A fateful winter’s night

Sometimes doing the right thing is the hardest thing.

BY ABBY GARDNER, M.D.

The art of the practice of medicine is to be learned only by experience; ’tis not an inheritance; it cannot be revealed. Learn to see, learn to hear, learn to feel, learn to smell, and know that by practice alone can you become expert.

—Sir William Osler

I was nearing the end of the first general internal medicine rotation of my intern year. I finished most of my duties at the hospital for the day and walked down what felt like the never-ending hallway of the medicine floor to Hazel’s room. Hazel was a spunky 89-year-old with Alzheimer’s dementia who had been brought to our hospital several weeks earlier. She had been found near a bus stop in the middle of a frigid night. Since then, she had been staying here awaiting a safe discharge plan.

When I got to her room, the EMS crew was busy loading her onto a stretcher to take her by ambulance to her new home, a nursing facility. She was very pleasant. She had dressed and put on her pearl earrings as if she were going on a social outing. Her handbag was at her side. She was clearly unaware of what was happening but happy to oblige nonetheless. As she was wheeled out the door, I breathed a quick sigh of relief, thankful that things had gone so smoothly.

Then I turned my attention to the room across the hall—a room that housed another of my patients, Hazel’s daughter Alice. The two had been brought in together on that fateful winter’s night.

Alice couldn’t leave the hospital because she was being committed and was waiting for her own nursing home placement. It had become clear to me that it was unsafe for Alice and her mother to live on their own. Neuropsychiatry, PT and OT agreed. Family members reported Alice locking herself and her mother in or out of the house after losing the keys, or forgetting to pay bills.

Even so, the decision to pursue commitment had been agonizing. But it was the only way to keep Alice safe. She was newly diagnosed with dementia and because of her short-term memory loss didn’t remember our conversations. She certainly couldn’t remember why she was in the hospital. When told she needed to move to a more supportive living environment, she would immediately rattle off her qualifications as a caregiver and tell us why she should continue to live independently. There was no doubt in her mind that she was capable of caring for herself and her mother. In fact, as far as she was concerned, she was only in the hospital to care for her mother. Occasionally, she would put on her clothes and state that she was ready to go home. Other times, she would wear a hospital gown all day, but never without her elegant beaded hat.

Every day that I walked into Alice’s room, I introduced myself to her and she did the same for me. Every day, we started over. It almost felt like we were rehearsing for a play. Some days, I took the time to explain why she was there, other days I just said hello and made small talk. It was exhausting to start the conversation over again only to have it end in frustration, anger and disappointment. If Hazel was in the room with her, she would make remarks under her breath, obviously disgusted with what I had said.

I wanted Alice to see my side, to understand that she was there because I cared about her and not because I was trying to ruin her life or hurt her. But I also knew that what was about to happen would not help my case. I thought about how I would feel if I were in her shoes. I tried to prepare myself for her reaction, which I knew would be heartbreaking. Right on cue, she walked out of her room, smiling and greeting the nurses. When she reached the doorway of her mother’s room, she stopped short. Her body language was clear—she was shocked, and worry covered her face.
She frantically began asking where her mother was. The nurses and attending physician calmly explained that she’d been taken to a nursing home. This only angered Alice. After several minutes of her usual monologue about how she could care for her mother, she lost it and started sobbing. She walked over to the empty hospital bed, now a stark plastic mattress without linens or any evidence of its prior inhabitant, and placed her hands on it, as if touching it made her mother’s absence more real. Her head hung low, and her whole body shook with the force of her anguish.

“Why are you breaking up my family?” she asked.

That’s when I lost it. I couldn’t hold it in; the tears began to well up in my eyes threatening to give me away. I didn’t feel like a doctor, I felt like a bully. As I walked away wiping my tears, I began to feel sick. I tried to suppress the feeling of guilt but couldn’t help but wonder if there was some truth to what she had said.

The image of Alice crying over her mother’s bed haunted me that night. The next morning, I dreaded having to face her. I walked into her room during my rounds and introduced myself. She seemed genuinely pleased to meet me, which only added to my shame. We talked for a few minutes about the weather and her plans for the day. It gave me time to consider whether I should tell her what happened the day before. At some point, I realized that the only person I was protecting was myself.

I told her that her mother had been moved to a nursing home and that she was being held in the hospital because we felt it wasn’t safe for her to go home. I told her we all hoped she could join her mother, that we were pursuing court support to make that happen and that she would not be able to return to her own home. I told her that I only wanted what was best for both her and her mother and that in my mind that would include them living in the same place. Understandably, she was very upset, and after yet another effort to highlight her qualifications, something changed. I think she was simply too exhausted to keep fighting.

Looking back, I wonder how I could have been so bold. How could I have told a woman much my senior what was best for her? Why had I felt my medical degree made me all-knowing, even able to decide where someone should live? I don’t remember any formal lectures on that topic. Alice agreed to be placed in a nursing home and eventually was able to join her mother at her facility, a place where the tragedy of dementia and memory loss could safely unravel. By all outward appearances, it seemed I had done my job adequately; both patients had a safe discharge. But if that was true, then why did I still feel I had done something wrong?

Even though this encounter required almost no clinical acumen, these ladies pushed me to my limits. They challenged my confidence and caused me to question my motives as a physician and reflect on what I could have done differently. For that I am thankful. Like most patients I encountered that year, those two helped shape the type of doctor that I will become. They taught me things that can’t be learned in a classroom and reminded me that sometimes doing the right thing doesn’t always make us feel good. MM