



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

—FWP

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A Dying Man's Wish Fulfilled

Burt was a square-jawed, tough-looking guy. He was powerful and had bulging muscles. However, appearances can be deceiving. Burt was an artist, tough only on himself, demanding self-excellence in every endeavor.

He had immense talent. He had earned a full scholarship to the Massachusetts College of Art, and after one semester had been advised to concentrate on illustration. Indeed, illustration was Burt's first love, and jazz music was a close second. He had an encyclopedic memory of musicians and their performances. He spent his leisure time listening to his collected jazz recordings or attending live shows at Boston's many clubs. While he was shrouded in those smoke-filled venues, his sketches of the performers captured their mood and their energy.

Burt and his art were noticed. Eventually, he became famous. His illustrated jackets of jazz albums commanded high prices and were exhibited in galleries and museums.

When Burt retired, he continued to illustrate for pleasure. His wife, Kathy, occasionally sold a classic original to a collector. In their happy home life in the suburbs, the childless couple shared their abundant affection with their pet bulldog, Winston.

Advanced coronary disease and its sequela, congestive heart failure (CHF), had mostly confined Burt to his home, where he and Winston had become close companions. For exercise, Burt and Winston would slowly walk along their long, sloping driveway to the street two or three times a day. When the walks became progressively more difficult for Burt, Winston understood, slowed to his master's pace, and remained close by.

Burt would not have come to my office were it not for his injured pride and his animus toward his previous cardiologist. I could sympathize with Burt's belief that he'd been regarded as a number rather than as a person. After one year, his doctor still did not know what inspired Burt, or his aspirations, mission, or goals. During their initial visit, the doctor had asked what Burt had done before retirement; Burt had said, "I painted," and had added some words of explanation. The official record listed his profession as "house painter," rather than "artist." Several requests to correct the record had been ignored. Because of double bookings of patients, Burt and Kathy had often waited 30 to 60 minutes beyond their appointment time, only to have an abbreviated, hurried visit with the doctor. Kathy thought that the cardiologist had spent more time administering and ordering tests than he had spent discussing the need for, or results of, those tests.

By default, explaining the prognosis of CHF fell to me. The five-year survival rate for chronic CHF is approximately 50%, and Burt had already survived for four years. With my encouragement, Burt dedicated himself to his medical regimen and to enjoying what time remained with Kathy and Winston.

There were continuous mini-crises, such as brief hospitalizations and office appointments urgently arranged by their home-care nurse. During office visits at the end of the day, I would ask, "How's Winston?" Burt and Kathy would then invite me to the adjacent parking garage to see for myself. Winston always looked happy, calm, quiet, and friendly, his stubby tail wagging away.

Eventually, Burt experienced sudden pulmonary edema and was taken by ambulance to our emergency department. Although medical management cleared the fluid from Burt's lungs and a coronary angiogram showed no change, the improvement was short-lived. Burt remained in the hospital and continued to fail, despite aggressive medical therapy. Each day, he begged me to permit visits from Winston.

"Winston won't bother anyone," Burt said. "Here I am in a private room!"

I reluctantly replied, “Hospital rules don’t permit visits from pets.” With that, I am sure that Burt had second thoughts about the words that he had written to me on a catalogue of his works: “from the heart of an artist to a doctor with a heart.”

The symptoms of end-stage CHF are difficult to witness. The shadow of the Grim Reaper was outside Burt’s hospital room when I left for a distant medical meeting. Burt died before I returned. On the morning of his death, Kathy was by his side, having spent most of the previous night with him.

When I expressed my condolences to Kathy, I shared my remorse at having been away when Burt died, and at his not being able to visit with Winston.

Kathy replied, “Don’t worry—he died happy. The night nurse and I took care of that.” Kathy explained that Burt had constantly asked for Winston those last few days. The evening nurse thought that it would be

tragic if Burt didn’t get his dying wish—and nurses know how to get things done. She would be working the night shift the next day and would cast a blind eye if Kathy entered Burt’s room at about 1 AM. So during Burt’s last two nights on Earth, Kathy came and left in the wee hours of the morning, carrying Winston beneath a blanket. Burt held Winston, they kissed each other, and they said their goodbyes. A kind-hearted nurse had enabled Burt to die a happy man.

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.