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It is a mistake to regard age as a downhill grade toward dissolution. The reverse is true. As one grows older, one climbs with surprising strides.

~George Sand (1804-1876)





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I followed a lovely 94-year-old woman for about a week when she was admitted to the hospital this past summer; I was on my inpatient medicine rotation as a third year medical student. 'J' had been doing well and was in good health when she presented to the hospital with an episode of syncope at

Beaumont, an adult care facility during the day. She was worked up and it was determined that a recent medication change was the culprit. She was all set to leave and I felt good about figuring out the case with the team and completing her discharge paperwork.

I headed to her room on 3 East to give her the news of her imminent discharge from the hospital; she was alone in her room, all smiles. I told her in a loud voice, because of her poor hearing, that she was going home and her granddaughter was on the way. She was delighted at the news and stated so, and then suddenly slouched over in her chair. I felt immediate panic rise up in my chest and as it was my first week on my first 3rd year clerkship I instinctively grabbed her wrist to feel for a pulse, as that was all I could think to do. I noticed it was quite slow and counted - 38 beats per minute; her pulse was dropping lower while my own sense of panic was rising and I could feel the heat rising in my face. In my next move with no real reason, was to transfer her to bed and lay her down. She was a frail elderly woman and I thought she could not be that heavy. I awkwardly slipped my hands under her arms in a crouched position and gave a great heave. As I stood up I felt her sliding through my arms down to her knees on the floor and I felt the situation was doomed. I shouted for the nurse. She ran in to find me pinning J's back to the side of the bed with my shoulder while trying to lift her from the ground. The nurse ran over and the two of us quickly raised her into bed. I had no opportunity to feel embarrassed at this point, but later, that feeling would settle into the space vacated by my panic from earlier. We were able to call a rapid response, bring the appropriate personnel into action and J stabilized.

Luckily, we had her on telemetry and we were able to find the culprit of this episode in the printout of her heart rhythm back at the nurse's station. We diagnosed her with sick sinus, also known as tachy-brady syndrome and she was given a pacemaker. There was a complication with the general anesthesia she was given for the procedure, which lagged in her body for a couple days, leaving her very agitated and hostile which is quite different than the personality I had come to know. In the end, she recovered uneventfully and was back to herself and ready to leave the hospital, *for real this time*.

As she prepared to leave, I realized that it might be a good opportunity to touch on a subject that perhaps nobody had beforehand as she was listed as a full-code. So, I approached the subject of end-of-life planning with her, a subject I care a great deal about, and it became clear that it was a subject she didn't feel permission to really think about. When I asked her if she had thought about it, she replied that she was only "staying around" because her granddaughter, and primary caretaker, was very much attached to her and she couldn't bear the idea of disappointing or upsetting her. I was, again, amazed with J's unconditionally giving personality.

Her daughter, granddaughter, and great-granddaughter all arrived together to bring her home. It was amazing to look at these four women representing almost 100 years in one room. I did have the opportunity to speak with J's granddaughter privately about end of life planning, and I did my best to support her by perhaps being the first to give her some sort of permission to think about the end of J's life and to approach that subject without guilt. She admitted it was something she didn't like to think about and a subject she had been avoiding but one that needed attention. She felt, maybe after seeing her suffer some of the adverse effects of the anesthesia just a couple days prior, that she was ready to approach this subject with her grandmother.

I met J and her granddaughter a month later for their follow-up appointment with cardiology to check on the pacemaker. They both were cheery and doing well, J back at Beaumont spending days with her friends, and her granddaughter back to work juggling the care of her grandmother and her own family at home. While J was at the nurse's station having her vitals checked, I asked her granddaughter if she had spoken with J about what had happened at the hospital a few weeks ago and what her grandmother's thoughts were. She meekly admitted that she hadn't found the opportunity yet. I, in turn, took that opportunity to remind her that there was no pressure or expectation from my part but that I was there to support their choices. The appointment went well and J's pacemaker had solved her problem. It was keeping her heart rate above 60, a range that keeps her conscious and vigorous. I walked them out and we exchanged farewells giving each of them a hug and wishing them the best. I squeezed the granddaughter's arm and she squeezed back, and in that wordless moment I knew she felt my support and would find her own way.
