

## Beyond the Medicine

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None reported.

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There are some patients you connect with, for some unexplainable reason, on a deeper level. Bob was one of those patients. As the intern assigned to his care, I didn't necessarily spend more time with him or talk to him much. Every morning when I went into his room in the intensive care unit, he would try to communicate, but mostly he just spoke in mumbles, which I tried so hard to decode. I honestly didn't have a clue as to what he was saying, yet I pretended I did. He had a black and white photograph, aged and worn over the years with torn edges, taped by the side of his bed. I'm sure there was a good story to go along with it. I never knew if he recognized me or knew what was going on—*dementia* is such a nonspecific term. But Bob had a glow in his eyes and warmth in his heart you could feel. You could tell he was a genuine person.

Sadly, I watched day in and day out as that glow faded. He became more ill. It was torture to stand by and hold his hand as we put a tube down his throat and hooked him up to a machine that would help him breathe because he was having trouble doing so on his own. I thought for sure his health would turn around once we found that abdominal abscess on the computed tomographic image and drained away the infection. He was eventually taken off the ventilator. His fever and white blood cell count did improve—for a day.

He asked repeatedly for a drink of water. How could I explain to a critically ill patient that he failed 3 swallow evaluations in a row and that we couldn't allow him to eat or drink because his aspiration risk was too high? I had to stand by and observe more torture as we delivered nutrition through a tube going in his nose and down to his stomach.

I came in one morning hopeful that today would be the day he would graduate to the inpatient floor, out of the intensive care unit, and get 1 step closer to going home. Clear as glass he looked at me and said, "I need to get out of here." I didn't have to try to decode the mumbles this time. My heart broke. I couldn't stand to torture him anymore. He was

drowning in his own secretions, he was having trouble breathing again, and gosh, darn it, the fever was back.

His daughter made the decision to change his order to do not resuscitate, to take him home where he was born and raised, and to let him be comfortable in the home his daughter knew he wanted to die in. It was my mission to get him home and out of the hospital. I coordinated home hospice care, comfort medications, and transportation from the hospital to his home. I couldn't heal him medically, but I could use what little powers I had to end the torture and to get him home, away from us doctors.

I felt a sense of accomplishment. His daughter gave me a hug and said, "Thank you." I put my hand on his chest and said goodbye to Bob as the ambulance team rolled him away. I thought I saw a glimmer of the glow in his eye come back and a bit of a smile on his face because he knew he was headed home. I couldn't prevent the tears from rolling down my face. A nurse turned to me and said, "These are the patients you can feel good about because you get to see how much you helped and what a difference you made." Antibiotics, ventilators, chest tubes, and all the other medicine we threw at this patient didn't help. Understanding his wishes and caring enough as human beings to see that those wishes were met did.

As an osteopathic physician, I take pride in treating the body, mind, and spirit; the whole person, the complete picture. We are people caring for and treating other people. It is refreshing to put that fact into perspective and to not simply be doctors burdened by the needs of our patients. I encourage physicians to spend the extra minute to look beyond the medicine. You never know what difference you might make.

I don't know if I'll ever be able to explain how or why we connect with certain patients, but I know I'll never forget Bob. May he find peace at home. (doi:10.7556/jaoa.2013.074)

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