"Barbara"

"Much compliance, much craft."

—Thomas Fuller, MD

It was a busy afternoon in the clinic, and I was not particularly thrilled to see an additional patient added to my list. "Barbara's" name seemed familiar, and it turned out that I had participated in her care during her last admission. She had extensive coronary artery disease, a 5.0-cm abdominal aortic aneurysm, medium-grade carotid stenosis (bilaterally), hypertension, status-post cerebrovascular accident, and consistent nonconcordance. Her medication list was half a page long with multiple allergy flags and a documented history of heavy smoking.

Barbara was a mildly rotund, softly featured woman in her sixties. As I entered the room and introduced myself, she greeted me with a disarming smile and somewhat unexpectedly soft manner. As we exchanged pleasantries, her speech became increasingly animated and punctuated with spirited laughter. When the discussion turned to her extensive comorbidities and her nonconcordant response to medical advice, Barbara exhibited an impish expression and behaved much like a scolded child willing to accept responsibility in order to avoid further reprimand. Even as I expressed my genuine concern for her prognosis, I found myself enjoying our interaction. She struck me as a fiercely independent, unpretentious, and honest individual without true insight regarding her long-term health. One could say she was selectively blind.

Over the next 2 years, Barbara presented fairly regularly for follow-up examinations, prescription refills, and referrals, although she would periodically fail to keep every second or third appointment. She never consistently changed her high-fat diet or ceased smoking, but she occasionally would follow my repeated recommendations for a few months, only to resume the undesirable diet or habit shortly thereafter. I was always puzzled by my mixed response to her visits. Barbara was exasperating in her resistance to medical advice and her ongoing self-destructive habits. However, I not only enjoyed our interactions, but also smiled when I saw her name on my patient list.

One Saturday morning when I was on call, I was informed that Barbara was in the emergency department. She had presented with increasing abdominal pain and was very distressed. As I approached the bedside and made her aware of my presence, her eyes filled with tears and she pleaded with me for pain relief. Her physical examination suggested ischemic colitis. A magnetic resonance angiogram of the mesenteric vessels supported the diagnosis. As Barbara was taken to surgery for a probable total colectomy, I contacted her daughter and informed her of the gravity of her mother's condition. During surgery, it was found that most of Barbara's colon was rapidly necrosing. Although she survived the colectomy, she was unstable postoperatively.

Barbara coded twice in the early morning. During the second code, the team was unable to resuscitate her. When I approached her bedside, the expressive face was frozen, reflecting her final moments. Her daughter and I comforted each other as we reflected on our shared but obviously very different sense of loss.

At her funeral, Barbara's daughter showed me a photo album documenting her mother's early years. A beautiful woman with those familiarly expressive eyes appeared at the peak of her youth. I was struck by her healthy and energetic glow. I found the photo collage startling as I had been habituated to her chronically ill appearance.

As I reflected on my patient, I began to understand my conflicted feelings regarding her clinic visits. Patients conventionally come to their physician with a desire to heal and prevent further illness. However, this desire is not often accompanied by an acceptance of change or modification of lifestyle. One of the most artistic facets of medical practice is the ability to recommend change and succeed in obtaining a concordant patient. As physicians, we must respect the boundaries imposed by our patients and seek to challenge and establish means of change without damaging the sanctity of physician-patient trust. Unfortunately, as I learned from Barbara, some patients are not willing to change enough to alter their prognosis. I feel this is one of the most difficult realities that one must face as a physician.

Less than a week after her memorial service, I perused my patient list for the day. I immediately noted Barbara's name midway on the page. One of the clinic nurses noticed me staring at her name.

She commented, "Oh, you never know when she keeps her appointments. She will probably be a no-show."

As my eyes misted, I softly responded, "How true, how true."

—Scott A. Weinstein, MD, PhD
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