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Yes, I'm his daughter—and I'm also a physician assistant

I've spent a lot of time over the past several months bringing my 93-year-old father to the local ER. He and my 91-year-old mother, both quite enfeebled, still live at home in the next town over. A couple of months ago, he awoke very early with some mild shortness of breath and called 911. The EMS personnel called me when they picked him up to take him to our local hospital. As it turned out, a preliminary chest x-ray was suspicious for pneumonia. That finding, coupled with an equivocal pulse oximetry and a plus/minus chest exam, got him a ticket to be an inpatient.

Although I have brought any number of my relatives to our local hospital over the years, this time I came to two realizations about the process that I wasn't sure how to meld. On the one hand, I'll always be my parents' child, even when I'm in my 60s. On the other hand, as a PA, I'm also a medical professional; and I believe that I have important information about my father, the patient, that will be helpful for his diagnosis and treatment. I'm just not sure how these two roles worked together.

When the ER physician came in, I stood up from my chair in the corner of Dad's cubicle, eager to provide information that I thought would be helpful in the evaluation. But wait a minute; I didn't know how to phrase it. Acting as the patient's daughter, I wanted to tell him that Dad's been having increasing difficulty walking around because his ankles were swollen even though he takes a water pill. As a PA, I wanted to say that his ankles had become increasingly edematous and he was unsteady when ambulating despite taking 20 mg of Lasix twice a day. Should I say, as his daughter, that I thought this trouble with his breathing was new but maybe it was related to some problem with his heart? Or, wearing my PA hat, should I say instead that his shortness of breath was of new onset but perhaps it was cardiac related? Should I add that Dad had a history of an MI and had a pacemaker inserted several years ago for his a-fib?

What would you have said? Or, more to the point, what do you say when you or one of your family members is on the other side of the stethoscope, as it were? Do you tell the physician that you're a PA the first time you take your kids to the pediatrician? Do you let the nurse know that you're a PA when you wait anxiously in an ER cubicle to learn the fate of your seriously ill relative? Do you introduce yourself as a PA when you accompany your spouse to an orthopedist for a seriously sprained ankle acquired during a racquetball game? Or do you say you're their parent, their child, their spouse? Or do you say you are both the relative and a PA?

When I took my dad to the emergency room, I was reluctant to indicate I was a PA because I assumed—right or wrong—that the nurse or the doctor might feel threatened rather than relieved that I could provide accurate information. Isn't that one of the most frequently proffered reasons for reticence? As an advocate for a relative, I did have more information about my father than they did. I also had, at the very least, equivalent medical and clinical information about the problems my father was having—not because I was his daughter but because as a PA, I saw an elderly gentleman with failing cardiac and pulmonary health whose primary diagnosis was “old person” with all the accompanying problems. I now wasn't sure that my dual roles helped more than they confused or interfered with the process of evaluating and caring for my father. Which one should I choose?

Each of us is an ambassador for the PA profession, and we are judged based on our interactions with other health care professionals, both as clinicians ourselves and also as advocates for patients who are our relatives. My mother and sister were greatly relieved that I was available when my

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father came to the ER, and both believed that my being a PA made an important difference in his clinical outcome. I also wanted to be seen as an informed and helpful medical professional, a positive example of what PAs know and how we can help. The time will surely come when we routinely get a knowing nod of heads when we say we are a PA—when we can feel confident of an accurate understanding of what we do as a member of the health care team. Until that time, we are presented with the choice of when and how (and even if) we should state who we are in addition to being the patient's parent, sibling, spouse, or child. Even though I said I was both my father's daughter and a PA, I have not totally resolved this duality. I know that I was a big help for my dad, who came home 3 days later. I hoped I was an equally important positive example of my profession. **JAAPA**