

# I Remember...It Was December

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**ABSTRACT**

William Osler is quoted as saying, "Nothing will sustain you more potently than the power to recognize in your humdrum routine, as perhaps it may be thought, the true poetry of life—the poetry of the commonplace, of the plain, toil-worn woman, with their loves and their joys, their sorrows and their griefs."<sup>1</sup> A family physician reflects how he continues to derive sustenance from having cared for a dying woman and her family over several home visits in his earliest years of private practice. The author's memory of these house calls continues to reinforce his love for medicine. Today, when physicians are overburdened with countless numbers of interruptions, requirements, and measures we are reminded that one of the things which can maintain our passion for medicine is in realizing that caring for others is the focus of our sacred vocation. By appreciating the impact we have on the lives of those less fortunate, we may find meaning in our own lives.

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I think of them whenever I see snow falling on the water. Each Christmas reminds me of a special love between a dying woman, her husband, and their teenage daughter. Twenty-five years ago, in one of my first years of private practice, a family I had never met taught me how valuable a home visit could be. The husband had heard that I made house calls. "Will you take on a new patient?" he asked me over the phone. Maybe I paused too long, as I thought of my already busy practice. Perhaps recognizing my hesitation, he added, "She has cancer." There was a sense of urgency to his voice. I remembered my residency chairman, a former country doctor with decades of experience telling me, "A house call is worth ten office visits." I thought, "This is what a doctor should do," and replied, "I'll be there tomorrow."

Just outside of town, a bumpy, twisted, dirt road led to a small cottage on top of a hill overlooking a creek. He greeted me at the door wearing his service company's uniform: navy blue pants and matching shirt. I learned that he and his sixteen-year-old daughter, a tall, quiet, brown-eyed girl, had been taking turns staying by her side so that he could continue fixing heat pumps and she could stay in school while trying to hide her grief from her classmates. He had recently been told that his wife's breast lump had spread and that there was no cure. I wanted to know more about Luke, the husband, Abigail, my patient, and their daughter, Anna.<sup>1</sup> What kind of wife was she? What kind of mother she was? More importantly, who was she? I did not want to be perceived as asking gratuitous questions, or appear to be prying on this first visit, so elected to learn more about her over the next couple of visits.

Luke informed me that he had summoned me to see his wife now because he needed someone to care for what he considered her most pressing issue, a large bedsore. The fact that she was in a coma didn't change things. That Abigail could no longer laugh at the silly things he used to do to please her only intensified his determination to ease her suffering in these final days. He would comfort her now as he did before. Walking into her bedroom, I was met by the distinctive necrotic smell of

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putrefaction heralding that death was near. Her back was toward me as she lay on her left side, facing a large bay window with a panoramic view of the waterway behind their house. She appeared to be in her forties, with brown hair neatly combed to the back of her head. Her eyes were closed and temples sunken. Her cracked dry lips searched for air. No poking or prodding brought a response. Her pulse was barely palpable foretelling what I knew would be a low blood pressure.

I debated whether I should even bother to apply the cuff to her thin arm. The words of Aristotle seemed to challenge me: "Sometimes it's wiser to know when not to measure things." I reflected on a lesson from my medical school days: that medicine is based on science, and science is based on math and took her blood pressure. I knew that this information would add little to how I would ultimately care for her. I rationalized that perhaps in doing so, it would somehow validate my visit. I had done very few house calls in these earliest years of private practice, and wanted to be sure I provided proper care to my patient and her family. I did not want to be seen as the amateur I was. "I want you to check her skin," Luke asked politely. Lifting up the nightgown, I found her bony left hip, marked by a large, leathery, blackened ulcer. I knew that debridement would not cure her, and might result in death coming sooner. Maybe a doctor with more experience would counsel the family that such a bedside surgical procedure was futile. In an effort to show that I cared, I promised to return shortly with instruments to cut away the dead tissue, but wondered who would I be treating, the patient or her family? "She may not live until tomorrow," I said softly. I was sure that both Luke and Anna knew this, but I needed to confirm their fears. Anna fought her shyness to ask me if her mother was in pain. She heard me answer no, yet her tearful eyes seemed to plead with me to tell her the truth. Luke wanted to know if any medication was needed. I looked to comfort them both by explaining she could not feel her bedsore and was in no pain. "Is there anything else I can do for you?" I asked. They struck me as private people and I wondered if they were being guarded in sharing more with me than they already had. Maybe it was I who was being cautious not to be more intrusive into their personal life than was needed to help them.

