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## EDITORIAL

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Jeff Susman, MD Editor-in-Chief



# **Bittersweet transitions**

s some of you know, I recently accepted a new job as dean of Northeastern Ohio Universities College of Medicine, in Rootstown (near Akron). While I will remain editor of *The Journal of Family Practice*, I am faced with many bittersweet transitions.

One of the most difficult is saying goodbye to "my" patients.

There is Mr. R, who dutifully transported his wife to dialysis in the final years of her life. We would talk about their courtship in Japan, the ups and downs of her care, and most recently, his gradual recovery from losing the love of his life.

And Mr. J, a former baker who graced me with tales of bread making and the occasional loaf of homemade rye. We discussed his accomplished children, his wife's increasing medical problems, and the intricacies of getting just the right "crumb" in wheat bread.

Ms. P, another long-time patient, has suffered from depression, fibromyalgia, and chronic pain. For many years I have watched her struggle to balance a demanding family, work, and the need for personal space. Each month she trudges on, resigned to a difficult life as a divorced caregiver.

As I sit and reflect on these individuals—and the host of other patients who have persevered through my canceled appointments and office moves—I feel as if

### Patients lay bare their suffering, fears, and trauma, and we can't help but feel their pain.

I am losing a part of my family. Indeed, like many experienced clinicians, my encounters with established patients follow a ritual more akin to the family dinner table than a doctor's office.

It is difficult to convey to younger colleagues the connections that are made over a period of years. While I may have strayed from the traditional image of family physician as a cradle-to-grave doctor—having given up maternity care and no longer making routine hospital visits—I remain

impressed by the power of the doctor-patient relationship. And not just on the patient.

People lay bare their suffering, fears, and trauma. Even while maintaining that professional façade, we can't help feeling their pain, their triumphs, their humanity and vulnerability.

I will miss immensely the immediacy and intimacy of patient care, the often hectic pace, the bizarre contrasts from one encounter to another. First, a well child of a first-time mom, then a drug-seeking patient requesting a Percocet refill. All I can do is shake my head and smile. Not many surprises now, but regular delights.

And though I know that transitions are the norm with today's mobile society and employers' frequent change of insurers, a sense of loss permeates my soul as I pack up the artifacts of my professional life and prepare to write the next chapter.

Jeff Susman, M)

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