

# December More Voices: House Calls and Home Care

Category: House Calls and Home Care

written by Paul Gross | December 1, 2025

Dear readers,

I can recall my pediatrician, Dr. Stone, making a house call when I was about five and sick with a fever. I was lying in my parent's bed—a special treat. Dr. Stone, a kindly, balding man, entered the room wearing a coat and carrying a black bag. In the office, seated at his desk, he did not seem to be a big man, but in this apartment bedroom he became a looming presence.

He took off his coat and examined me as I lay there. I don't know what he found—I'm guessing not much other than a high temperature—or what he prescribed. In any event, I got better, so from that perspective, the house call was a great success. His visit also reinforced our life-affirming belief that Dr. Stone really cared about us.

When I became a family physician myself, I was often asked whether I made house calls, and I had to answer, somewhat sheepishly, that I rarely did. Some of it had to do with time: How many office visits could be accomplished in the time it took to travel out for a house call? I reflected, somewhat guiltily, that I could have made house calls after office hours, but didn't I have a family I wanted to get home to?

(Later on, with the arrival of COVID, many of us did make virtual house calls, which felt a little like cheating, but I liked these intimate visits—when the electronics worked as advertised.)

I did make in-person home visits as a resident and then as a faculty member. These were sort of like house calls, but they were scheduled in advance—not when a patient had an urgent need. They served as an opportunity for trainees to get to know their patients on their home turf. On these visits in the Bronx, we would enter buildings and hallways that were often dilapidated—and then walk into apartments that varied in décor. Some were spartan. Some were bursting with color—cluttered with knick-knacks, family photos and a large-screen television.

Here we heard stories of struggle and travail—and were sometimes treated to a home-cooked Caribbean meal. Here, as our conversation strayed from the subject of pills and bloodwork, our patients morphed into ordinary people, born into lives less fortunate than ours, but clearly relatable as kin in our great human family.

On these visits we often encountered a home attendant—the primary companion for a solitary elderly patient. This attendant would make sure a senior ate a square meal, made it to an office visit, didn't forget to take their pills and didn't perish from loneliness and neglect. These attendants might serve a

patient for years, over time becoming a family member—and a doctor's most reliable witness when a patient's answers were vague or unreliable.

Me: 'How have you been feeling Sra. Rivera?'

Sra. Rivera: "I'm fine."

Evelyne (her aide): "You were telling me yesterday that you couldn't stop itching, and that your back was hurting."

Sra. Rivera: "That's right."

I consider these aides unsung heroes of health care. They provide community for a solitary individual, give care that enables family members to work outside the home, and oversee a doctor's recommendations outside the office. They keep patients out of the hospital and improve the mental health of everyone—patient, family and doctor.

When my own mother was in decline, suffering from dementia, her home-care providers were a source of joy, laughter and affection.

"I love you," my mother would say to Pamela or Collette.

"I love you, too, Titi," they'd answer. And mean it.

December's *More Voices* theme is [House Calls and Home Care](#). What's your experience been with either of these?

Share your story using the [More Voices Submission Form](#). For more details, visit [More Voices FAQs](#). And have a look at last month's theme: [Chronic Pain](#).

Remember, your story should be 40-400 words. And no poetry, please.

We look forward to hearing from you. And thanks for being a part of the *Pulse* community.

Warmly,

Paul Gross  
Editor