

One of Our Favorites

Category: Connections

written by Karen E. Lasser | October 4, 2024

When I received a message from one of our clinic nurses that Mr. R had passed away, at age 82, I called his house, spoke to his wife and son, and expressed my condolences. I learned that he'd gone quickly, from fast-moving pneumonia. The day was drizzly, the clouds dark, and I was reminded of a Baudelaire poem I'd read in high school: "*Quand le ciel bas et lourd pèse comme un couvercle sur l'esprit...*" ("When the low, heavy sky weighs like a lid on the spirit...").

I had an appointment for a tooth cleaning that day. As I settled into the dental chair, I put in AirPods and pulled up my "death playlist" on Spotify: Mahler's "Adagietto" from Symphony No. 5" and Ravel's "Pavane pour une infant defunte." As the dental hygienist scraped away, and I listened to my music, I asked myself: Was 82 old enough? Did Mr. R have a good, full life? A death without suffering? I glanced up at the hygienist, realizing that we caregivers never know what our patients are thinking.

I'd first met Mr. R in about 2010. Born in the Dominican Republic, he worked in housecleaning at my hospital. His years of carrying heavy bags of medical waste had caused chronic pain in his knees, shoulders, hips, and back. I saw him every four months without fail; he came to the visits well dressed, smiling broadly. We'd had a combined 56 office visits and telephone calls. Only once was there conflict—over cough syrup. My telephone note from May 26, 2022, read: "Patient was upset that did not receive callback when he was sick and needed cough syrup. I reviewed the chart with him and showed him that the nurses tried calling him three times but that his voicemail was not set up. He will give his wife's cell phone number to the front desk, and I encouraged him to sign up on [our patient portal]." A note during the pandemic read: "Doing OK, not going out, used to walk daily, senior housing, scared." We both survived the pandemic intact.

But his death hit me harder than that of other patients. We're not supposed to have favorite patients, but we do. In the charting room, I talked to a physician colleague about going to the funeral. The family hadn't invited me; they probably didn't want me to feel obligated to attend. I didn't ask for funeral information because I didn't want to burden them. It ended in politeness and dignity, in keeping with Mr. R's character. The nurse who'd sent me the message about him burst into the charting room and, seeing me, shared her sadness that he'd died. Mr. R was one of her favorites, too.

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