

A Room With a View

THE COMMUNITY HEALTH CENTER WHERE I WORKED FOR 13 years was a storefront clinic in a shopping plaza sandwiched in-between a Dollar Store and the Registry of Motor Vehicles. The waiting room and reception area had ceiling-to-floor windows that looked out onto the parking lot. But the physicians' offices and exam rooms were at the opposite end of the space, deep in the belly of the building, without windows or fresh air. We knew it was raining only when our patients came in shaking their umbrellas, and the only time we heard the sounds of nature was when a sparrow got stuck in the rafters above the suspended ceiling.

I've been in private practice for a couple of years now. I first rented space on the fifth floor of a medical office building. We had windows that looked out over the high school stadium. We could watch the football team scrimmage in the fall and catch the fireworks after hours on the Fourth of July. But the windows were hermetically sealed. We couldn't open them to catch a breeze, and the only sounds that penetrated were catastrophic: car alarms, ambulance sirens, and the occasional helicopter transporting a patient into town.

Last summer I moved my practice to a tiny first-floor condominium in a long white building with a brick front that housed other professionals: orthopedists, dentists, and chiropractors. I have two French windows I can crank open nine months of the year here in New England. I can hear birds, feel cool breezes, and smell fresh honeysuckle in season.

But along with the songs of birds, signs of spring, and the smells of summer comes something else: views of my patients. My office window looks out onto our little parking lot, the end of which is less than 50 feet from my open window. I watch patients come and go. I see mothers struggling with diaper bags and infant seats. I see children crossing from car to office door all holding hands like a family of ducklings. I see the vehicles my patients arrive in: the minivans and Jeeps, even the occasional motorcycle.

And while it's nice to have that little window looking out onto my patients (Don't mark the Mitchells down as no-shows. I just saw them pull in!), what I see in that parking lot presents dilemmas. Some things are easy. One morning I saw a mother pull into our lot while talking on her cell phone. I can warn her about that one. Or a father taking the last few drags of his cigarette, crushing the butt under his foot as he pulled open the car door. A no-brainer.

But other cases are not so cut-and-dried. The other day I heard shrill screaming coming from the parking lot. I peeked out through the crabapple trees. To my surprise and horror it was the mother of one of my patients thundering at her 2-year-old to "Get out of that car seat!" The woman is perfectly charming in the office. So what am I supposed to do with that? Another time, a young patient was very late for an appointment. Just as we were about to pull him off the schedule, I noticed his parents standing in the parking lot, locked in an argument, the father furiously waving his arms in the air, the mother wiping tears from her eyes.

In a way, it's none of my business. After all, they could be just having a bad day. This could be a fluke fight, no violence involved. On the other hand, it is my business. Their children are my business. My patients' environment is my business. So what do I do? I have this information: the screaming mom, the fighting couple. I can't un-know these things.

For now, I've framed my conversations with families in generalities: the importance of a loving environment on children's development, the harmful effects of witnessing intimate partner violence on a child's psyche. I haven't mentioned what I've seen through the trees outside my office window. I haven't told them about my room with a view.

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