

John Hickner, MD, MSc Editor-in-Chief

# "Will you pray with me, Doctor?"

ast week, a patient asked me to pray with her, and I did. That, in itself, made the visit extraordinary. But the time spent getting to know this patient over the course of several visits is the real family medicine story I want to share with you.

I first met 52-year-old Thelma a few months ago as a new patient. She had a 25-year history of chronic back and leg pain stemming from an auto accident. She had made the usual rounds to pain consultants, tried numerous medications, and undergone multiple procedures—but still had daily pain. I was starting to get that uneasy

We need to stay open to the possibility that a patient's own treatment plan may be superior to the one we come up with.

She was taking gabapentin, which provided minimal pain relief, but no narcotics. She also had large fibroids that caused iron deficiency, but the iron tablets she'd been taking made her sick to her stomach.

feeling that she would be difficult to manage.

Her initial hemoglobin was 5.4 g/dL. I switched her to an oral iron supplement she could tolerate. A repeat pelvic ultrasound showed even larger fibroids than 3 years ago, so I thought she was probably headed for surgery, and I asked her to come back to discuss it. I also

asked her to try amitriptyline 10~mg/d at bedtime, which might help her pain and improve her poor sleep.

I was wrong on both accounts, as I discovered during the "prayer visit." When I walked into the exam room, I noticed Thelma was reading her pocket bible. I greeted her with, "Hello, Thelma. Good to see you." Then I added, "I see you are reading a good book." She said Yes, and put it away as I proceeded with the interview. Yes, she was tolerating the iron supplement just fine and her hemoglobin was up to  $9.2~\mathrm{g/dL}$ . No, the amitriptyline was not working and she didn't like to take drugs anyway.

She explained that God helped her to manage her pain—with help from her daughter and granddaughter. She also told me she didn't want surgery for the fibroids. "God will shrink them for me," she said. (And she was right, as she was approaching menopause.)

"Will you pray with me, Dr. Hickner?" she asked.

I was touched that she trusted me enough to ask me to pray with her, and so I agreed. Thelma's request also reminded me how important it is to get to know our patients in a personal way, and to explore their ideas about treatments rather than sticking to our own narrow medical repertoire.

Thelma's treatment plan was different than I anticipated. In fact, I am humbled to say that it was far superior to mine.



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