

COMMENTARY

Standards

Dorothy Jensen Sanderson, MD, FACP

Dr. Sanderson is chief of internal medicine at the Phoenix Indian Medical Center in Phoenix, AZ.

It started as just another day in diabetes clinic. I felt the way I typically did when I saw her double digit A1C. I imagined that when I entered the room, I would describe, once again, how poor her performance as a diabetic patient really was. I would warn her, once again, of all of the tragedies that loomed due to her uncontrolled diabetes... the wounds, the amputations, the infections, the blindness, the dialysis. But maybe this time, something would change. I would get through to her, and she really would become successful in lowering her A1C.

I look back on the brand new internist I was back then, assigned to work for the Indian Health Service at a remote reservation clinic. Most of my patients struggled with uncontrolled diabetes. I would go through my checklist, trying to be a thorough and diligent provider. I would make sure that all of their labs were completed and that I had dutifully explained all of the results that needed improvement.

Many of my patients spoke no English. They lived without electricity and running water. They hitchhiked to their appointments because

they either had no vehicle or no money for gas. They endured the tragedies of rural poverty and told me stories about the family members who were killed since their last appointment. After years of hearing the stories, I grew to deeply respect their strength and fortitude.

But not that day. That day, all I could see was another double digit A1C and not the person struggling to hold it all together. My tone was cold and condescending as I scolded her for her failure to manage her diabetes.

I will never forget what she said: "You always make me feel bad about myself. I don't know if I can come to see you anymore."

Her words changed my practice. They made me look inside myself and ask what I was so angry and impatient about. Did I see her failure to meet the standards for diabetic control as my failure? Was the standard more important than the patient?

I immediately apologized and asked her to give me another chance. I worked hard to be aware of my tone, to look for kinder ways to share news of poor diabetic control with her and all of my patients. I looked for gentle ways to encourage

her. I praised her for small improvements and was so excited when her A1C came down to 9. But that improvement was not sustained. In fact, for most of the 11 years that I served as her primary care physician, she did not meet the standards for diabetic control.

On the surface, it might have seemed to chart reviewers that nothing was happening during her frequent visits with me and that I was a failure. I certainly felt that way at times.

One day, though, she came in looking scared. She had been experiencing chest pain and was worried she had developed heart disease. She was so overwhelmed with anxiety that she could not speak about her fears to anyone...except me.

All those years, when it seemed nothing substantial was going on during her frequent appointments, we were building a relationship she could trust. Finally, after almost driving her away, I had earned her trust. She knew I would care for her body and her spirit with compassion.

I had finally met her standard. As it turned out, that's the standard that mattered the most.