

Millie

Category: Stories

written by Edgar Figueroa | July 10, 2009

Edgar Figueroa

Looking at Millie in her living-room-turned-hospital-quarters, I can't help reflecting on the four years we've shared as patient and doctor.

We've come a long way since our first visit. I was an inexperienced resident; she was a wiry woman who looked to be in her late sixties but was actually fifty-three.

She'd sat back and stared at me, sizing me up.

"You know I have kids that are older than you?" were her first words.

I wasn't sure if she was complimenting me on my youthful looks or expressing uneasiness at having me as her doctor. I smiled, blushed, quickly refilled her prescription and asked her to follow up.

Over time, I grew quite fond of Millie; seeing her name on the schedule always sparked feelings of pleasant anticipation. She, for her part, somehow grew to trust me, and the health-center staff learned not to argue when she insisted on seeing only "my doctor." At each visit she would share more of her story: how hard she'd struggled for much of her life, raising three children as a single mother with little support and less money; how much she liked her cigarettes and the occasional drink.

Now Millie is dying, and I am trying to act like a country-style family doctor in New York City.

She lies in bed, rubbing at a lottery ticket—hoping to win a big prize so she'll have something to leave her children besides a meager savings account, medical debts and anguish.

"Every day I scratch four or five," she tells me, her words barely intelligible.

Three months back, she had come to me because she was losing weight and things just didn't feel right in her neck. I'd sent her to an ear-nose-and-throat specialist.

Confirming my suspicions, he found a tumor in her tonsils; it extended into her neck and the base of her tongue. Those little rubbery masses I'd felt in her neck were cancer-riddled lymph nodes, gradually coalescing into a solid mass that would slowly starve and suffocate her.

The specialist had laid out the treatment options for Millie, but she refused to be rushed into anything. She wanted to discuss things with "my doctor"—and, in the process, to convey her opinion of the ear-nose-and-throat

man.

“That doctor is an asshole,” she politely informed me. Although she respected his medical opinion, she said, she wasn’t wowed by his bedside manner.

He’d glibly told her she should have aggressive surgery and radiation. But Millie found it an unappealing prospect to have her tongue removed, a hole cut through her neck, a plastic tube inserted into her windpipe and a feeding tube put into her abdomen. She decided to forego all surgery, chemotherapy and radiation. She was smart enough to know that, for her, it was a case of the treatment’s being worse than the disease.

The specialist begged me to get her to listen, but Millie’s mind was made up and there was no changing it.

Over the three next months, her neck masses grew larger. Eating became nearly impossible. And then came the pain...

A few days ago, recognizing that Millie was dying, I had talked with her about making arrangements. We’d agreed that she didn’t have to go see “that asshole”—or any other—ever again. I’d arranged for home hospice care, which would keep her comfortable enough to enjoy her remaining time with her family. The hospice agency had brought in a nurse, a caretaker, a pain-management physician and all of the necessary supplies.

Now, seeing Millie in her living-room bed, I reflect that this set-up seems to be working well.

“Oh,” Millie says, beaming: “I’m going to Atlantic City!” Her sister is organizing a trip for herself and a few girlfriends.

“And my daughter is writing to that...what is it called...oh yeah, the Wish Foundation, to see if I can go to Vegas.”

Struggling to make out her garbled speech, I nod as if I understand every word.

I glance at Millie’s frame, so tiny that it makes the hospital bed look gigantic. She has lost almost all of her body fat. She has to sit up at an angle; otherwise, her swollen tongue will flop back and block her airway, or her pooling saliva will send her into a coughing fit. We stare at the sixty-inch-screen television, bizarrely large for the room; an old movie is playing. I can’t help noticing that some of the characters on the screen look bigger than Millie.

Sunlight streams in through the windows as a cool breeze blows across the room. The rancid smell of sickness and death that I’ve grown so accustomed to in the hospital is replaced by the smell of cigarette smoke billowing from an ashtray and of the most wonderful soup cooking in the kitchen.

The buzzer rings. It’s her brother, dropping off a paper bag filled with a fifth of whiskey and more lottery tickets.

"That's my doctor," Millie says proudly, pointing to me. I still blush when she says that.

"A doctor who makes house calls? In New York?" says her brother incredulously.

His hands grip mine as if we're old friends. Our eyes meet, and we bare our teeth in an awkward, "I'm smiling, but only because I don't want her to know how sad I am" smile, then quickly turn away from each other as we sit down.

We all stare at the images on the screen. Millie fills a glass with whiskey.

"Want some?"

I politely turn down the offer. She sets her glass down on the end table, next to her bottles of morphine, her other medications and her cigarettes. If I didn't know better, I'd caution her about mixing alcohol with narcotics...but Millie has always called her own shots. There's no way I could ever change that.

I sit a while longer, enjoying my time with her—the way I imagine a country-style family doctor would. And when the time grows late, I turn to Millie and thank her for allowing me to visit.

Then I hug her goodbye, knowing it's for the last time, and walk out the door.

About the author:

Edgar Figueroa is a family physician and director of student health at Weill Cornell Medical College in New York City. "I had the great fortune to attend a residency program that trained us in narrative medicine and taught me to reflect, read and write to enhance my care of patients. Back then, I had to be forced to write about a patient who moved me; now I can't wait for the next opportunity to meet with my friends and share a story."

Story editor:

Diane Guernsey