

Quiet Moment, Dignified Voice

By Jennifer Packing-Ebuen

He stares at nothing. His eyes are clouded with cataracts, but I know he is in there. His mouth hangs open slightly, his membranes dry, and his lips covered with petroleum jelly.

“Mister Williams?” I lean forward slightly and speak a little closer to his ear. “Mister Williams? I’m going to check your belly, okay? I’ll be gentle, just tell me if anything hurts.”

I know what will happen, but I have to complete my exam. I inspect his incision, and I watch his face carefully when I gently palpate his right abdomen—no reaction. However, as soon as I reach the left lower quadrant even the slightest pressure causes him to twitch in pain. I move closer to his ear.

“Mister Williams, I know that the left side still is tender, but is it any better than yesterday?”

He stares at nothing. He does not react. But I know for sure he is in there.

I check my watch and I realize that I still have four more patients to see before the day begins, so I lean forward again.

“Mister Williams, I have to go, but I want you to talk to me today, I don’t care what you have to say to me, I just want to hear your voice. I’ll see you later.”

He does not respond, I wasn’t expecting him to, but I still frown as I turn off the lights and walk out, taking a squirt of the foam antiseptic out in the dark hallway.

“This state is terrible,” says a voice behind the nurse’s desk.

“I’m sorry, what?” I walk over to see who is talking.

“This state does not know how to let people die. It’s a crime what we put people through here,” one of the more experienced nurses shakes her head.

I nod slowly without commenting and start to put my exam notes into the chart. Then I walk off toward the elevator trying to keep moving forward and finish rounds, but all I can think about is how I found the mass that was so hard it felt like a rock in his belly.

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He was a working man who had reached his eighties the hard way. He had survived four different kinds of cancer: prostate, parotid, head and neck, and colon. He had been married for 60 years and had four kids who were all middle-aged and successful. He was quiet and beloved. He was

transferred to the hospital with a GI bleed of unknown origin. All of his scans were inconclusive, and he was still losing blood. He was cranky, tired, and frustrated beyond belief. After all he had been through he did not understand why the doctors could not figure out what was wrong.

I doubt that my exam was what changed everything for him, but it still felt like I played a role. My attending arrived and pressed where I pointed on Mr. Williams’ belly, the

next thing I knew we were informing the family.

“When are you going to operate?” said Mrs. Williams.

“Right NOW,” said my attending.

And within minutes of opening the abdomen, the size of the primary tumor and extent of the metastases made it clear that this was a palliative procedure only. The mass had invaded his small intestine and his colon causing his GI bleed. It was not possible to remove all of it.

After the surgery, Mr. Williams stopped talking. Later that day I saw he was not talking to his wife or the attending. The only people he would respond to were the nurses.

I felt guilty that it had taken so long for him to get a definitive diagnosis, and that he had to go through a surgery to get the news that he was going to die soon. I hoped his pain had improved, but he was refusing to tell me if he was feeling any improvement in his pain level.

I did not get a chance to try to talk to him again until the next morning. I decided not to do my exam and instead I stood next to the bed and looked into his cloudy eyes.

“Mister Williams, it’s okay that you won’t talk. But based on our discussion when I first met you, I know you have an opinion about what is happening. I don’t know if you think no one will listen because your family is not doing much listening right now, but please, talk to my attending. Tell him what you want. Let him make sure your wishes are understood. Okay?”

He looked at me and said, “I don’t want—nothin’—more.”

I nodded and said, “I know you haven’t been talking to many of the doctors. Is this why you are not talking to them?”

He nodded.

