A physician reflects on how she is required to help patients in 2017, as opposed to in previous years of practicing medicine.

Victory is mine! This was my triumphant (inner) shout today in clinic. An elderly woman came in because her wedding ring, which had been on her finger for the last 65 years, was stuck and could not be removed. She came in to have it cut off. I was able to successfully remove it without having to cut it, much to both of our delight.

As a family physician, the only things I'm usually able to cure are strep throats, UTIs, and cerumen impaction. The investment I make in my patients is more typically geared to preventing illness, complications of disease, or developing long term treatment strategies for chronic conditions. Rarely do I have the satisfaction of curing a patient during the tenure of a typical office visit. Recently, after successfully curing a thrombosed hemorrhoid for a grateful patient, I reflected that this must be the reason people go into surgery. How immensely satisfying to see a problem, diagnose the problem, and fix the problem. My typical satisfaction in primary-care comes from forming a therapeutic bond with a patient or finally convincing someone to quit smoking or start exercising. My victories are tallied in terms of colorectal cancer screening rates and hemoglobin A1C measurements.

Many of us in primary-care fear that our practices are changing. We see fewer and fewer of the curable illnesses such as strep throats and ear infections. More of our days are geared toward complicated patients with chronic diseases or preventive health visits in which we ask increasingly longer lists of questions and engage in formalized shared decision making. While these visits are the backbone of primary care in 2017, primary care physicians still need the occasional easy patient or curable illness to prevent burnout, intellectual or emotional fatigue, and carpal tunnel syndrome from typing up lengthy notes on the computer.

From many vantage points, it makes sense to concentrate the short supply of primary-care physicians on the more complicated medical patients. Most assuredly, that is our future. However, I cannot overstate the value most primary-care physicians place on those visits scattered throughout the day that allow a bit of a mental break, but more importantly, allow a small sense of victory over the endless battle we wage against illness, disease, and complex medical conditions. The fear that we are losing access to these types of patients is real and it is growing.

The need for balance is evident in numerous aspects of our lives – the need to balance work and life, personal and professional, access and convenience, treatment and prevention, and so on. In the quest for balance it is also important that physicians are able to balance our days. It’s important that we are not required to engage in unending professional complexity day after day. Instead, we need to maintain the balance that makes practicing medicine so enjoyable – the opportunity to build relationships with our patients, apply our critical thinking to complex problems, and it is realize small victories that let us know we are making a difference to those we serve in modest but measurable ways.