

# A DOCTOR'S DOCTOR

by **Bonnie Prokesch, MD**

Dr. Prokesch (AQA, University of Texas Southwestern School of Medicine at Dallas, 2014, Fellow) is Assistant Professor of Infectious Diseases in the Department of Internal Medicine at the University of Texas Southwestern Medical Center in Dallas.

**W**e smiled at each other, knowing that we had met before, in a different context. The first time I walked past him in the electronics store I could not place him. It was the first time that I had seen him in more than two years, and the only time I had ever seen him outside of the hospital, and in street clothes. Almost exactly two years prior, he was lying in a hospital bed as my patient.

He had been admitted with fevers, hematuria, and confusion following prostate surgery. I vividly remember reading the words that scrolled across my pager in December of my final year of my internal medicine residency. It came from the resident who was covering for the night, "I am admitting Dr. Joseph to your service."

An admission for a urinary tract infection in a male

with fever and altered mental status following a prostate procedure was a regular occurrence at the Veterans Affairs hospital where I was doing a rotation. However, Dr. Joseph was not a regular patient. He was one of my idols.

The first time I met Dr. Joseph, nearly seven years before, was during my first clinical month as a medical student. Almost immediately, I strove to emulate him. While I was a fledgling doctor, he was already an emeritus professor spending countless hours at the bedside teaching students and residents physical exam skills.

I still remember watching with awe as he asked patients questions leading to responses that ultimately explained their medical conditions. Like the time when the patient with anemia and basophilic stippling on his peripheral blood smear emphatically answered "yes" when asked if he made and drank his own moonshine.

Dr. Joseph knew what to ask, how to ask it, and what to look for when talking to and examining a patient. Every patient's story was important, and every observation was critical to understanding disease processes. He taught me to diagnose aortic stenosis by feeling the pulse; chronic



Illustration by Jim M'Guinness

liver disease by examining the coloring pattern of fingernails; and certain lung diseases by intently watching breathing patterns when walking into the patient's room.

How was I qualified to be his doctor?

Dr. Joseph embodied the characteristics of what it truly

means to be a physician. Although he is a tall man, he would always sit, or lean over, when at the bedside so his patients felt at ease. In his deep southern drawl, he spoke with them as equals, treating every patient with the utmost respect and dignity.

To this day, I never state or document that a patient denies or admits to anything, as he taught me that patients are merely telling their stories, not being cross examined on a witness stand. He reinforced my desire to be a physician and proved that asking the right questions and having the skills to perform a precise bedside examination often led to the diagnosis more efficiently and accurately than expensive tests or procedures.

He truly practiced the art of medicine.

In my young eyes, he was superhuman. Watching him interact with patients was magical. Dr. Joseph could understand a patient's plight by mere observation and discussion. Every patient was interesting. Every patient was a puzzle waiting to be solved. He knew exactly what inquiry was needed to gather every piece of information necessary to make a diagnosis and determine a treatment plan.

From the first encounter that I had with him as a medical student, Dr. Joseph became my hero.

I could not sleep the night he was admitted to the hospital, and I was assigned as his doctor. What if my clinical skills—the ones he had spent hours trying to impart—failed me? What if something horrible happened to him?

The following morning, I discovered that Dr. Joseph did indeed have a urinary tract infection. Moreover, he was confused. While he knew exactly who I was—calling my name in his quintessential southern accent—he could not correctly state the year.

He made me think of many former patients who I thought may have been confused, but for whom I had no baseline reference. However, for Dr. Joseph, I had a baseline reference. He not only always knew the year, but he knew the latest medical breakthroughs, and could recite details from current articles in medical journals. He was one of the smartest men I had ever met, yet in his hospital gown, he became a mere mortal.

Sitting there in the bed, he was vulnerable and fragile. While I am always cognizant that every patient is someone's friend, someone's parent, and someone's child, it was not until that moment that I realized that every patient is someone's hero.

As he ingrained in me when I was a student, each patient has a story. My job as a physician was to help this patient recall his story, trust me with his story, and put his story in the context of the exam and supplemental data to determine a diagnosis and a plan. Then, perhaps most important, I would guide him through his hospital journey.

It was my turn to be the one asking the right questions and using my clinical skills and intuition. It was my turn

to sit with him, examine him, talk to this family, and learn more about the mortal side of a man who was always superhuman.

I met his daughters, and heard stories of his grandchildren. I talked at length with his primary care physician, who was also one of my mentors in medical school. I learned about his food preferences, including the fact that he did not particularly enjoy the low sodium hospital diet that I initially ordered for him.

I was honored that he trusted me to care for him, stand by him during his journey as a patient, and allow me a glimpse into his life outside of the hospital.

While his urinary tract infection quickly responded to antibiotic therapy, Dr. Joseph's hospitalization was complicated by the development of a deep venous thrombus and recurrent hematuria, ultimately requiring readmission. Although Dr. Joseph was readmitted to my service, he never once felt that I failed him, and immediately requested that my service care for him on his second admission.

He ultimately improved and was discharged home only to return to the hospital a third time within a matter of weeks—not as a patient, but as a professor, clinician, artist, and hero.

Caring for Dr. Joseph was one of the defining experiences of my residency. I gained more confidence in my clinical abilities due to his trust and faith in me as his doctor. I saw him not only as a master clinician and teacher, but as a husband, father, and colleague.

Though I thought it was impossible to love, respect, and admire my idol even more, my love, respect, and admiration for this wonderful man grew exponentially when he became my patient.

After more than 40 years of being a doctor and teacher, Dr. Joseph recently retired. That day in the electronics store, he told me matter-of-factly, "I quit." Quitting, however, is not possible for Dr. Joseph. His passion for the art of medicine, and all the wisdom and compassion that he imparted on thousands of students, residents, and patients will continue to shape the lives of future physicians, and their patients for years to come.

Throughout my career, many of my patients have become my heroes. Only one of my heroes, however, has ever become my patient.

The author's address is:

5323 Harry Hines Boulevard

Dallas, TX 75390

Email: [bonnie.prokesch@utsouthwestern.edu](mailto:bonnie.prokesch@utsouthwestern.edu)