

This is a resident case log of a patient encounter in which an “Aware Medicine topic” was central.

Unusual Intimacy

Thinking back on intern year, the experiences that stick in my mind most clearly, more so than the dozens of deliveries, surgeries, and clinic visits, are the deaths. Frequently throughout the year I found myself suddenly sharing an exquisitely intimate and private moment, one that patients’ families will likely remember for the rest of their lives. For months I have wanted to take some time to write down a bit about the people who shared their lives and deaths with me this year. I do not want to forget them.

My first death of the year was in September. Our team was caring for a very ill 39-year-old man, who had multiple chronic health conditions, all of which were horribly controlled, and who looked thirty years older than his age. I was on call one evening when his nurse paged me and said he wanted to talk to me, that he felt something “wasn’t right.” I went to his room where he and his mother looked concerned. He did not have any pain. He was not nauseated. He had no fever. He simply felt that “something is wrong, I know it.” I spent half an hour with him and his mother, asking every question I could think of, running through one of my most thorough exams. Nothing jumped out at me. I tried to reassure him and his mother, and left them to the rest of their evening. The next morning the code alarm went off at 6am, and I recognized this patient’s room number called over the intercom. I raced up to his room and had the unfortunate experience as a newly graduated physician of being the first doctor in the room. He had stopped breathing, and he had no pulse. We ran the code for thirty minutes, with his mother standing by just outside. The team was able to get a cardiac rhythm again, and he stabilized somewhat and was transferred to the TLC. I went home, post-call, exhausted, only to get paged a couple hours later by the TLC nurse. The patient’s mother wanted to speak to me again. She had many questions, and did not trust the TLC physicians. Here I was, two months into intern year, trying to explain over the phone to this patient’s mother what might have gone wrong. I felt helplessly inadequate and guilty. I did my best to comfort her. Her son never woke up. He died a few days later. We never did figure out what the cause of death was, and the family declined an autopsy. Despite talking to multiple attendings who tried to reassure me, I still have the nagging feeling that I missed something that night, that maybe if I were more experienced, more intuitive, I could have caught whatever disease process was ravaging his body.

In January I admitted a 47-year-old man who had carried a diagnosis of renal cell carcinoma, metastatic to his liver, for the past year. He had declined surgery, chemo, or radiation, and instead pursued alternative treatments like supplements and energy work. He presented to the ER with slurred speech and a facial droop. We soon realized he had a metastasis in his brain. At that time, he was living with his 87-year-old mother, but had not told her or any of his 11 siblings about his diagnosis. My attending and I had a family meeting without the patient that first night of admission, at his request, and did not reveal his cancer diagnosis, also at his request. It was so difficult to field their many questions about what could possibly be causing his symptoms, trying to be honest with the family but also respect the patient’s privacy. Over the next few days we convinced him to inform his family, and he suddenly had a wonderful support system. Siblings and old friends flew in from across the country to see him. He was so grateful – to his family, his friends, and to his health care providers. He was the kind of patient that everybody wanted to help take care of, that everyone spent extra time with on rounds. He



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went home to stay with his mother again, but several weeks later I admitted him a second time, this time for terrible weakness and an inability to continue living at home.

He had no insurance and did not want to be a burden on anyone, but with the help of our wonderful social work team we were able to get his medical assistance application expedited and found a nursing home that would accept him. Over the following two months, he continued to lose weight and mobility. I gradually met all of his siblings, his sisters- and brothers-in-law, his nieces and nephew. I visited him weekly in the nursing home, and we grew very close. In the beginning, most of our visits centered around talks of spirituality and his beliefs about his health. Over time our visits grew more silent, and consisted of me sitting by his bedside, him holding my hand over his heart. His dear elderly mother was nearly always present as well. She would envelope me in her arms, all 90 pounds of her, and look at me with concern in her eyes, asking me if I was getting enough sleep and telling me how proud she is of me. It was an incredibly humbling experience to be invited into this family and to have this lovely lady, who was losing her son to cancer, be concerned about *my* welfare.

