Doctor’s Diary

We don’t always agree with our patients’ choices.

October 1, 2005 By Barbara Johnston, MD

My patients get the final word on their HIV treatment. Once we’ve discussed the options, the plan they commit to is the one that will work best. Rarely, I feel someone is making risky choices. Then office visits can get heated.

“Miriam,” 52 and positive since the ’80s, has a strength and serenity derived partly from her church work. For years she was undetectable. But then she had gynecologic surgery with complications, then back surgery, liver disease—and finally an infection, likely resulting from the hospital stays. Not surprisingly, all this seemed to alter her feelings about working within the medical system. She decided to try herbs and prayer instead of HAART. I fretted and argued as her T cells dropped—300, 200, 100.“It will all be OK,” she would say, “I put my faith in God.”

“Don’t you think God put doctors here for something?” I would plead.

Miriam also had pains that were hard to treat, but she rejected 90% of my suggestions. One day, my patience snapped. “Maybe we should find you another doctor.”

“No, I really want you,” she said. “Let’s keep trying.”

Asher T cells hit 49, she agreed to try a new regimen. Wouldn’t you know? She got a rash and had to stop. The combo raised her T cells, and she’s waiting again, not choosing another. But she agrees to keep an open mind, and so will I. At her last visit, I said, “All I can do is be here when you are ready.”

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