

## FROM THE EDITOR

**To Frankie**

Karen R. Horowitz, MD

“Hello, doctor.”

The softly voiced greeting was a startling contrast to the prominent Adam’s apple from which it emanated as I entered the exam room. The pink floral bandana could not conceal her balding temples. Tattoos embellished rippling forearms, bearing witness to a distant time, place, and person. But it was her eyes—angry, defiant, and oh so sad—that revealed her pain. It was her dark questioning eyes that pierced my thoughts and exposed my 27 years of inexperience for what they were.

So began our first meeting “to establish care” in the Women’s Primary Care Clinic, each assuming her role in the stylized dance of the clinical encounter. Although the words were the same as always, the unspoken meanings were uniquely clear to both of us. Like a hawk she scrutinized my words, ready to pounce on a misplaced pronoun, a faux pas with which I eventually obliged her, triggering an outpouring of pent up fury. Apology. Recant. Start again. HPI... PMH... ROS... SH... give and take, trust and mistrust, fear and hope, need and dread. Perhaps dread was the one thing we agreed upon that day.

She challenged me in every way she could—pronouns, pain meds, estrogen renewals, a benign penile lesion requiring immediate examination and reassurance. Then came the anger and the sadness as she described her broken marriage and chil-

dren estranged from their father. Slowly the anger melted. Somewhere in the stories emerged an understanding, a shared purpose, and the glimmer of trust that made it bearable for each of us. We found our way to shared goals for the encounter and a short-term plan for her health care.

I was not unflappable at that first visit, but I knew what to do. As I dutifully renewed prescriptions one by one—estrogen... spironolactone... finasteride... tamsulosin—I felt the presence of my teachers and mentors guiding me through this uncharted territory. I thought of Gloria Roblin,<sup>1</sup> whose candid and purposefully challenging (sometimes shocking) lectures on sexuality were more about identity and meaning than about reproduction. I thought of Aaron Lazare,<sup>2</sup> whose insights on the significance of words to hurt or heal and the power of apology have informed a generation of clinicians and patients alike. I thought of Ray Mayeweski,<sup>3</sup> who taught me that sometimes the best we can offer is the support to help patients live the fullest lives they can with the health problems that they have. I thought of Bill Branch<sup>4</sup> and his lessons on personal narrative as a tool for finding meaning in the work we do. And I thought of Sam Putnam<sup>5</sup> who, by example, taught the power of kindness to heal invisible wounds.

To Gloria, Aaron, Ray, Bill, and Sam and to clinician-educators every-

where: Thank you for what you do. Your lessons endure. They shape my practice and inform my clinical teaching. You are remembered, and your lessons will continue to guide future generations of physicians.

To Frankie: I hear you. You are not alone. Your concerns matter. I will seek, learn, and attain the skills necessary to guide you. This issue of *Forum* is dedicated to you. It is the next step forward for me in the journey we now share.

*Editor’s Note:* Names of individuals have been changed in this article to protect their privacy.

**Endnotes**

1. Gloria Roblin, PhD (b1925-d2001), psychologist, clinical professor of medicine, University of Buffalo School of Medicine and Biomedical Sciences
2. Aaron Lazare, MD, former chancellor and dean, professor of psychiatry, University of Massachusetts Medical Center
3. Raymond J. Mayeweski, MD, professor of medicine, chief medical officer, University of Rochester Medical Center
4. William Branch, MD, professor of medicine, Emory University
5. Samuel Putnam, MD (b1938-d2005), professor of medicine, Boston University School of Medicine, co-founder, American Academy on Physician and Patient