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With Dignity

By Ashley Chapman

My preceptor is seething as we walk down the hallway towards the next patient's room. A moment before, two women – from referrals and billing, respectively – had come into his office while we were reviewing an X-ray, hysterical and yelling at each other over some petty offense. The older woman in particular has a reputation for being difficult to get along with, and these situations seem to arise with an unfortunate frequency. My preceptor tells me in confidence that he will be forced to let her go soon. After diffusing the situation and sending them back down the hall, the doctor remarked to me, "Everyone has an ego… Sometimes it's hard to fit them all under one roof."

I am near the end of my fourth and final year of medical school, and this rotation is for my primary care selective. The office is a private practice located in a large city, and the doctor has over thirty years of experience. He performs many procedures right in the clinic, including bloodwork, X-rays, urinalyses, cryotherapy, and biopsies. He often remarks to me, "I've seen everything." His diagnostic skills are highly refined and it amazes me to observe how he comes to the conclusions he does.

In the hallway we pass one of the doctor's medical assistants, she tells him she was unable to obtain prior authorization for a few vital prescriptions he had written. He sighs. This is common. Every day in his office I watch as he goes through piles of charts; the insurance companies are now seemingly denying everything right off the bat, even cheap drugs that he has been using for decades without any problems. They are covering fewer procedures, too. We have had numerous conversations about how frustrating the system is, about how instead of doctors who have had years of study and experience, it is insurance companies who are choosing the medications and procedures for the patients. "They keep tying our hands more and more tightly. Soon we will have no say at all," he sadly remarked once. "I feel bad for young doctors like you. Things aren't like they used to be."

We walk in to the next room and close the door to the exam suite behind us. The patient gives us a gentle smile, an older man whom I had met a couple weeks before. He is kind, not only allowing a medical student to interact with him, but seemingly genuinely happy to meet a student. During the previous visit, we reviewed his lab work with him and discovered he was severely anemic, and the anemia panel we had run was inconclusive, ruling out common causes such as vitamin or iron deficiencies. We had referred him to a hematologist. Today, his wife is with him and she is sitting in the chair in the corner with her arms folded over her chest, looking miserable.

"Doc, I have two weeks to live," the patient states matter-of-factly. He is calm.

I glance at my preceptor's face. He stares blankly; unsure as to whether this is a joke. The patient continues speaking, and it quickly becomes clear that this is not a joke and there is no humor here. The patient has a rapidly progressive and severe form of leukemia that has completely wiped out his bone marrow. The treatment options are not appealing, and the prognosis is grim.

The wife begins to cry. "Doc, we have both had loved ones who died screaming in pain from the chemo. We saw them suffer. We don't want that for him," she says, looking at her husband with tears rolling down her cheeks. I hand her a box of tissues.

The patient nods. "I don't want to prolong my suffering and die in more pain than I have to. I've had a good, long life. I want to die with dignity. I've made my peace with God and I'm working on saying my goodbyes. That's why I'm here today, to tell you goodbye."

By this time my preceptor clearly has tears in his eyes. "Well, you certainly have a great attitude," he says hoarsely. "It's been a pleasure taking care of you for the past twenty-five years. Is there anything I can do to make you more comfortable?"

"We have already gotten in touch with hospice," the wife says. The patient follows up with, "I'm not in any pain, but I have medication if I need it."

The doctor spends a few more minutes talking with the patient and his wife, discussing his future end-of-life care but also reminiscing about the past and catching up on each other's families. My preceptor is the kind of doctor who likes to make a deep connection with his patients, and it is evident that over the years he has gotten to know this couple well. When it comes time to go, my preceptor hugs them both, reminds them that he is there for anything they might need, and walks quickly to his office, leaving me alone with them.

I turn to the patient, thank him for allowing me to be there, and ask if I may give him a hug. He smiles and nods, so I hug him and hope that he can feel through my embrace the empathy that I am feeling for him and his family. I give his wife a hug as well. I then wish them happiness and peace in his final days and moments, and exit to catch up with my preceptor. As I walk down the hall to his office, his medical assistant, who by the look on her face has clearly been informed of the situation by the doctor, goes in to the room. The last thing I see before the door swings shut is all three of them hugging and sobbing. It's obvious they have known and cared for each other for a long time.

As I get to the office, one of the lab techs walks in and explains to my preceptor that the lab will be closed for a few hours because the new technician accidentally threw out all of their controls. They have to start everything over from scratch. Furthermore, she remarks that the new technician is quarreling with several of the other techs. Clearly the in-office laboratory is having some difficulties. She eventually leaves, and the doctor puts his head into his hands and massages his temples. It's a long time before he says anything.

He finally looks up. "The bickering and fighting that goes on in an office, the screw-ups, the endless paperwork and fighting with insurance companies… you get used to that stuff. You deal with it and put everyone in separate corners until they cool down."

He looks directly into my eyes. "But losing a patient… well, that doesn't get any easier… ever."

As he turns to look out the window a tear rolls down his face. I realize my face is wet too.

Ashley Chapman is a fourth-year medical student, about to graduate and start a surgical residency in New York City.