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Everyone deserves a family physician

My car was broken into and my Vicodin was stolen." "I lost my medicine; that's why my drug test was negative." "I have tried everything, and Oxy-Contin is the only medicine that helps."

You've probably heard the same stories. They're as far-fetched and transparent as the drop-in patient arriving at 5:15 PM on a Friday who is visiting from out of town and needs some of those Percocets to last him through the weekend.

We publish a number of articles in this journal about how to manage chronic pain, administer drug contracts, and work with the drug-seeking patient. But in the end, it's not the science of half-lives and potencies that's the challenge, it's the patients themselves. Where do you set the boundaries? Do you give a person a second chance? Do you even bother with their forlorn stories in the first place?

And forlorn stories they usually are. The patient with chronic back pain who watched as his son was gunned down in cold blood; the college student whose family has more money than sense, more addictions than money; the housewife whose chronic headaches are a product of years of abuse. Who knows if their tales are fact or fiction?

I review the chart of my next patient and see a note from one of my partners. "Refused refill of Soma, Klonopin, and hydrocodone. Strongly suspect diversion." Yes, I suppose that could well be the case. I'm roused from my reverie by one of the medical assistants. "Looks like your druggies are here in force today."

Of course, there is no easy answer or ready explanation for our response. For me, it goes back to a lesson I learned during my residency. Mr A was nonadherent, often belligerent, and hospitalized urgently on a regular basis for multisystem failure and dialysis, largely due to his noncompliance. Dr M was the only person who would take care of this trying individual. When we asked with a mix of cynicism and awe, "Why do you put up with this GOMER?" Dr M patiently explained: "Because everyone deserves a doctor. Do you think Mr A wants to live like this? Sure he's frustrating, but if I don't care for him, who will?"

I snap back to the present and listen as my patient describes his experiences in school, his anxieties, and his challenges. I refill his prescriptions—another month of Soma, Klonopin, and hydrocodone—ask him to stop by the lab for his drug screen, and take a moment to chat with the medical student who's working with me today.

"Dr Susman, why do you put up with him?"

The answer is easy. "Everyone deserves a family physician."

And it sounds right to me.

Jeff Susman, MD, Editor

PS: What do you think?

Write me at jfp@fammed.uc.edu