Washing Feet and Clipping Toenails: The Servanthood of a Family Physician

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Long before I started medical school, I envisioned myself becoming the kind of doctor whose breadth of knowledge was wide enough to address any medical challenge. I saw myself as the “family reunion doctor,” a doctor whose examination room was the park that held the annual gathering, a place where family members I never knew I had could inquire about their medical problem or show me a rash. Family medicine is so much more than stethoscopes and physical exam maneuvers. White coats, prescriptions, and electronic medical records make up only a fraction of what we do and who we are as family physicians. Family docs are driven to help patients beyond the exam room experience. Being a family physician allows you the privilege to know a patient on all levels—personal, medical, and social—and to use knowledge from those levels to provide care. What’s most rewarding about this kind of all-encompassing care is the ability to change lives with conversations and acts of kindness in ways that patients cherish. I knew that as a family doc, my care of patients would involve much more than prescribing a medicine or ordering a test.

As I have grown into an academic family physician balancing clinical care with teaching and research, I continue to be the family reunion doctor, meeting my patients’ needs however circumstances require. I have been providing care to the underserved for several years now and always find the experience humbling and rewarding. The reward doesn’t always come from the patient outcome but from knowing that given the resources available, we provided the best care possible. Our care isn’t always evidence based, but it is always done with care and thoughtfulness, seeking to not only mend wounds but also heal hearts.

A recent patient encounter again reminded me of why I decided to become a family physician. It’s funny how when there are limited resources, resourcefulness can take over. Instead of practicing evidence-based care, the mission becomes “getting done what needs to be done” despite challenges and obstacles. This was the case with my patient, Thomas, who was unable to care for his feet and who, as a result, endured painful calluses and long, thickened toenails. We had tried unsuccessfully to get him in to see a podiatrist. Thomas’s lack of insurance and our practice’s lack of a volunteer podiatrist made such specialized care impossible.

That day, looking at his grimy feet and misshapen nails, I made a decision. I asked our medical assistant to gather a wash basin and soap. We soaked his feet for about a half hour to soften the calluses and toenails. I knew that I was going to wash Thomas’s feet, shave his calluses, and trim his toenails. While his feet soaked, I went on to see other patients and arranged matters so that Thomas would be the last patient of the morning, giving me ample time to address his needs. When I came back to his exam room, I laid towels on the floor to keep his feet from getting cold, carefully washed away dirt, debris, and dry skin and gently dried them. I glanced up from what I was doing.

“I’m sorry for the wait.”

He looked at me sorrowfully. “The ibuprofen and acetaminophen just ain’t doing nothing. I can’t even hardly get around in the house because of bad pain in my feet.” Then he dropped his head. “I can’t work like this, and that’s why I had to move in with my sister. She helps me. It hurts when I put on socks and shoes, and these shoes here are the only ones that I can barely stand to wear.” I smiled at him as I positioned the clipper on his nail. “You’re going to feel much better when you leave the clinic today. I trimmed his toenails as best I could and then moisturized his feet with lotion that had been donated to the clinic. Thomas didn’t say much through the process aside from reiterating how painful it had been to walk and how difficult it was to trim his nails as they grew.
thicker and increased in length. He stared at his feet through the entire process and didn’t really make eye contact with me. I don’t know if he was staring at them because they looked so different now or because he couldn’t really believe he was going to get relief at last.

When I graduated from medical school more than 10 years ago, I remember classmates and family members using the word “doctor” with great pride and admiration, almost as someone to be revered. For me, “doctor” is synonymous with “servant,” one who has given his or her life to serve and care for others.

As someone who is both an ordained minister and a family physician, washing Thomas’s feet was part of my ministry as well as my profession. What a humbling experience it was for me to sit on a stool at the end of an exam table and wash the feet of a patient.

Before actually meeting Thomas, while running from exam room to exam room, I remember seeing this gentleman walking down the hallway holding on to the walls as he was led to his room. His white sneakers were worn gray and his shoelaces untied. I remember those slow and careful steps as well as the pain and discomfort I saw on his face. At the time I had no idea the source of his discomfort and that spending a couple of hours with him would have such a positive impact.

After we finished with the trimming and moisturizing, Thomas stood up. He seemed to hold himself a little taller. He held out his hand. “I’d like to pay you for your kindness, but I don’t have any money.” Then looking me and my MA squarely in the eyes, Thomas thanked us. The look and that smile still today. The look of gratitude in his eyes made me think of that exam room in the park where the goal is to meet a need in any way you can.

Providing foot care for this patient was more important to him at that moment than monitoring his blood pressure or his blood glucose because it had restored a sense of dignity and self-worth. It also restored function, decreased pain, and improved the quality of his life. There were benefits for me as well. After clipping Thomas’s toenails, I think I felt as good as the most accomplished surgeon after a successful surgery.