NARRATIVE
ESSAYS

The Loss of My First Patient

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In the midst of one of my seemingly never-ending nights on intern call, a red notification appeared atop my electronic health record inbox, indicating a high priority message. The subject line read, "Notice of Patient Decease." My hands trembling, I opened the message, written by an intensivist at a large academic medical center in my city. "Patient arrived on norepinephrine, epinephrine, phenylephrine and vasopressin following STEMI and papillary muscle rupture. Arrest on arrival. ACLS resuscitation attempted but unsuccessful at achieving ROSC. Patient declared decreased at 1210 hours."

My face flushed and my eyes welled with tears. Mrs J. had established care with me just 2 weeks prior. She had a history of rheumatoid arthritis, but was an otherwise healthy 64-year-old woman. She was a lively character, and I had so looked forward to being her primary care provider. While other patients had passed away while I was on our family medicine inpatient service, this was the first patient who was really mine, and I felt more ownership of the adverse outcome. My mind reeled. Had I committed some error of omission due to my inexperience that could have contributed to her death? I turned the details of her case over and over again in my mind. Sensing my change in demeanor, my upper resident extended an open palm to request the on-call mobile phone and slipped out of the room to give me privacy. I mustered courage and slowly keyed in the digits of the patient's home number on the call room phone, not knowing if her loved ones would even want to talk to a novice doctor like me.

Her husband answered the phone, his voice almost a whisper. I introduced myself as his wife's primary care doctor, and indicated that I was calling to express my condolences for his loss. He thanked me, but in a voice shaky from recent weeping, he stammered, "You can't imagine what it is like; there are no words."

I asked him to share a little about his wife, if he felt comfortable. He reflected upon the experiences shared during their 41 years together. Fleeing from political persecution in the dead of night, they escaped postwar Poland to come to America to build a new life. She worked as a nurse and was a relentless optimist, despite debilitating joint deformity and chronic pain. They were unable to have children of their own, but she took great joy in being the "Neighborhood Grandma," offering to babysit for free for families in need of afterschool childcare. When her husband was diagnosed with stage IV lymphoma, she brought homemade soup to the hospital everyday, because it was the only thing he could stomach through his chemo-induced nausea. Although his physical therapy and rehabilitation were arduous, her tough love helped him not only complete his treatments, but also retain his hope and humor when he felt too exhausted to carry on. Now that he was in remission from cancer, they had excitedly awaited their hard-earned retirement, particularly the opportunity to visit their homeland, which they had not seen since their original departure.

As he spoke, hot tears ran down my cheeks. The joy of their life together was juxtaposed sharply against the abruptness and bitterness of its end. I muted my phone so that his words would not be interrupted by my choked sobs. He said that after returning from the hospital, his house felt cold, "like it was 25 degrees." The home they had built together was no longer home without her there. He added, "With cancer, it may take you or it may not, but this…this has taken everything."

Family physicians occupy a central role in the spectrum of life's intimate moments, but the oft-repeated phrase "cradle to grave" seems to omit an important part. Indeed, "a physician's responsibility for the care of a patient does not end when the patient dies. There is one final responsibility—to help the bereaved

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family members."[1] We honor our patients by the way we comfort and console the loved ones they have left behind. Whether this is done by telephone call, letter, or by some other means, sharing the burden of their heartache supports family members as they move through the natural phases of grief, and ensures providers maintain their humanity in a sometimes-callous environment. As challenging as my conversation was, it was equally cathartic, and made me feel like I was providing the best care I could. Though I know there will be times when I may feel too short on time, energy, or emotional bandwidth to have those difficult conversations, my experience with Mr J. drove me to make an internal commitment to do so.

As the natural rhythm of the call drew to a close, he ended, "I'm not sure if you have to make this call because it's your job, or whatever, but I want you to know that this really helps people like me."

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References

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