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# The Lady In Pink

By Anne-Laure Talbot

She was wearing a bright pink sweater and glasses that actually fit her. I caught up with her in the hallway just outside her room. Three people surrounded her. As they saw me approach, warned no doubt by my white coat, they abruptly stopped their conversation and told her the doctor wanted to talk to her. I politely offered to come back a little later, but they said they had to leave anyway. I asked if they were family, hoping to glean useful information about my patient. "Just friends visiting," one of them indicated. I was about to introduce myself nonetheless when I saw that one of the beds in the room had been stripped; suitcases and knickknacks were piled haphazardly onto a pushcart. The visitors said their goodbyes while my brain slowly put the pieces together of what had very recently happened. She asked them if they would be back soon. She asked again and again. They said they would come back soon. I caught a glimpse of a tear in the eye of one of the visitors. She was all smiles, holding the hands that were presented to her and nodding emphatically. They retreated into the room and began carting away the orphaned belongings. I wheeled her to her side of the room. She was still smiling.

I had read her chart before going to meet her. On paper, she was an 81-year-old female with multiple chronic medical conditions and a plethora of medications who was being actively followed for blood pressure management. She had had multiple hospital admissions over the last nine months. She had been admitted to the nursing home two and a half years ago. And she had severe dementia. At the beginning of the day, my preceptor had asked that we, medical students, pay close attention to our demented patients and start by answering two simple questions: is the patient demented and, if yes, how so? It seemed pretty straightforward.

When I initially caught a glimpse of her, cheerful and engaged, in her bright pink sweater, I doubted the chart. How demented can this patient be? She is smiling, well groomed, conversant. As I begun taking her history, she was focused, polite, and cooperative. "How are you feeling today," I asked. "Doing fine, Ma'am," she replied. A few minutes into the interview, she diverted her seemingly fixed gaze and pointed to the wall behind me. A slew of family pictures had overtaken a small corkboard. I recognized her instantly in several photographs. "That's my daughter," she said, pointing to an 8x10 portrait of her and a younger woman in matching leather jackets and cowboy hats. "Is that you with your daughter," I asked. She didn't reply. I went back to my questions about her general state of health. "That's my daughter," she repeated less than a minute later, interrupting me mid-

sentence. I spent a minute or two looking at the photographs and asking about her family. She couldn't name anyone in the pictures, but emphatically repeated "my daughter", "my son", and "the babies". I redirected her. To every question I asked, whether it be about her appetite, her sleep, or pain in her chest, she answered "yes, Ma'am" or "no, Ma'am." In retrospect, I was slow, reluctant, in truth, to entertain the possibility that she was indeed severely demented. Cognitively impaired, yes, perhaps. She smiled while I administered the Folstein Mini Mental Status Exam. She was not oriented to place. She informed me it was 1890, after a long pause. She looked at my glasses after I asked her to name the object and said "icicles." She scored 9/30, which indicates severe dementia. When I was done, I told her I would come back later with my preceptor and other medical students. She smiled. I wheeled her out into the hallway and said goodbye. A few hours later while rounding, we found her in the beauty parlor. She was, as I had come to expect, smiling. My preceptor asked her if she recognized me. She said no.

This patient encounter was a formative and meaningful experience. I was reminded that patients with dementia present in a variety of ways. Not all severely demented patients are agitated, uncooperative, depressed, or apathetic. Had I not read her chart and only conducted a rapid history and physical, I would have probably suspected some cognitive impairment but likely would have taken her rhythmical "no ma'am" answers to my review of system questions at face value. Thankfully, my preceptor challenged me to think critically about a patient carrying a known diagnosis. Patients, however, don't often come with a diagnosis or a binder full of past medical history. This encounter was an excellent reminder that as a caregiver I must leave my textbook understanding of a particular chief complaint or diagnosis at the door when meeting a new patient. Emotionally, I learned an equally insightful lesson. Never have I been more aware of my own preconceived notions about a particular illness. I expected a grumpy, possibly disheveled, uncooperative patient. I anticipated a difficult interview. I assumed I would leave feeling sorry for the patient and worrying about her quality of life. But instead I met a delightful woman in a bright pink sweater who held my hand affectionately, engaged easily with strangers, and by my observations was not dissatisfied with her life one iota. After further reflecting, it dawned on me that I expected to feel sorry for her because I was projecting my own fears of one day being a demented, difficult patient. She may not have been able to answer my questions or copy a complex shape, she may not have understood that her roommate had just passed away and those visitors would not be back. She certainly did not understand who I was. But she taught me more about her illness than I could ever hope to learn from any other resource.

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