“Will you pray with me, Doctor?”

Last 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 feeling that she would be difficult to manage.

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.

Her initial hemoglobin was 5.4 g/dL. I switched her to an oral iron supplement she made her sick to her stomach. She also had large fibroids that caused iron deficiency, but the iron tablets she’d been taking made her sick to her stomach.

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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