



Dedication

Mandy L. Maneval, MD, PhD

(Fam Med. 2019;51(10):858-9.)

doi: 10.22454/FamMed.2019.690133

Several months had passed since I had seen my patient. Mary had been bouncing between her oncologist and the general surgeon as the ovarian cancer slowly stole her vitality. Today, her family met me in the hallway before her appointment with a whispered warning: “She only wants to see you now. Somehow, she thinks you can cure her.”

Always my faithful patient, Mary would sit quietly in the exam room and wait for hours if that’s what it took for her to see me and only me. Some days her dedication felt burdensome and I felt the weight of that responsibility as I ricocheted between exam rooms, with few breaks and my pile of notes ever growing. I entered Mary’s room with trepidation, unsure of how to explain to her that she was dying in the scant few minutes we had together. Though her body was emaciated, her mind was still sharp. She was dressed smartly with her hair impeccably styled, the last of the generation where being sick or dying was no excuse for going out looking shabby. Forgoing a greeting, she simply said, “I want you to take care of me from now on. Only you!” Something unspoken flashed between us, and I understood. She didn’t want me to cure her; she was asking me to take care of her during her last days on earth. This time, that responsibility humbled rather than burdened

me. I simply said, “Of course.” The relief she expressed nearly brought me to tears.

Mary’s sole complaint today was the extreme discomfort from the malignant ascites that had been relentlessly building since her last visit to the surgeon. “Take care of this,” she said, gesturing to her abdomen. Though well trained and ever ready for a challenge, I was outside of my comfort zone with paracentesis. Yet, I knew she soon wouldn’t be able to leave her house to get to the surgeon’s office and I was concerned that she may suffer. After a quick phone consultation, our local surgeon agreed to see both of us in his office the following day. He taught me how to drain the ascites and sent me home with his cell number and a bag of supplies. I tried not to show my nervousness, but I figured if I could deliver a baby, I could do this for Mary.

Soon the day came when her family asked us to come to her home to drain the ascites. She was so bloated and uncomfortable that she moaned and cried all night. Over our lunch break, my nurse and a young premed student loaded up our supplies and made the short drive to her home. Surrounded by pictures of Mary throughout her life with the family who loved her, we offered her what little relief we could. A few liters in, she took a deep breath and sighed with relief. She smiled at me

and held my hand and gently went to sleep.

On the drive back to the office, the premed student quietly cried. She wondered how doctors were not overcome with sadness as they cared for their dying patients. I assured her that we often feel sad and grieve for our patients. However, as family physicians, we have the tremendous honor of caring for patients throughout their lives, through periods of wellness and disease. I also care for several other members of Mary’s family, and often feel that I am a part of their family. They share with me their hopes and dreams, their sadness and disappointments. This is a privilege that I do not take for granted. The sacredness of caring for a patient in the last days of their life does not escape me.

A few days later, my dedicated patient slipped peacefully into the next world at home with her family by her side. The nurse laid a death certificate on my desk, and that’s how I knew she had completed her journey. With several patients waiting, I had only a minute to sit and remember Mary. Writing “metastatic ovarian cancer” seemed a paltry summation of a life well lived and yet I took care in writing this and signing my name, my final task for

From the Lewistown Rural Family Medicine Residency Program, Mifflintown, PA.

my dedicated patient. Rising, I went into the next exam room and said, "Congratulations on your beautiful baby boy. How is he doing?"

In caring for Mary and similar patients, I have been gifted many lessons, among them a clearer perspective of life and death and our role as healers, even when the time for curing disease has come and gone. While I tend to narrowly focus on diagnosis and treatment, my patients remind me that sometimes

they are simply seeking the comfort of my presence, drawing on the trust accumulated over many years of care. I have learned that there is no substitute for a genuine inquiry of well-being, whether the patient is approaching the end of their life or just beginning. Though our role within this circle of life requires patience, resilience, and adaptability, these skills anchor the relationships with our patients and offer one of the defining joys of family medicine.

CORRESPONDENCE: Address correspondence to Dr Mandy L. Maneval, Family Practice Center, PC, Lewistown Rural Family Medicine Residency Program, 2813 Industrial Park Road, Mifflintown, PA 17059. 717-437-7753. Fax: 717-242-7593. mmaneval@pa.net.