

Sighs too deep for words

James A. Elmore, MD

At the time, I really didn't think about why I went. Not going would have been easy enough. Just say *no* and forget about it. But, I knew I shouldn't avoid it, if only for selfish reasons. My general rule, when called about a seriously ill or demanding patient, was to go to the bedside and lay eyes and hands on him or her. If I tried to put it off or skate by without seeing the patient, doubts would gnaw at me, and I would be unable to concentrate on my work or, since it was late on a Friday afternoon, enjoy my weekend off.

Her primary doctor had not asked me to consult. He hadn't even let me know she was in the hospital. He must have wanted to spare me the aggravation. Every doctor who knew her would roll his or her eyes and groan at the mention of her name. Her thick chart in my office was filled with notes from a dozen physicians that invariably ended with "I informed Ms. Conner that there was nothing more I could offer her. She is released to the care of her primary doctor." I had been tempted on countless occasions to tell her the same thing, to wash my hands of her, to end the incessant stream of office visits filled with irremediable complaints. I never told her explicitly not to come back, and, so, she always did, with the same maladies often interspersed with just enough new symptoms to justify more tests, more referrals, more therapies, more sympathy.

I stood at the door to her room and hesitated before knocking. I usually don't wait for an invitation to enter a hospital room. But, on that afternoon, I did everything in fits and starts. I pulled my hand up short and shook my head, doubtful of the wisdom of seeing her in these circumstances. Taking a deep breath, I rapped lightly upon the door. I delayed, hoping for some response before pushing the handle. No welcoming words were audible as it haltingly gave way to my touch.

It was a semi-private room. The curtain between the two beds was drawn. An elderly woman occupied the first bed. I tried not to disturb her as I walked gently to the far side.

From the foot of her bed, it seemed that Eva Conner was, like her roommate, asleep, and, even more like her roommate, she appeared old. Her face was gaunt, the thin skin jaundiced. It was obvious she had lost weight. I had to admit, she really was sick after all. With more than a little embarrassment and regret I remembered the first time she told me she had liver disease. I'm ashamed to say that it was all

I could do to keep from laughing at what appeared to be an absurdly dire prognosis. "Dr. Johnson said I will have to have a liver transplant to survive," she had said with melodramatic solemnity. This embellishment was too much—I had referred her to the gastroenterologist for constipation alternating with diarrhea, for goodness sake!

I sighed. During those previous visits, I had consoled myself with the thought that *no one* could help her if she didn't want to get better but always wondered if there wasn't some way to make her see the psychosomatic nature of her complaints. Today, there was no doubt that she was physically ill, and, still, there seemed to be nothing I could do for her.

The room was as bare as only a sterile hospital room can be. There were no flowers, no books, no clothes nor any personal touches, other than a framed picture of her daughter on the bedside table. Gradually, she had given up all outside interests and pushed other people away since that long-ago accident. Her daughter was the one person that she hadn't completely alienated.

Shuffling my feet and clearing my throat produced no visible response. She continued to sleep. Impatient, I leaned forward and touched her foot through the bed coverings.

"Ms. Conner . . . Ms. Conner."

She moved her mouth and grunted, but showed no further signs of arousal. I shook her foot. "Eva," I said. "Wake up."

Her eyes opened and fluttered but did not focus. She took a deep breath. I realized there was no danger of startling her and, instead, worried that I might be witnessing the signs of hepatic encephalopathy.

"Eva, wake up," I repeated, moving my hand to her uncovered arm.

She stirred and blinked. The glaze over her eyes slowly began to clear.

A large window was centered in the room's eastern wall to my back. In most patients' rooms the deep sill was commonly used as a platform for flowers, candy, or get well cards. This one was empty, and I sat on it, waiting for her to awaken.

She turned her head toward me, squinting at the outside light behind. She didn't try to sit up.

"How are you feeling?" I was a little premature. She blinked her eyes, then forcefully closed them and rolled her head on the pillow, not yet recognizing me.

"Angela said you called and wanted me to come by. You told her it was urgent?"

She jumped at the recognition of my nurse's name, a spark that ignited the habitual grimace that I remembered so well.

"Oh, Dr. Ellis. Thank God. I didn't think you were coming." She cleared the phlegm from her throat, but the rasping voice persisted. "You've got to do something!" She pressed the button on the bed rail. The electric motor whirred as the head of the bed rose.

"What can I do for you?"

"You've got to stop Dr. Howard!" A sneer curled her upper lip, and her voice betrayed a smoldering hatred as she spit out the name of her primary doctor. I'd heard that same tone many times before when she had complained of other "uncaring" doctors, impersonal insurance adjusters, and especially the "witch" who was her former employer.

"He's getting r-r-ready to throw me out. And, I'm s-s-s-sick! I've never been so s-s-sick in all my life!" The familiar stutter was still there. It had come and gone over the fourteen, almost fifteen years that I had known her. I didn't recall her having it on her first visit soon after the un-indulgent neurosurgeon had discharged her from the hospital and referred her on to me for headaches. It had appeared later when she failed to recover fully from the closed head injury and hadn't been able to go back to work. It grew especially prominent after her employer fired her and she began her bitter battles first with Workmen's Compensation and, then, with the Social Security Administration.

