

Remembrance

By Jeffrey Millstein

David's wife Jacqueline died six months ago, but she was still present in our conversations. They used to come to their office visits together, and my heart warmed every time I walked into the exam room to find them holding hands. David still sat on the farther of the two chairs next to my desk, as if Jacqueline was actually there between us, in the closer one. Sometimes I even thought I saw his right hand drift in my direction, like it was reflexively seeking its usual comfortable place next to hers.

In their mid-seventies, David and Jaqueline were married for fifty years and were my patients for twenty. They both had stable chronic conditions and regular follow up visits every three to six months. Even without his wife there to offer her typical comments and interjections, David's stories still had the same cadence, leaving short pauses where Jaqueline might offer confirmation or nuance. I imagined what she might say to fill the space.

"My sugar tends to run high some mornings," David would say, and then look over at his wife.

"Well, it's usually after pasta night, wouldn't you say?" Jaqueline might add.

When David told me about a few high sugar readings last time he was in, we both paused and stole a fleeting glance over at Jaqueline's empty chair.

"Can you relate that to your dinner choices at all?" I asked.

He responded with a knowing smile.

David and Jaqueline were both raised in southern New Jersey and had known each other since grade school. David worked as a mechanical engineer and Jaqueline as an administrative assistant, and they raised three children together. They worked hard and took little time off during their working years. They were just beginning to enjoy retirement pleasures when, with wanton disregard, breast cancer permanently interrupted their plans.

I remember when I saw both of them shortly after Jaqueline's diagnosis. I was struck by how she accepted her illness as an unvarnished truth. She would undergo treatment until it caused intolerable suffering, at which time she would ask for hospice care. And I admired David's acceptance of her choices, even if it meant she might die sooner. I never met their children, but I never sensed any selfish imposition on their parents' end of life decisions.

Jacqueline's decline was rapid. Her disease progressed through the first cycle of chemotherapy, and she was hospitalized three times, twice for pneumonia and once for dehydration. David

phoned after her last hospitalization and said that she was ready to meet with a hospice nurse. She died peacefully at home two weeks later.

At our most recent visit, David told me that he was going to move in with his daughter soon. She lives about an hour away in Pennsylvania, but he wanted to continue his care with me.

“That means a lot, David,” I said, “but that’s a long way to come for an office visit. We should still try to find an internist who you can see if you’re not up to the trip.” I felt a pang of regret after I said this. I didn’t want to lose David as a patient.

“That’s reasonable,” he replied, “but I’d like to see you every few months if it’s OK. My daughter says she doesn’t mind the drive. When you and I talk, it brings back nice thoughts of Jacqueline. Coming in to see you was a ritual for us, and we enjoyed it. We would go to the diner for breakfast after and discuss your recommendations.”

I told him that we could work out appointments which were best for them in light of the travel time.

The evening after that discussion, the air was heavy and still. I felt drained, more introspective than usual. Driving home, I did not turn on a podcast or audiobook as I typically would. I thought of David’s words about what his and Jacqueline’s office visits meant to them, and how continuing to follow up brought back fond memories of her. I thought of David sitting in the far chair, and how we both silently acknowledged Jacqueline’s ethereal presence. The three of us shared a connection that was two decades in the making. In our own individual ways, David and I were both grieving.

Jeffrey Millstein, MD is a general internist and writer. Dr. Millstein serves as Associate Medical Director for Patient Experience at Regional Practices of Penn Medicine, where he leads initiatives for clinicians and staff to help improve patient centered communication skills. He is a clinical preceptor for students at the Perelman School of Medicine at the University of Pennsylvania and is working on developing new humanities curricula for medical students. You can find him on Twitter @millstej.

© 2020 *Intima: A Journal of Narrative Medicine*