

*Everything gonna be
alright this mornin...*



Eleeza P.

The send-off

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I read the sign-out on my rounding list, pausing before I entered Mr. Prince's room. "71-year-old with severe alcoholic cirrhosis, early dementia, oxygen-dependent COPD, fell and broke his hip, admitted to ortho. Postop developed severe hypoxia, transferred to ICU, on multiple pressors and intubated, no clear source found, suspect aspiration pneumonia, now transferred to medicine."

I entered the room. "Knock-knock!" I said brightly. I held out my hand. "I'm Dr. Gaudiani. Call me Dr. G. I'll be your medicine doctor for the next week."

The tall, solidly built man filled the bed. He had long, straight silver hair that fell past his shoulders, greasy and tangled. The color and quality of his skin looked like softening ivory wax, just starting to melt. He scowled at me and rolled his eyes.

"Mr. Prince," I said with a smile. "So glad to meet you." I walked forward to the bed and took his hand in mine. I met his blue eyes and saw a flicker of warmth. We chatted a little, and I updated him on what we thought had happened thus far in his medical stay. "Let's get this big IV line out of your neck, and maybe that catheter out of your bladder. What do you think?" I asked. That won him over, and he smiled. We chatted and joked for a few more minutes, and I was surprised at his mental clarity and wit, given how ill he had just been. After I finished examining him, I asked him if there was anybody he'd like me to call and update on his progress. "My beloved spouse," he proclaimed, with a grin and a twinkle. "Hey, Doc, sorry I was rude when you came in."

"Oh, come on, not a problem," I said lightly as I took his hand again. "See you tomorrow."

The next day I met Mrs. Prince at the bedside. "This must be the beloved spouse!" I said as I came in. Mr. Prince acknowledged the fact with a nod, in good spirits.

Mrs. Prince was a well-spoken, thoughtful, and steady-looking woman. For the last two years, she said, her doctor-averse husband had been slowly declining at home, resisting medical care despite tremors, episodes of confusion, and a number of falls. Three weeks prior, he had fallen and asked her to call 911. He spent 20 days in the hospital and left for rehabilitation with new diagnoses of advanced liver failure, early dementia, and low oxygen levels due to severe emphysema.

The first day at rehab, he fell and fractured his hip, returning for this hospitalization.

Given his two slow years of decline at home, resisting medical care, Mrs. Prince told me his current decline felt precipitous. I told her that he was doing well, and that I had high hopes he'd improve enough with physical therapy to return to his rehabilitation facility in the next week or so. They were enthusiastic about this.

However, the rest of the week was a challenge. Mr. Prince's mental status ranged from his dry, articulate sense of humor with a quick come-back always at the ready, to bewildered encephalopathy. One morning when I saw him, his eyes were wild, long hair more disheveled, body restless in the bed. "Mr. Prince," I asked, laying my fingers on his hand, "What's going on?"

"I was out carousing all night," he moaned. "My wife is going to kill me." His tremulous hands fluttered over his johnnie aimlessly. "No, no," I soothed. "You weren't out last night. You were here, with us, in the hospital." His eyes met mine for a moment and then continued to dart around the room. "I was out all night drinking, and she'll be so mad," he said again.

"Hey," I responded, putting myself into the center of his vision. "I'll tell her myself you were here, ok? She's not mad at you at all." He nodded, unconvinced. His wife later told me he had recently earned his 25-year sobriety badge from Alcoholics Anonymous.

On my last day on service, a week later, things had gotten worse. Mr. Prince's delirious stretches were

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substantially longer than his clear moments. His oxygenation and liver function, if anything, had worsened. I called Mrs. Prince on my last afternoon. I updated her, and I said, "It's my responsibility to you, especially since we know each other now, to ask you what you'd like the doctors to do if your husband takes a turn for the worse again, to the point where he'd need to go to the ICU. If his breathing gets much worse, we'll have to put in a breathing tube again. If his heart stops, we're required to restart it again, but I honestly don't think any of that would do much good given how he's doing overall." She sighed. "Lots of doctors have asked me that in the last month," she said.

