



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

—FWP

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Insalata Caprese and a Beautiful Kidney

I gently knocked on the patient's door and heard a loud “*Entrare!*” Upon entering the room, I was shocked. There sat a plump Italian woman in her mid-60s, dressed in a colorful robe, lovingly patting her right lower quadrant.

“Good morning, Doctor; how is Angel doing?” she asked. I was amazed that she looked so well, because less than 24 hours earlier she had undergone kidney transplantation.

I was puzzled at her question regarding “Angel” and hesitantly said, “I'm doing okay, but my full name is Angelina; you can call me Angel if you wish.”

She shook her head from side to side as she smiled with gleaming eyes. “You may be an angel, but I received *mio angelo* last night.” Patting her incision, she proudly repeated, “Yes, Angel is the name that I have chosen for my new kidney.”

“Oh,” I said, embarrassed by my self-centeredness. “Of course, it truly is an angel, and I'm amazed that you've already given it a name.”

I made a mental note to ask my attending physician whether naming an organ was common in transplant patients or was this an episode of steroid-induced psychosis. Although I was 5 months into my nephrology fellowship, this was my first interaction with a transplant patient. I had substantial experience in handling dialysis, managing acute kidney injury and chronic kidney disease, and familiarity with end-stage renal disease. Transplantation, however, was uncharted territory for me. One thing I knew for sure: in one day, this new renal allograft had outperformed any dialysis session that I had ever overseen. My patient's serum creatinine level had been cut in half and her hyperkalemia and metabolic acidosis had vanished. She was now ready for phosphorus supplements rather than phosphate binders.

“So do you have good news for me?” she asked. She was patient with my naiveté.

“Your transplant is doing incredibly well,” I exclaimed, still stunned by the miracle before me.

“*Bello rene*—beautiful kidney! Angel is doing well!” she remarked.

“Yes, Angel is doing well,” I replied. “And how are you doing? Drinking plenty of water? Have you been eating?”

She smirked, “Yes, I am eating, if you call that food.” Although plenty of patients complain about hospital food, this was the universal consensus of dialysis patients. The typical renal diet would never be featured in culinary magazines or score high points from food critics and connoisseurs in a competition. All the restrictions on protein, sodium, potassium, and phosphorus mean extreme limitations in taste and variety.

“You know how difficult it has been for me all these years? In my home country, my sister and I would make the finest tomato sauce.” She proceeded to share with me how her Italian family lived off the land, enjoying the fruit of their labor: vine-ripened tomatoes harvested at their peak, red grapes yielding cellars of fine wine, olives pressed down to extract precious oil, and fresh mozzarella cheese from grass-grazed cattle.

As my stomach reminded me that I had not had breakfast that morning, I asked, “What would you order if you had no restrictions?”

“*Insalata caprese*—Capri salad!” she declared, without hesitation. I agreed that it was an excellent choice for her first meal, complete with a full load of potassium and phosphorus—the perfect “stress test” for her new kidney. Fresh tomatoes, basil, and mozzarella cheese drizzled with olive oil epitomized all that she had been deprived of. “I hope to enjoy that meal with my sister soon. It's been 7 long years since I have seen her.”

It dawned on me that, although modern internet services like FaceTime and Skype enabled overseas communication, my patient had not experienced the loving embrace of her sister all these years. Her companions were her “dialysis family” whom she faithfully saw 3 times a week, her children and grandchildren in America, and good friends who had supported her all this time. Other less desirable companions had been the cold, piercing needles for the dialysis fistula that shuttled her blood in and out of the machine.

“Dialysis was so difficult. It’s really not living; it’s existing,” she said. I was taken aback by her comment. I had such an inflated view of dialysis and its ability to sustain life. After reading about the lack of access to dialysis in other countries and seeing the condition of people who could not have dialysis here, I had grown intolerant and become angry with patients who did not comply with their dialysis sessions or who flatly refused the treatment. Couldn’t they fully understand what a blessing it was to undergo maintenance dialysis? However, I had never considered the emotional and physical prison that dialysis treatment creates; patients are tied down by the “ball and chain” of that life-sustaining machine. My zeal was dampened as I realized that every medical treatment has its costs, and how great a cost my patient had paid over the years.

“You have a second chance at living, now,” I responded, as the gravity of the moment fully struck me. I had witnessed second chances throughout my medical training, but few compared with the blessing of a transplant. End-stage renal disease is called “end-stage” for a reason; however, my patient’s situation defied that notion in every way. I was suddenly giddy with excite-

ment for her, imagining all the things that she could do now.

“What will you do with all your extra time?” I asked. “Twelve hours a week adds up to a lot.”

“Oh, lots of things. But most important, I think I’ll make a big batch of my famous tomato sauce. I need to start practicing. It’s been years since I attempted it. And as soon as I am told ‘all clear,’ I will start packing my bags and booking my ticket home.”

I carefully examined her, inspected her incision, and told her that I’d see what could be done about her diet. As I left her room, I was still in awe of the transformation that I’d just witnessed. In what other medical field could there be such a dramatic reversal, from illness to wellness? It was a formative moment, one that I wanted to continue experiencing with my patients.

As a transplant nephrologist, I have had the joy and privilege of celebrating the wonder of transplantation with my patients and seeing how their second chance unfolds. And to this day, every time I eat *insalata caprese* at an Italian restaurant, I am reminded of “Angel” and my precious Italian patient, who opened my eyes to truths I never would have known. I can still hear her voice in my ear, loudly exclaiming, “*Bello rene*—beautiful kidney!”

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.