

How Can You Mend a Broken Heart?

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ABSTRACT

Being a resident is hard. Being a resident dealing with a recent breakup is even harder. I wrote this piece after a serendipitous encounter on Valentine's Day with an elderly woman who embraced her messy journey to finding love, no matter her age or circumstance. We learn a lot from our patients: from their bodies, physiologies, and illnesses, we learn to become stronger clinicians; from their stories, traumas, and emotions, we learn to become more full, well-rounded humans. Looking back, I think about how easily I almost missed this heartfelt connection by being absorbed in my usual checklist of tasks for a new hospital admission. My patient's keen insight into her own romantic life taught me a vital skill in both medicine and personal relationships: the importance of being open to the unexpected.

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The hospital may not be the ideal location to spend Valentine's Day, but for me, walking into work that day was a welcome escape. My last relationship had ended just 2 months ago, another casualty wrought by the force of nature that is medical residency. I found myself still reeling from the bitter concoction of emotions—guilt, regret, relief, and loneliness—that often follow a breakup. The last thing I wanted to do was spend the day doom scrolling through romantic declarations on social media. Luckily, the day was a busy one filled with beeping pagers and discharge summaries. It was the sort of day I would dread on any other occasion, but on this one I readily embraced the tedium as a means to keep my mind occupied.

Beep-beep-beep. The familiar cry signaled a new admission waiting for me down in the emergency department. A quick glance at the pager conveyed the presence of an eighty-something year old with an irregular heart rhythm. I grabbed my stethoscope and headed straight down. Almost a year into my training, the initially awkward steps of working through my differential for an arrhythmia were now much more like a choreographed dance. Deciphering the EKG step by step fell into a certain tempo, the rapid-fire questions for the patient had a specific cadence, and my fingers were in tune with the waltz across the keyboard ordering rate-controlling dosages and thyroid panels. The patients, usually frequent visitors from one of the numerous local nursing homes, were typically nonverbal octogenarians thrown into tachycardia from another urinary tract infection or medication mix up. So, I was more than a little surprised when I was faced with something quite different: a sprightly, tall, gray-haired woman lying comfortably in bed. She was on the telephone, but promptly hung up when she saw me walk in.

"I'm so sorry, I was just on the phone with my boyfriend," she stated. "I didn't really want to come in at all, let alone be admitted, but he tells me I should stay. It's funny; last Valentine's Day it was Herbert in the ER and me convincing him to stay put. We even had a lovely dinner planned for tonight and everything! Well, what do you think, doctor?" She leaned back in her hospital bed folding both her arms behind her head, displaying the sort of relaxation more often seen beachside. She had the slightest twinge of a European accent, one that only years in America could have weathered away. Everything about this woman, from her casual demeanor to the fact that she had just mentioned a boyfriend, caught me off guard—I couldn't

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help but smile. The irony of an admit with a “broken heart” on Valentine’s Day alone was not lost on me, but this? I hadn’t expected the epitome of a successful dating life to come from someone my grandmother’s age. The universe certainly had a sense of humor. So much for that choreographed dance; I had already missed a step..

“Why don’t you tell me a little more about what’s been going on?” I asked, attempting to regain my sense of balance. She launched into a vivid retelling of not only her recent medical history, but also the story of how she had met and fallen deeply in love with Herbert. The more she shared, the more I realized I would need to completely erase any of the preconceived notions I had before walking into her room. She not only managed to eat well and swim a few miles every day, this eighty-something year old had a *robust* love life.

“You see, Herbert and I met almost 8 years ago now, when I was in my 70s and he in his 80s. I had just gotten out of a terrible—and long—relationship, when we met. I wasn’t sure I wanted to pursue it at all. But it was his beautiful singing voice that I heard in the synagogue that made me fall for him. Do you know it took him seven whole months to even work up the nerve to kiss me?” She shared details of their whirlwind romance, overseas travels to her home country of the Netherlands, and the life they had built together. While most of the long-winded storytellers I encounter in the hospital usually have me glancing at the clock, I found myself staying

put and in fact taking a seat. Something told me this woman had all the answers—and boy, did I have questions. *How did she know he was the one? Does she ever have doubts? When did she feel ready to take the leap?* Despite her age, this woman had managed to unlock the door to love, while I was still struggling with the keys. She continued her story with minimal prompting.

When finally I gleaned—from a few not-so-subtle interruptions by the emergency department nurses—that it was time to begin wrapping up, I stood to leave. My patient thanked me and asked if I was in a relationship myself. I shook my head no, feeling the familiar sting I knew all too well. In response, she held my hand and said, “The real thing is worth waiting for, honey.”

We learn a lot from our patients: from their bodies, physiologies, and illnesses, we learn to become stronger clinicians; from their stories, traumas, and emotions, we learn to become more full, well-rounded humans. It didn’t matter how precisely I choreographed the moments in my life—either in my clinical work ups or my relationships. The most special moments, and people, often arrive when you least expect it.



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Key words: physician-patient relationship; residency; personal narrative; narrative medicine; empathy; communication

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