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My Personal Patients

He was only 34 when we met, and we did not meet on the best of terms. I was an intern on the colorectal surgery service—completely clueless but trying my best. He was a young Black man with AIDS, a family history of Lynch syndrome, and a large obstructing rectal mass that had perforated his colon. His cheeks were hollowed, his ribs protruding; he had not eaten real meals in months. After an exploratory laparotomy and colostomy creation, “James” pulled out his nasogastric tube and refused replacement. Nursing was frustrated, the surgeons displeased, but I felt a quiet sorrow and an urge to meet him where he was. He told me no many times, and my approach shifted from forcing solutions to finding compromise. During his admission, we formed a bond. As the only African American member of the team, he often looked to me for clarity and understanding. I visited whenever I could—two minutes here, five minutes there—explaining daily clinical decisions. He shared that staff were often indifferent or callous, something he attributed to his AIDS diagnosis and stubborn ways. He was used to it. He had a strained relationship with his father and a complicated family dynamic; difficult interactions were familiar territory. We talked about everything. Each time, he thanked me for seeing him as a human being. James was re-admitted often, and each time I sought him out. Early in residency, I began keeping a “Personal Patients” list—a way of holding onto patients who remind me that medicine is built on connection, not just care plans. “How did you know I was here?” he once asked. “I have a list,” I told him. “You’re on it.” With each admission, another friend or family member appeared at his bedside. He introduced me as his favorite doctor, Dr. Jeunice. Modern medicine strengthened his body; renewed connection strengthened everything else. While my visits may have uplifted James, he never knew how sustaining they were for me. Amid long hours and time away from loved ones, those moments were fuel. About a year later, his disease had progressed, and James entered my care again—this time as a urology consult for urinary obstruction. He was frail but spirited. His father stood to shake my hand. “I’ve heard a lot about you, Doctor.” “As I have of you, Mr. M.” The three of us sat together, talking and laughing, sharing a packet of pistachios—James’ favorite snack. It was the last time we would meet. James passed away a year ago, but he still shows up when time feels scarce or when it would be easier to focus on disease rather than the person carrying it. He taught me that trust is built in minutes stolen, not hours in the operating room. James shaped the urologist I am—not through pathology or procedure, but by reminding me that the most meaningful care is often delivered quietly, one human gesture at a time.