

A Patient Too Close to Home

By Richard Cassidy

During my brief career in medicine I have had the opportunity to see and interact with variety of patients with a myriad of issues; some problems I can relate to and others that are foreign to me. One of the most interesting and introspective encounters occurred a couple of weeks ago during the beginning of my Internal Medicine rotation. A patient I was taking care of had progressive dementia and was accompanied by her husband and daughter. During this hospital course, she developed respiratory and urinary tract infections and eventually had to be taken to the ICU due to deterioration. Every morning for a week and a half I would go and visit with this patient and her family and it was by far, the most difficult thing I have had to do so far in medical school. This patient's dementia had progressed to the point where she could not recognize her daughter and kept mistaking me for her husband. I struggled to enter this room everyday because the sadness and frustration of her husband and daughter was palpable in the air. Everyday they would ask what the chances were that she would "go back to her old self," and everyday I struggled to come up with an answer that was truthful yet not disheartening to the family.

I kept asking myself what made this so difficult, beyond the obvious challenge in breaking bad news, nothing that SPIKES criteria or a lecture could prepare you for. After spending some time reflecting on the issues I was having with this patient, the answer soon became obvious: this patient reminded me of my grandmother. I grew up near my grandmother and she would babysit me when I was young. She was always there for me whenever I needed her. Over the last four or five years she had gone down a very bad path; Alzheimer's had kicked in and she slowly began to lose her grasp on reality. She kept mistaking my mom for one of my aunts, and towards the end she was really unable to even remember me. I kept asking myself how someone I was so close to, someone who played an integral role in raising me, could forget who I was. These events all culminated with her eventual passing over this past summer, the first true funeral I had been to where it was someone who was extremely close to me. I thought I had finally moved past all this and come to terms with her passing, but seeing this older woman who was experiencing similar symptoms conjured up these old memories. I think the most difficult part was seeing the family, especially the daughter, because in some way I knew what she was going through.

My biggest regret was never verbalizing these thoughts and feelings to them because I was too embarrassed. I didn't know what to do or how to handle the situation. The family kept probing for more answers and advice and I had about as many answers to their questions as I normally do on shelf exams, which is to say not a whole lot. It was difficult to ask questions to the patient because her story would change daily. One day she wanted to know who the people in the room were and the next day she would recognize her husband but not the daughter, and so this cycle went day after day. When she finally had deteriorated to the point she needed to be transferred to the intensive care unit, it was clear the family was worn out, beaten, and out

of energy to continue this fight. At this point I attempted to implore them to not give up hope and to make sure that they spent as much time with her as possible during the course of her stay. I don't know if my advice sunk in or if it was dismissed but at least they heard it from someone. This patient will stay with me long after I finish my medicine rotation and long after I (hopefully) graduate with a medical degree. While it will undoubtedly never always be completely fresh in my mind, the experience I had of taking care of this patient will clearly affect how I practice medicine in the future. I will pay much closer attention to the family dynamic, because these relationships play a gigantic role in the healthcare of the patient, regardless of whether or not they are mentally competent. It is very easy to get into the mode of "what are the numbers, what does the physical exam say" without considering the overall situation the patient is in. I have already seen many cases where family members were influencing healthcare decisions, with the patient's best interest not always in mind. I will make it an effort to probe into these issues, and to hopefully come to some sort of resolution that makes everyone happy and results in the best quality of healthcare for the patient. Seeing the patient that reminded me of my recently deceased grandmother was a classic example of countertransference. The important thing for me to take out of the exchange is to make sure I realize when it is happening, and not allow it to affect any healthcare choices or actions I make.

By always keeping this patient in my mind's eye, I hopefully will be able to accomplish this goal. Never before had I felt this way, and my initial fear and reluctance to open up backed up my insecurities. By taking the time to step back and look on the whole situation as I thought of what to write, it is clear that this is a necessary step that most physicians must take during their journey in becoming a well-rounded doctor.

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