"One way to think about it," I suggested, "is to imagine him from five years ago, standing with you in his room looking down on himself now. What would he want you to do? Would he want to continue medical care as he's been doing, or would he want to be made comfortable? Either is okay."

Mrs. Prince paused a long time. "I'm just not sure," she said. "Let me think about it. Thank you, Dr. G."

Two weeks later, I came back on service, and to my amazement, Mr. Prince was still on my list. Now the sign-out read, "Last week failed swallow exam after new aspiration pneumonia. Patient clear enough to make decision with wife not to pursue feeding tube. DNR/I signed. Going to hospice tomorrow."

I hugged Mrs. Prince as I entered the room. "Dr. G!" she said. I met Mr. Prince's brother, a tall, spare, tanned man who told me he was a priest with a parish in Honduras. "He married us," Mrs. Prince said affectionately.

Mr. Prince was unresponsive in his bed, long silver hair clean and neatly combed, deep in the arms of his encephalopathy. I took a look at him and noted his worsening vital signs. I said to his wife, "You know what, I don't think he'd survive the trip to hospice. He's been ours for so long. I'd like to keep him here for his last days."

"Oh good," said Mrs. Prince, with a sigh of relief. "We'd been thinking the same thing."

I started to talk quietly with them about what our treatment plan would be, how we'd focus on his comfort and dignity, and what the family might expect. I promised to check in regularly.

The next morning, Mr. Prince looked peaceful in his bed, and the nurse and I stopped by frequently. Mrs. Prince, Mr. Prince's brother, and a family friend sat around his bed, talking quietly to one another, laughing at times, with affectionate expressions and reddened eyes. I asked, during one of my visits, about his past. "He was a wild young man, unique since he ended up getting two masters

degrees later on," his wife told me. The brother and friend nodded knowingly, slanting smiles at each other.

"Geordie was a professional folk musician in the '60s. He played in clubs across the country, with all that smoke and all that booze. His alcoholism was wrapped up in his music. When he stopped drinking, he stopped playing too. We had some hard years," his wife said thoughtfully. "But good ones too."

"What was his favorite band?" I asked, knowing little about folk music.

"The blues musician Muddy Waters," she answered.

As mid-afternoon approached, the family called me in. I went in with his nurse. A peace settled over the room. His nurse and I chatted quietly with the family, both of us committed to staying in the room with them until the end. Gradually, we stopped chatting. His family moved to his side and murmured to him, holding his hands.

I suddenly had a thought. I wasn't sure if it was the right thing to do, since his generation hardly feels the need to set everything to its own soundtrack. I turned on my iPhone and downloaded the "Best of Muddy Waters." I pushed play, setting the phone on his bedside table. Despite the digital medium, the first soft notes came out a little scratchy, smoky:

"Woooooah yeah (chord)...Woooooah yeah (chord)... Everything gonna be alright this mornin'."

A few minutes later, with his wife on one side and his brother on the other, Mr. Prince drew a breath. Then nothing. "He's gone," his wife murmured.

I stayed in my seat, taking a few deep breaths myself, knowing that I did not want to pronounce this lovely man only to have him take yet another breath. Indeed, more than a minute later, he breathed one more time. That mystical moment passed over the room as we witnessed his final transformation, the moment of departure. I pronounced him with tears running down my face, embraced his family, and left.

A week later I received a note from his wife: "Dear Dr. G. I don't know how to thank you for your help in aiding Geordie on his journey. Your sensitivity and compassion were uncompromising. Your skill was only surpassed by the love you showed us. I like to imagine Geordie thinking at the end, 'My wife, my brother, my old friends, and new are all here! Now I hear Muddy Waters! What a send-off!' With our endless thanks."

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