeks it had become severe enough that she had difficulties with typing and filing. I never pried nor insisted that she be seen by her physician, and Deb is so accustomed to minimizing her own concerns—so reluctant to “bother a doctor”—that she did not seek formal consultation until quite recently. One month ago she visited her primary care physician and was prescribed a ten-day course of ibuprofen. Two weeks ago she saw a physiatrist, who ordered magnetic resonance imaging—a study that was ultimately canceled.

Deb and I have a tacit understanding that I am not to meddle in her medical management; she deserves her privacy, and she and I are so close that my interventions would be subjective and therefore faulty. There is simply no way I could offer her my most clear-headed opinion. When her pain peaked, however, and she wondered aloud how she would get through the day, I quickly palpated her armpit and shoulder, found that no area was unusually tender, and sent her around the corner for a chest film. By the time Deb returned to our office, a radiologist had called me with unwelcome news. The film revealed a large right upper lobe mass, most likely with pleural extension.

Overriding Deb's objections, I canceled our patients for the day, brought her to our hospital's emergency department where we were met by her family, and had her admitted to the medicine service. During a two-day hospital course, she underwent a transthoracic biopsy, had both brain magnetic resonance imaging and a PET scan, and was diagnosed with squamous cell carcinoma. She returned to work the day after discharge, feeling guilty about a stack of paperwork she had left undone, but during her brief absence a pall hung over the office. It was not simply that she was not there; she does occasionally take vacation. Rather, it was that my staff and I had a jolting glimpse into what it would be like were Deb to become too ill to continue working with us. We felt amputated from some essential source of strength and goodness. We felt diminished and dull.

My first job after completing residency was at a community hospital. Eager for general internists, the chief medical officer had hired me on a guaranteed salary, given me an advertising budget with which to attract new patients, and placed me in an office with a well-established local internist. Deb was the lead secretary in that office, and she adopted me as if I were her own son. During my first weeks in practice, I knew very few of the physicians and staff who

would prove essential to my ability to attract patients. Deb escorted me around the hospital, introduced me to her friends and colleagues, and had lunch with me every day so I would not be lonely. She was so thorough in handling administrative tasks, so hard-working, and so unusually sensitive in her dealings with patients, I later begged her to leave a position she had held for more than 20 years in favor of managing my own practice. The day she agreed to join me was one of the most important of my life.

Deb and I have shared many humorous moments. We have bantered with our favorite patients and giggled over how awkwardly our medical students behave (then marveled at how quickly they mature). We also share interests outside work and have compared notes on play-off games, disastrous runway couture, and the previous night's performances on *Glee* and *American Idol*. Deb was once so horrified to hear that a patient had disappeared into our private office bathroom to collect a sample for semen analysis, she dubbed the room the “Cave of Iniquity.” Many years later, she and I still speak of “The Cave,” and our new hires never know to what we are referring.

We have also shared a good number of tragedies. Deb and I have jointly attended patients' wakes, supported people who have struggled after a spouse's or child's death, and written sympathy letters to families of patients for whom we once cared. We have seen one another through personal and family troubles with illness, addiction, and crumbling relationships and have shared, in the first hour of our workdays before our staff and patients arrive, a great many sensitive revelations.

Deb has been my stout pillar of support—an insightful woman who will unobtrusively correct me when I am wrong and who will stand with me, even when others desert, when she feels I am right. Deb proofreads and edits my journal submissions and most sensitive correspondences before I mail them, often altering and improving on both tone and content. She seems to know exactly what I want to say, yet words my thoughts more gracefully and polishes my pieces' rough edges. Once, when I was just months out of residency, I became angry at and hung up on a woman who had had me paged and awakened at 3 o'clock in the morning for a mild cough. The woman's family threatened me—both physically and legally—and several hospital administrators called me in for a disciplinary conference. Deb's pithy response: “I would never wake someone up for a cough.”

---

A Piece of My Mind Section Editor: Roxanne K. Young, Associate Senior Editor.

Finally, Deb has been the staunchest of patient advocates, treating them, as we all should, as if they were family. Her formal job description is simply to manage our office's finances and staffing, yet she has found struggling patients transitional housing, enrolled elderly patients in publicly funded transportation programs, arranged for nursing visits for people without adequate medical support at home, and argued down insurance companies that have wrongly billed our patients or inappropriately denied payment for our services. Patients often thank me for my care and tell me I am unusual in that I see to both their medical and nonmedical needs. I deflect this praise toward Deb. She is our patients' first point of contact, their guide through an often-baffling health care system, and their unyielding defender who takes upon herself the burden of setting injustices right.

This essay is not a remembrance. Deb, her family, and I know she has difficult months and years ahead, yet we both hope and expect that she will emerge from these menacing times and retake her place as the enthusiastic and essential hub about which so many lives revolve. Rather, I wrote this in appreciation specifically of a woman

who has quietly and with extraordinary humility made my career, and more broadly about the people on whom we physicians rely.

In practices large and small, general and subspecialty, and in urban, suburban, and rural settings, some fortunate physicians' careers blossom based largely on the efforts of our managers, nurses, secretaries, and medical assistants. These people who can never be adequately compensated for their energy, enthusiasm, and investment in our work are not diagnosticians yet are every bit as important to our ill patients and their loved ones as we are. They are our public faces, projecting and amplifying only our best intentions. They are our soundings boards, our moral compasses, and our confidants. They are our part-time "spouses," coming to know us so well they can read and manage our moods at least as deftly as can our own families. They become our dear and trusted friends.

Michael D. Stillman, MD  
Brookline, Massachusetts  
michael.stillman@bmc.org

**Acknowledgment:** The author thanks Deb for permission to share her story.

The spirit of liberty is the spirit which is not too sure that it is right; the spirit of liberty is the spirit which seeks to understand the minds of other men and women; the spirit of liberty is the spirit which weighs their interests alongside his own without bias.

—Learned Hand (1872-1961)