

CLINICAL COMMENTARY

Fridays at Eleven

Peter C. Galier, M.D., F.A.C.P.

"That can't be good", I thought to myself as my pager went off on a Saturday afternoon. As a partner in a busy internal medicine group, the pager going off is not a surprise, but when it happens on a day you are not on call, it is usually a colleague with a question that requires your assistance. Today though there would be another reason. When I played back the message I only heard silence for the first few seconds, then a voice. I had heard it before. It was the voice of a broken heart. "Pete, it's Susan, mom's gone. We're okay, I think. Thank you for everything."

I had been taking care of "mom", Evelyn for over 10 years. My department chair referred her to me. She was in her mid-80s at the time. Spry, active, mentally sharp, and wonderful wit. Her problems were common: osteoarthritis, aortic stenosis, lumbar disc disease and hypothyroidism. She would visit every few months and require little intervention. She was not fond of her visits, as it took away time from her day. Time, she would say, was the most precious investment you had when you were her age. As time went on, her problems compounded. She required a new valve, two knee replacements, and back surgery. For a woman in her nineties she bounced back well, but her visits became more frequent. There was a delicate balance between pain control and mental clarity, between orthostasis and pulmonary congestion, between atrial fibrillation and pulmonary hypertension, between the comfort of home, and the hope of healing in my office. All became a constant challenge. Evelyn hated the hospital but she had a devoted family that provided care that could never be matched in any hospital. They were with her around-the-clock. The hospital or nursing home would have been the most efficient, and easiest route, but it was not an option for this family.

Evelyn became more ill, and the amount of time to sort through her problems and devise plans became more challenging. She began coming every month, and then every three weeks until I finally began to

see her almost weekly. It became the difference between remaining at home and frequent admissions to the hospital. They needed to be able to reach me to adjust medicines over weekends and holidays so I gave them my direct pager number. I resorted to seeing Evelyn during my administrative time. Hardly an easy day, filled with paperwork, phone calls, e-mails, meetings and other office responsibilities, but it would allow me more time to sort through her ever increasing problem list. Somehow, Fridays at 11am became "our" time.

As her illnesses worsened, my options waned. Most drugs caused side effects that were unacceptable to her. Calcium channel blockers, beta-blockers, diuretics, vasodilators, ionotropes, prokinetics, and proton pump inhibitors. Evelyn and her family became well versed in my vernacular. When I finally tried Viagra for her pulmonary hypertension, she asked if I was sure I knew what I was doing. We had always had a standing joke that if I "messed up" on the Chair's referral, I would end up practicing in Barstow. "You do know what that is used for? It's hot in Barstow you know." There was a much-needed laugh from all in the room, but afterwards both her daughters asked the same question. "Viagra? You know what that is used for?" I reassured them I did and explained the rationale. It was then, for the first time, that I could see the reality on their faces. They realized we were reaching; we were trying anything.

Evelyn wanted desperately to feel good. She did not want to give up. She did not want to live forever, but she wanted to feel good with the time that she had left. Each Friday at 11am, we tried. We tinkered. We adjusted. We started meds, we stopped meds. We always tried to pull just one more trick from the hat. "Next Friday at 11 work for you?", was the ending to every appointment. Few Fridays were missed. Family vacations would often start at noon and would always be over by the following Thursday. Several standing meetings were adjusted to accommodate what became a time more therapeutic for the doctor than for the patient. On our last Friday together it was clear that Evelyn need hospice care. She was suffering, her family was suffering, and I

was unable to do anything more than mourn her inevitable passing in my own way. We kept in contact over the next several days. The updates were expected: she's less responsive, little appetite, less urine output. I knew that she did not have much longer and I began to grieve more for her family than for Evelyn. She would soon be at rest, and those left behind would be trying to fill the void that would be left by her passing.

For some, time helps heal a broken heart, but for many, time only makes things different, not better. I know for Evelyn's family the former will be true. Through her family I witnessed unconditional, unending devotion; unconditional, unending determination to help her feel better and unconditional, unending tenderness and respect when it was time to let go. Unconditional, unending love will always trump tragedy.

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