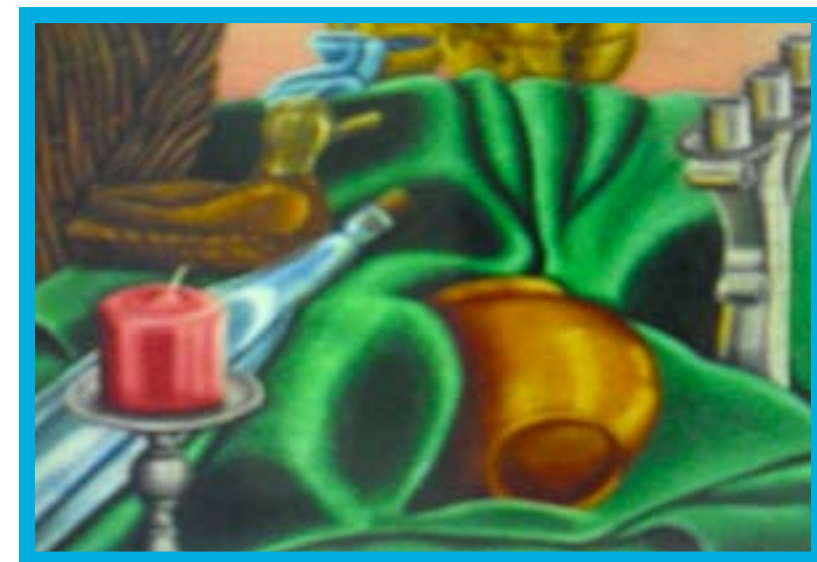
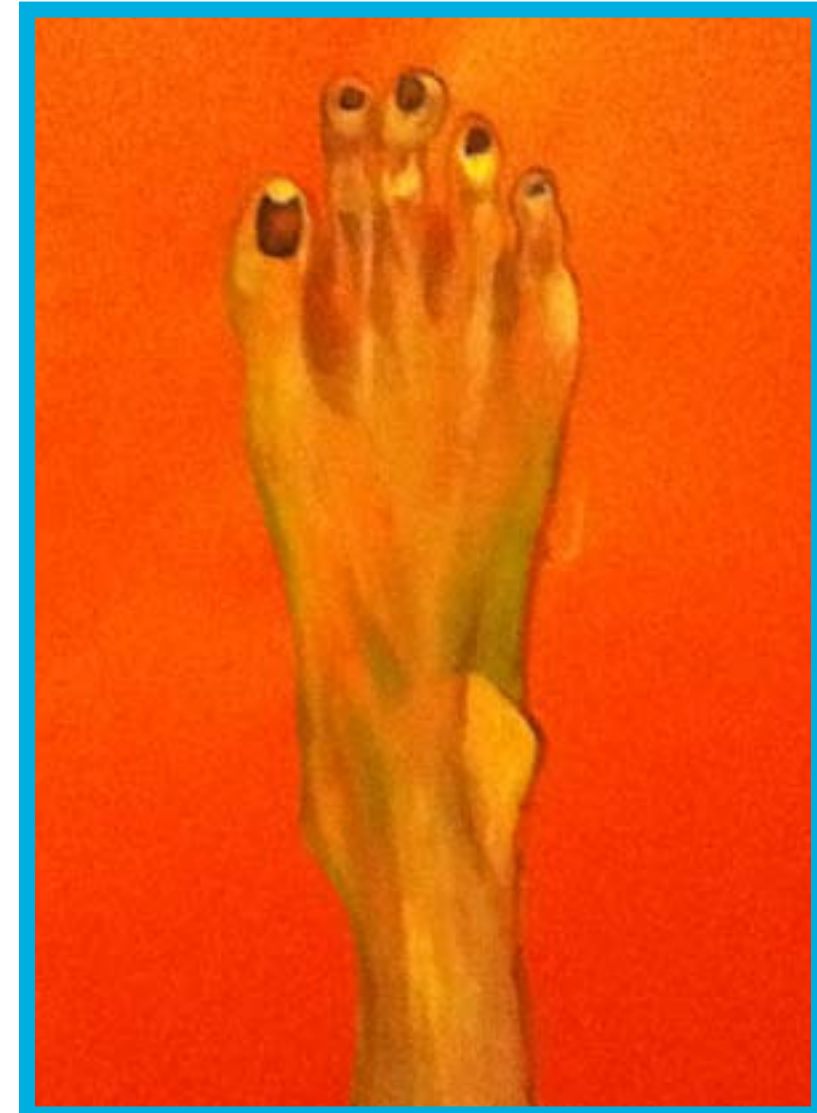
I asked, “Have you told anyone else that you don’t want any more treatment?”

He shook his head no.

I said, “I need you to tell the doctors exactly that. Your family is still asking for more surgery. Just try to tell them what you want.”

It took a couple more days, but finally he had a DNR order and soon he was being discharged to Hospice care. I really doubt that my little conversation with him was the tipping point. But the morning I saw the DNR and Hospice treatment plan in his chart I nodded to myself.

Every patient has a life story, some are more impressive than others, but it’s far more important that we treat every person with the dignity they deserve, no matter how many or few achievements they have. I was glad that a man who had lived his life with good character and pride would be able to die with the same dignity.



Jill Grayson