



Thursday Memo – April 24, 2014

Getting the Story

It was quite a treat to read Wendy's writing a few weeks ago about her rotation with a geriatric dental hygienist. It didn't take long for me to realize she was writing about my patient. I'd been feeling pretty pleased with myself and my staff that in 2 ½ years of caring for this 47 year old with end-stage ALS, we'd had no skin breakdown or respiratory issues, and only one acute medical issue related, of all things, to constipation. Her writing reminded me that one whole system was off my radar - his dental care.

This prompted me to explore his oral hygiene with staff. What I learned is worth sharing. This is a gentleman with a history of OCD and anxiety. He has a phobia of dentists that predates his disease. Ever since a dentist told him 5 years ago his teeth were so bad that he should have them all removed, he has refused to see another dental provider. He consistently resists regular mouth care. A solution to his dental issues has been part of his care plan since admission. He has finally developed enough trust in one of our LNAs that he will let her brush his teeth once daily - on the days she works. He is a study in contradiction, requesting aggressive medical care to keep him alive on a vent and resuscitate his heart if it stops, but refusing some basic care that can have a dramatic impact on his risk for life-threatening infection. I hear that both his teeth and his self-esteem have seen benefit from our hygienist's persistence and success in earning his trust.

But this also made me think about how critical it is that we as providers work to understand what drives our patients' medical decision making. Medical school teaches us to be detectives and gather data about our patients. We ask about history and review symptoms; we glean information from non-verbal cues such as grimaces and dyspnea; we examine the body for the clues it can offer and we order labs and imaging to complete the picture. But in my role as a palliative care physician working in a hospital and the long-term facility, it is often the conversations not related to medical history that give the most answers. When I piece together the medical picture with the life stories, the family dynamics, the childhood traumas - only then do I feel I understand the patient in front of me. And only with that understanding can I provide the right medical care.

So my message to Wendy is bravo! Keep challenging our profession to consider the whole body and not lose track of any system. When something doesn't seem to fit, like the contrast between Mr K's medical