After this patient and friend of mine passed, I was eager to connect with his family again. I attended his memorial service a couple weeks later, which was very healing. I had experienced a string of deaths in the weeks leading up to that service, and it was the first time I was in a space that was not only safe for grieving, but intended for grieving. I had the chance to see an amazing group of relatives and friends who all cared for this new friend of mine, and all shared stories of who he was – who he was before he had cancer, before I knew him. At the reception his mother paraded me around like a celebrity guest, and I could not find the words to tell her that it was I who was so grateful to be sharing this time with all of them.

The following week, I attended another memorial service, this time for a 4-year-old boy. He was a perfectly healthy, vibrant little boy who one night choked on a carrot as he ate dinner, and suffered anoxic brain injury. My intern buddy was on call the night he came in. He underwent a lengthy code, the hypothermia protocol, multiple EEGs and scans. His parents, extended family, and friends camped out in the Pediatric Intensive Care Unit for the few days he was with us. His memorial service was packed, with cars spilling out of the funeral home’s parking lot. There was a heaviness in the air I had not experienced before at other funerals; the sense of unfairness that this healthy four-year-old could be taken so quickly, so prematurely, from his family and the world.

That same week, another child died in the PICU. He was just three months old, but had been diagnosed with a horrible genetic disorder that would cause much pain and suffering, and nearly guaranteed death in adolescence. His young mother and grandparents chose to let him go rather than put him through that existence.

Then there was the lady in her late 80s who was admitted with pneumonia. She was feisty and demanding, and I liked her immediately even though she gave me a hard time. As the days went on, she did not improve, despite using the big gun antibiotics. She continued to decline, and was transferred to the MICU. We did further testing and discovered that she had lung cancer, likely a result of the decades of secondhand smoke she was exposed to from her now deceased husband. She was growing weaker and weaker. We held a family meeting at her bedside and broke the news to everyone. She was mentally clear and insisted that she did not want to undergo chemo or any other therapy. Her family was in agreement. Although she had made small improvements in the 24-48 hours before we held that



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meeting, she passed away during the night. The experience reinforced my belief that most of us choose the moment that we die.

I'll also never forget the lady in her late 40s who arrived to the MICU one night I was on call, practically dead before she arrived. She had been driving her car late at night when she was pulled over by the police. She had baggies of cocaine in her car and tried to stuff them down her throat to avoid getting caught. In the process, she asphyxiated and essentially died. She was coded for 40 minutes and eventually got a cardiac rhythm again, but had suffered such severe anoxic brain injury there was no hope for recovery. I had to break the news to her partner, and then her mother, and then her sister, and then her daughter...one by one, as they all arrived at the hospital. The patient's husband had been estranged from the rest of the family for years, but over the following few days they grew closer and leaned on one another for support. They eventually all came to a consensus about turning off the life support machines. I pronounced her dead and held her daughter as she cried on my shoulder.

Another time I cared for a woman who was 101 years old. She was actually in fine health, and had a brief hospital stay, I believe for pneumonia. What struck me about her was that every morning when I rounded on her, we would chat for a few minutes about her family and her long life, and every morning the topic of her deceased daughter came up. She had seven children, but one of her daughters died at the age of 14. The way this patient tells it, her husband was angry at the daughter, and then went off to war (World War II, I suppose?). Her daughter then died “of a broken heart.” And even though nearly 80 years had passed since losing her daughter, this sweet elderly woman became tearful and overcome by emotion every morning when she spoke of it.

These moments are among the most intimate two human beings can experience together. Time and time again, to be thrust into these moments with people who were complete strangers a week, a day, an hour ago, makes me wonder how we can ever treat one another as poorly as we do. If tragic circumstances can instantly create that degree of intimacy and mutual support, why can we not learn to always approach others with the same level of compassion and familiarity? These families not only welcomed me into their arms, they essentially demanded it. I know that their pain from losing their loved ones will be with them for the rest of their lives. I will forever hold them in my heart.