In looking back I realize I was wrong to have been hesitant to take on this patient. These home visits were not disruptive to my schedule at all. I looked forward to going. Each of the three visits lasted no more than an hour, and allowed me to get to know this family better. I learned that this had been their first house, and that my patient and her husband had only one child. They had decided to change physicians upon being told that nothing more could be done for Abigail. The concept

that something was beyond repair was unacceptable to a man whose job it was to fix things.

My last visit to their home was a few days later, in the middle of a snowstorm. While climbing the walkway I noticed there were no holiday decorations. No lights, no wreaths, no holly. After meeting me at the door, Luke led me past their daughter's room at the end of hall. Several Teddy bears and dolls stared blindly at posters of popular singers on the wall. As I entered the master bedroom they had shared for twenty years, a record had just dropped onto an old turntable and was playing unnoticed by my dying patient. I remember thinking how fitting the tune faintly playing was—"Silent Night." She was lying in the same position as before, facing the large window, which took up one-half of the rear wall. With his arm around his daughter, Luke stood in the doorway watching me observe his wife.

This father and his daughter would soon have something more to share, a loss once considered inconceivable to them both. Anna would no longer have her counselor, comforter, and confidant. I imagined them having typical mother-daughter conversations. Perhaps they vowed to each other to walk more, eat better, and lose weight together. Luke would no longer need to seek permission to stay out later to have just one more, or be able to tell her that she and Anna were his entire world.

I regret that I never got to know this family very well. I was called to see Abigail out of desperation, and within a week, my care was no longer needed. I was new at home visits and did not consider myself particularly expert in helping patients leave this world. I tried to make them feel better by telling them the truth: they were doing everything they could, and more. I hoped I was doing everything I should. I had never seen two people work so closely together to make their loved one's passing so peaceful. Luke and his daughter, Anna, were doing everything possible to ease Abigail's exit.

She was being allowed to pass away in her own bed, surrounded by the two people who meant the most to her. As I changed her dressing, at this last visit, I thought about how Luke and Anna must have washed and comforted her, how they rotated her from one side to another so as to avoid the bedsore that was inevitable. I suspected they favored placing her on the left more often because of the view. While placing a pillow between her knees, they likely begged her to not leave—until the more recent whispers of, "I will miss you."

I received a phone call from Luke later that evening. He called to tell me that Abigail had stopped breathing. I called the county coroner, and arrange-

ments were made to have the funeral home come out and pick up her body. I never saw Luke again, but he did choose to have his daughter Anna see me.

She didn't care to discuss her mother's death much, nor was she talkative at all. I took it as a small sign of success, however, that she did allow me to care for her and that I was able to make her smile and laugh on occasion.

I was asked to help this family at a special time in their lives, but aside from debriding her bedsore, I wondered, then, how valuable I really was to them or how valuable any physician can be at this point in a patient's life. No longer a young physician, I realize now that I was of much greater worth to my patient's family than to my patient herself. I am grateful that I was invited into their lives, because they let me experience what doctoring can be. I saw firsthand how a loving family with limited means helped their loved one as she was dying. I've always believed that it is our duty as physicians to care even when we cannot cure. When someone is as sick as my patient, this care includes not only the patient but the family as well. Being able to

care for a dying patient and her family taught me how important doctoring is, for the patient and the doctor.

Although it's been more than two decades since I cared for this family, I will never forget this experience. I remember listening to the music in their home a few minutes longer that day and watching the snow disappear into the creek below.

The names have been changed to protect confidentiality.

The author's latest book, *Advice to the Healer: On the Art of Caring* was published by Springer in October 2012.

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**Key words:** home visit; house call; terminal cancer; palliative care; caregiving

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