The Family Doctor: A Tribute

Joel H. Merenstein, MD
Pittsburgh, Pennsylvania

While planning for a meeting with neighborhood leaders to develop more community outreach programs for our residency, I began to think about my original partner. He was a part of our community in a way that I never was. He opened his office in Renton, Pennsylvania, a small mining town, and lived behind the office. When he went off to serve in World War II, the community waited for him—not that they had any choice in those days. Within a few years after the war, he opened a second office in an adjacent rural community and moved his living quarters out of the office into a comfortable home a few hundred feet away. By the time I joined him, he had a second home, where he farmed. He delivered most of the young people in both communities and was the only doctor for those communities and the multiple small suburban areas that defined the 1950s. Some 40 years later, I am trying to involve our residents with the urban neighborhoods we serve in a way that was natural to Dr Waite.

I always called him "Doctor Waite," even after 20 years of practicing together, although people who didn't know him as well or as long called him by his first name, Knighton. Maybe it was because that was how he saw himself. He wasn't a formal person, often wearing his lumberjack-plaid shirts in the office and sounding very much like his neighbors in his language and choice of topics. He called most of the patients by their first name and always called me Joel. But even on social occasions or at professional meetings with other physicians, I would hear him introduce himself as "Doctor Waite." I think it must relate to what another colleague recently told me about trying to adjust to retirement: "You know, nobody has called me doctor in 3 weeks."

When I joined Dr Waite in practice, I had just completed my internship and 2 years in the Air Force. It was not the practice I envisioned. I had never ventured far from the city and had expected to practice there, but the city was filling up with specialists, and I had opted for general practice. Dr Waite had always been a country boy and often complained that he had settled in Renton to get away from the city, and now the city had followed him out. Many of the old-timers in the practice, including Mrs Waite, who worked as a receptionist, felt the same way. All the office staff lived nearby and knew all of the patients and their families, if indeed they weren't related to them.

For the first few years, we maintained his practice pattern: hospital rounds early in the morning, an urgent house call on the way to the office, morning hours without appointment followed by scheduled house calls, a short break, and then afternoon office hours. We would each be in the office two evenings a week. I had no desire to do OB. He said he had done it all those years by himself so it wouldn't be any problem to keep doing it. Besides, he felt there was something special about delivering several generations in the same family. I had some sense of this years later, when I had established a special closeness to some families and they asked why I couldn't deliver their next child. He never got into the debate about whether family doctors should deliver babies. For him, it was just a natural part of caring for families.

We agreed on adding some new equipment to the practice. We bought a small incubator and started doing throat cultures, but I'm not sure he ever really trusted them against his clinical judgment. Now, when I discuss the sensitivity and specificity of throat cultures and rapid strep tests with residents, I wonder about the importance of this precision. I want to practice and teach scientific, rational medicine but I also want to remember the power of the doctor-patient relationship. Was it so bad to give a shot of penicillin strictly on a clinical impression that included time for a cup of coffee and a little chat?

It wasn't long after I joined the practice that I began to discover and pursue my interest in teaching and research. I was quick to complain to him about all the time these activities were taking as a way of bragging about my achievements. He, meanwhile, continued quietly being part of the community. He served on the boards and several committees of the church and the bank and was active in Kiwanis, but it was the day-to-day informal involvement that really made him part of the community.

He had two homes within minutes of each other.

From St Margaret Memorial Hospital Residency Program, Pittsburgh, Pennsylvania. Requests for reprints should be addressed to Joel H. Merenstein, MD, Lawrenceville Family Health Center, 3937 Butler St, Pittsburgh, PA 15201.

ISSN 0094-3509

One was in the coal mining town where he started practicing. The other, "the summer cottage," was where he farmed. He was the doctor for the coal company, yet the miners also chose him for their family doctor and never doubted his fairness to them or the company. He would treat their injuries and their infections and help them apply for their black lung benefits. There was never a disagreement about whether an injury was work-related or when it was time to return to work.

We switched office hours to an appointment schedule, but that didn't stop people from dropping by his office or home. On the farm, they would stop by to exchange produce or ideas for increasing the crops and ask, "What do you think this is, Doc?" He didn't need a beeper. He was always there. He probably set as many fractures in the field as he did in the office.

Of course, he saw more patients in their homes than in his own. We made regular home visits every day between morning and afternoon office hours. The only indication was that someone wanted one. You don't need to take much of a social history when you live with people and visit the sick in their homes. It's possible on those home visits to diagnose acute cholecystitis with an unusual presentation when you recall that the patient's mother and grandmother presented in the same way. Cost-effective analysis isn't needed either. When you make daily house calls, you say to those who can't afford to pay, "The man's sick and needs to be seen. Don't worry about paying for it."

It's been 30 years since I joined Dr Waite and he carried in my boxes of books, telling me, correctly, that they were too heavy for me. He was a big, strong man. His scrapbook contained pictures of his college career as a star end on the football team, although he never talked about it or his experiences in World War II. He was a man of the present, not the past; a doer and not a complainer. In the summer, he would bring vegetables from the farm for everyone in the office, and in the winter, chestnuts from his trees and wood for my fireplace that he had cut himself. When we ate at his place, everything was home grown, including the chicken, the fish from the pond, and the berries in the pie that Mrs Waite baked.

By the time he retired, we had merged our practice with a multispecialty group that provided an internist, pediatrician, and nurse practitioners to our one modern office adjacent to two shopping centers. He had not delivered a baby for several years, and I had a half-time teaching position. He would have liked to continue practicing part-time, but the group decided it wasn't economically feasible to pay malpractice premiums and other costs for a limited office practice. He continued to work on the farm, recovered from several illnesses, and then died suddenly at home from complications following surgery.

I feel now about Dr Waite as Mark Twain expressed about his father: "I left home at 18 and came back at 25; it's amazing how much the old man learned while I was gone." It has taken the years apart for me to realize how much Dr Waite knew and taught me. Today, as I prepare to meet with our residents and the representatives of the communities we serve, I wish he were here. We're trying to develop community outreach for our residency and I'm supposed to talk about being a family doctor in the community. "Well, Knighton, what do you think I should say?"

Dedicated to the memory of
Knighton Van Buren Waite, MD
(1911–1986)