Filling an Open Spot

William Ensor, OMS IV

Financial Disclosures: None reported.

Support: None reported.

Address correspondence to William Ensor, OMS IV, 105 Black Bass Ln, West Media, PA, 19063-1170

E-mail: williamen@pcom.edu

Submitted May 21, 2015; accepted May 28, 2015.

n an effort to stay alert for a marathon study session, I draw the string of my blinds downward, allowing sunlight to pour into the room. The beam of intense light gleans onto a crisply ironed white coat hanging on my closet door. The coat is completely naked, baring not a name tag, pin, or stain. Its length barely passes my waist, and its only use came during a premeditated encounter with a standardized patient during my third week of school. I imagine that someday the immaculate coat will lose its color and reflect dichotomous times of struggle along with success. However, on this particular day, it will remain on the hanger. It is examination week during my first year of medical school, and I'm surprisingly amused that I've become accustomed to studying in the same chair for most of the hours I am awake. As more information is digested page by page, feelings of intense pulsations in my head alert me of a probable oncoming headache. I've learned to keep pushing through.

Staring at my notes, I am startled by the vibration of my phone. It is my mother. It has been at least a few weeks since we have talked; I jump at the chance to talk to another human being whose primary concern isn't inborn errors of metabolism. I answer the phone to hysterical sobbing, and I can't comprehend any of her words. "Mom, what is going on, what is wrong?" Catching her breath, she relays that her general practitioner, Dr William Simon, has passed away. I'm shocked to hear the news. She just saw him a couple of weeks prior to renew a prescription. "Renewing a prescription"—that was one of my mother's many excuses to see her physician.

Most patients find the medical system to be a burden and physician appointments, an inconvenience; what is the point of scheduling an appointment just to renew a prescription? This was not the case for my mother. A 5-minute encounter to obtain a signature on a prescription pad would turn into a 25-minute conversation with a friend. Only minimal parts of this conversation consisted of

anything medically related. In what most would consider an annoyance in their busy days, my mother saw an opportunity to strengthen an important relationship in her life.

I know that my mother had a phenomenal relationship with her physician, and the severity of her emotion is complex. At a loss for the magical words that will alleviate her despair, I ask, "Will you be OK?" With even more pain in her voice, she says to me, "You don't understand, this man knew everything about me, more than any other person on the planet." As her son, I know the degree of loss she is experiencing. We go on to discuss the great physician and the great man he was.

Before I entered medical school, I had the chance to shadow my mother's great physician for a day just before Christmas. When I walked into his office that day, no one was there yet. I noticed a photograph on his desk of a man on a motorcycle. When Dr Simon finally entered, we introduced ourselves. His voice was gentle. He was taller than me, with a broad build, and slicked-back white hair. Matching his white hair was his white coat. It bore his credentials and was faded around the neck collar and sleeves. I noticed that it hung down past his thighs just above the knee. The man in front of me didn't scream "motorcycle enthusiast," so I had to ask, "Is that you on the motorcycle?" He laughed, happy to talk about his bike, and he added that he hadn't had much time to ride lately. Our introduction was short and we were soon off to see patients.

During my time with Dr Simon, I tried to process the medical jargon as best as I could: postherpetic neuralgia, sulfonylureas, dermatomal distribution, and negative postconcussive symptoms were all terms I penned down to look up when I returned home. I was extremely impressed with his patient rapport. That holiday season, his patients brought custom crafted Christmas cards, antique toy car models, gift cards to be used for his motorcycle, and treats for his dogs. Anything that was refused as being "too much" was met with immediate threats

of leaving the gifts at the front desk against his will. Some patients simply wished for him to enjoy his holiday season.

I found the shadowing experience to be exciting, but the most memorable facet was having the opportunity to witness an educated man put himself in the shoes of his patients, no matter the situation. From the homeless patient with oligodontia who hadn't sought medical help for 2 years to the health care professional battling persistent depressive disorder, every patient was met with a caring approach. I relished each minute of the experience; each patient became an opportunity to make a positive impact on another life. I quickly realized why it was no chore for my mother to visit him as often as she did.

As my telephone conversation with my mother continues, I mistakenly ask a sensitive question, "How are you going to find another doctor?" The question sends her into heaving sobs. She is in disbelief and tells me that she can never step foot into that office again; it would just be too much for her knowing that he won't be there. She eventually tells me that she has to go and tells me to study hard.

Resting the phone back on my desk, I take a deep breath, contracting my diaphragm to its maximum potential. I fill my lungs with as much air as possible to relieve the emotion. However, I cannot control myself. I am sobbing, suddenly struck with severe sentiment. This time, I am feeling the pain of my mother's words as a future physician. I sit back to reflect on the night-afternight intense rigor of study and what such sacrifice will mean in the future. I stop to think that today my mother has lost not only a great physician and a great man, but most importantly, an irreplaceable friend.

As I try to pull myself back together, I search for the obituary online to find dozens of comments from now physicianless patients. The response is overwhelming. One comment describes that the clock on the wall in the physician's office seemed to be nonexistent. Another patient adds that the 15-minute-per-patient rule was never adhered to. Others say Dr Simon practiced like physicians of the past, one who felt part of the family. Patients ailing from social hardship valued his opinions as if his words were just as therapeutic as any chemical agent he prescribed. Even on the day of his passing, Dr Simon continues to influence the lives of his patients.

I started the day like any other preclinical student studying metabolic pathways, but a phone call has shifted my perspective. I realize the potential a physician has to positively influence a patient's life, not just medically, but personally and with compassion. In just a few short years, facts, pathways, and presentations of medical education will not be remembered in the form of books. Triads of symptoms will become stories with meaning and individuals seeking answers to their problems. It is my hope that my future contributions will affect the lives of others just as Dr Simon's did for his patients.

I imagine that on the day of his passing, he hung up his long, worn white coat and left an open spot for a fresh one. (doi:10.7556/jaoa.2015.132)

Dedicated to Dr William Simon with permission from his loving wife, Penni Simon.

© 2015 American Osteopathic Association