



“. . . for the secret of the care of the patient is in caring for the patient.”
—FWP

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Overcoming Indignities with Dignity

Several of my relatives—who have endured multiple hospitalizations for various cancers—readily state with disdain, “When you check into the hospital, you’re expected to check your dignity at the door.” In part, this refers to being treated like a “case” instead of a human being. After the tedious admissions process, you’re often placed in a semiprivate room and garbed in a puzzlingly inadequate hospital gown. Typically, you’re then prodded, probed, intubated, wired, stuck with innumerable needles, barged in upon (around the clock) without notice, spoken to loudly and simplistically as though you’re a child, and subjected to endless batteries of “vital sign” determinations. Occasionally, someone might actually examine you. The usually well-meaning hospital personnel might lack the time—or the training—to accord you individual respect. The patient is made to feel that any request is an imposition, and so remains silent. The daily routine of the hospital rolls on with a curious life of its own, in which there is no choice but submission to the natural order of a “den of indignity.” My father, a man of composure, empathy, circumspection, and determination, overcame all of this—with dignity. This is his story.

A child during the Great Depression, my father excelled academically and became a university professor of Germanic language and literature. He could just as readily have become the world’s best automobile mechanic, because he was as good with his hands as with his mind. He never openly complained about anything.

At 41 years of age, my father had a stroke that affected his right-sided motor control. His avocation at the time was repairing watches. His doctors were pessimistic: “You might be able to continue this hobby, but only if you work on something as large as ‘Big Ben’ in London.” My father proved them wrong within months, returning to repairing watches until a different pastime caught his interest.

In the early 1990s, he was diagnosed with Parkinson’s disease. He retired from his professorship and, with my mother, moved to Houston, close to the rest of the family. The disease progressively hampered his activities, but he flexibly adjusted his interests.

In March 2005, he underwent a total knee replacement. His hospitalization was extended because he had a fever of unknown cause. Little did we know that the fever was the first sign of a malignant tumor. This tumor caused multiple bouts of intestinal bleeding, which necessitated several colonoscopies and a camera endoscopy in attempts to locate it. During that process, my father drank gallons of the noxious pre-colonoscopy electrolyte solution, enduring the associated discomfort without complaint.

At home in August 2005, early on my parents’ 52nd wedding anniversary, he awoke my mother and said, “I think I’m in trouble.” He was urgently hospitalized with a heart attack, for which he was given a coronary artery stent. Avoiding thrombosis of the stent with aspirin therapy was a delicate matter, given the intestinal bleeding. My father recovered from the heart attack, but the recurrent bleeding caused his hospital readmission for what would be the final time.

Hurricane Rita menaced the Houston area in September 2005, and my father’s hospital decided to evacuate its patients. He was to be flown to San Antonio or Alabama. He telephoned me himself to dispassionately explain the situation. His composure surely calmed my mother, who had devotedly remained by his side every minute unless I was there. The farcical ambulance run began with a trip to a helicopter port, where the helicopter never showed up. Then, off went the ambulance to the Astrodome, where the personnel at the evacuation center welcomed him, but only if his medical providers also stayed. Options exhausted, he was driven back to his original hospital that same day. He remarked only that he hoped not to be billed for the ambulance merry-go-round.

The intestinal bleeding finally necessitated surgery in October 2005. While my father was waiting in line on the preoperative gurney, he “crashed.” My mother and I waited in grimmest terror, fearing the end before he even had a chance for surgical relief. The emergency doctor soon came and said, “He recovered and is joking with us now.” The lengthy surgery stopped the bleeding but finally revealed its precise cause: a giant, unresectable tumor involving the duodenum. My father awakened in intensive care hours later, learned the situation, and resolved that he would pass only old blood and no fresh blood—the sign of an optimal recovery.

After one of his voluminous bowel movements, I ran to the nurses’ station and urgently requested a cleanup. They responded, “We’re on break.” My father’s calm reaction: “Let them have their break, son. I can wait.”

Upon transfer to his own room, he was greeted by a nurse, who said, “My name is Clementine.” Ever the quick-witted linguist, my father gently asked, “Is your middle name ‘Valentine?’” She grinned at his friendly manner, and he immediately became the favorite patient on the floor. He never asked for anything, bore all medical intrusions without reaction, and objected (quietly, to me) only about the quality of the hospital food. Grievously weak though he was, he began walks down the corridors with his physical therapists, exhibiting his usual determination. His surgeon and many previous doctors visited him regularly—more because they had established a bond with him than for formal medical reasons.

On what would be my father’s last full day of life, 34 days postoperatively, he was eating lunch when a nurse

barged in and loudly announced, “You have *C. diff*—no more food!” and snatched the tray from him. I said, “At least let him finish!” He quietly told me, “It’s all right, son; she’s doing her job.”

It took me a while to fall asleep that night because *Litanei*, by Franz Schubert, was running through my mind. This song of quiet consolation and rapturous repose begins (in German), “Rest in peace, all souls who have had done with anxious torment. . . .” Before this night, I had not thought about that song since I had sung it in a recital in 1981. Why it had entered my mind at this time, I didn’t know.

I tend to be skeptical of seemingly paranormal occurrences. However, the song’s message and meaning became clear when my mother telephoned before dawn the next morning. “Daddy’s crashing. They’re working on him now.” Fifteen minutes later, she called back. “Daddy’s dead.” At the hospital, Clementine the nurse, also obviously grieving, hugged me wordlessly.

Through unwavering dignity and all that it implies, my father overcame the challenge of the indignities that confronted him as a hospitalized patient. Should I ever face the same, I hope to emulate his example.

Submissions for Peabody’s Corner should 1) focus on the interpersonal aspects of a specific patient–doctor experience; 2) be written in storybook fashion; 3) contain no references; and 4) not exceed 5 double-spaced typescript pages.