"How long have you been here?"

"I d-d-don't know." She frowned and shook her head. "I can't remember. Anyway, he s-s-says I have to g-g-go home. But, I'm n-n-no better than when I f-f-first came in."

"Well, if they aren't doing anything for you, you can't stay here forever. A hospital is an expensive place to do nothing."

"M-m-m-money! That's what it comes down to. And, I d-d-don't have any." She stared at the foot of her bed and ground her teeth.

"But, is this really the best place for you? Surely you'd be more comfortable at home with your family."

"I d-d-don't have anyone but m-m-my daughter, and she h-h-has to work."

"What about your parents, your brothers and sisters?"

She closed her eyes, and her head shook with only barely suppressed rage. Her eyes filled with tears. "C-c-can't you be my doctor? Take over my case, p-p-please."

I knew this was coming. I sighed again, deeper this time, as I gave my prepared answer. "I'm sorry, Eva. I don't know how to treat liver disease and all that comes with it. You've got to be under the care of a gastroenterologist and a primary-care doctor. Dr. Mortensen and Dr. Howard are all that you have left." These were probably the only two doctors in the

whole city, besides me, who hadn't refused to see her.

Her eyes went to the ceiling. She pursed her lips. Wiping the tears that had overflowed on to her cheeks, she shook her head up and down. "C-c-c-can't you at least w-w-write a letter? L-l-l-like you d-d-did to the t-t-t-transplant committee."

"You know how much good that did." The transplant team had deemed her too psychologically unstable to undergo their rigorous procedures.

"B-b-b-but the first letter you wrote, the one to the judge, got me on d-d-d-disability . . . even after that j-j-jerk Jones s-s-said I couldn't."

I smiled. Eva was the only patient I'd ever known to so anger her disability lawyer that he quit. Eva was just too much for Mr. Jones. When she failed to keep the appointment for the independent psychiatric exam for the third time, he blew up. He told her it would be a cold day in hell before she got a favorable judgment.

"How about if I talk to Dr. Howard? Go over all the options with him. I know he'll be reasonable."

"That m-m-man! He just doesn't c-c-c-care!"

"I'm sure he wants to do what's best. I'll see if we can't work something out." I smiled hopefully.

She looked down and, with some struggle, relaxed the fists that had been clenched since we started talking. "You're the only doctor that's ever done anything for me; the only one who's ever cared," she said softly. The stutter was gone.

My face turned red, embarrassed by words that were ironic to me. "You've had lots of good doctors that have done much more for you than I have. Dr. Sheppard did a good job on your broken nose. And, Dr. Katz kept you from getting so depressed during all those disability denials."

She shook her head. "But, you were the only one who didn't criticize me or blame me for not getting better."

"Maybe if I had, you wouldn't be in the shape you're in today."

"No. I had lots of people to tell me what I did wrong and what I should have done. One more wouldn't have made any difference."

I suddenly realized why I had come. I took a deep breath and said it: "I'm sorry that I couldn't help you, Eva." Even as I spoke them, I knew my words were not enough.

She looked at me through the drying tears, as honest and penetrating a look as she'd ever given me. "Don't feel bad. It's not your fault." Her speech was stronger, completely unhesitant now. "I know it's my anger. I've just never been able to control it no matter what. And, because I couldn't, I'm going to die."

It was anger that was killing her all right, justified or not; anger at her parents and siblings for whatever childhood slights; anger at a philandering husband; anger at the misfortune of a car accident; anger at a demanding boss; anger at remote bureaucrats; anger at uncaring doctors and nurses. Amaz-

ing that we both could see it so clearly; amazing but too late. It could not reverse the effects of all the pills over all the years that had destroyed her liver. Yet now, however late in the day, she might be able to find some peace in the time she had left.

“Let go of the anger, Eva. Let go and go home.”

She sat forward and held out her arms. I leaned over her bed and let her press her face into my chest and sob. When the tears stopped, she pulled back. We looked at each other for a moment before our eyes closed with unutterable weariness and we exhaled sighs too deep for words.

Neurology[®]

Sighs too deep for words

James A. Elmore

Neurology 2006;67;1897-1899

DOI 10.1212/01.wnl.0000248188.05743.56

This information is current as of November 27, 2006

Updated Information & Services

including high resolution figures, can be found at:
<http://n.neurology.org/content/67/10/1897.full>

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
http://www.neurology.org/about/about_the_journal#permissions

Reprints

Information about ordering reprints can be found online:
<http://n.neurology.org/subscribers/advertise>

Neurology® is the official journal of the American Academy of Neurology. Published continuously since 1951, it is now a weekly with 48 issues per year. Copyright . All rights reserved. Print ISSN: 0028-3878. Online ISSN: 1526-632X.

