Role Reversal

Category: Stories
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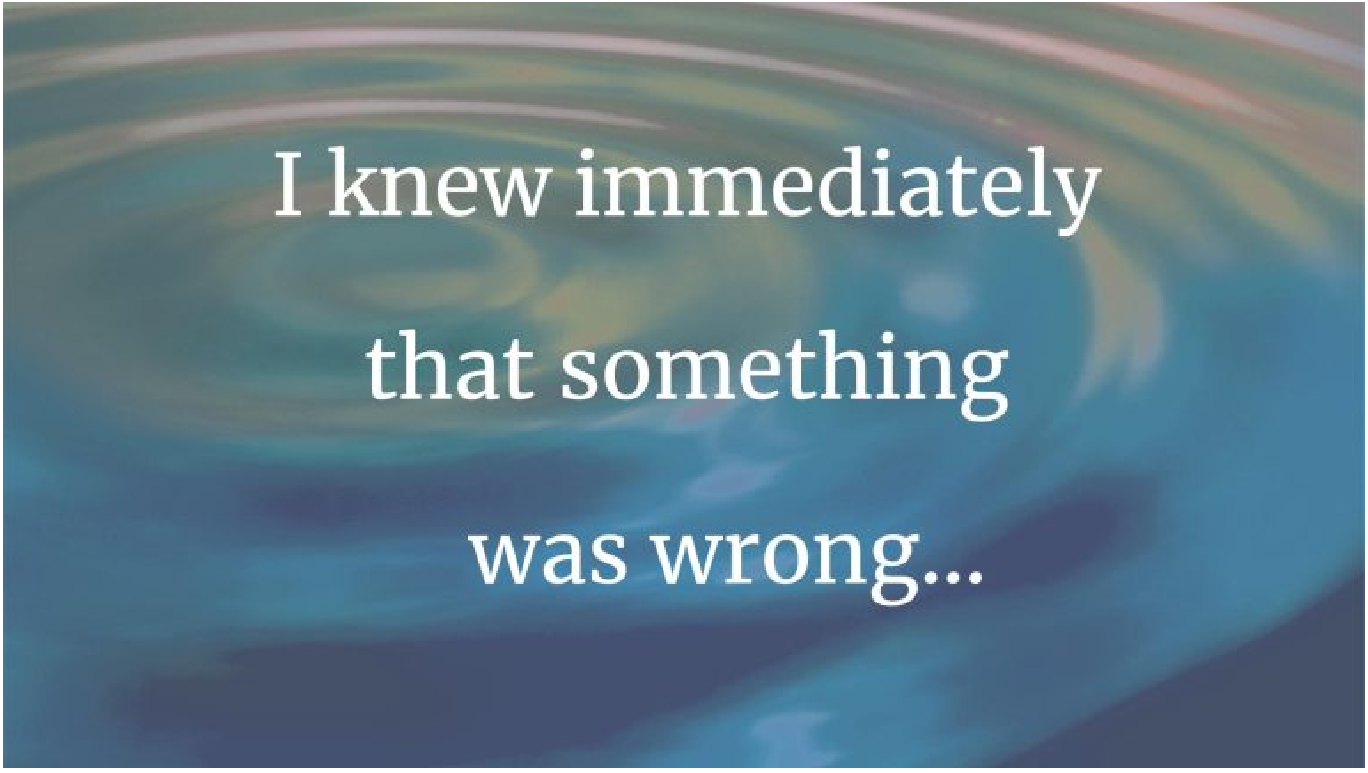

The year 2020 was a lot of things for a lot of people. Chaotic, exhausting, heartbreaking, hopeful. It was a year in which my immense privilege—as a healthy, educated white woman—protected me from much of the pain born by others.

And while it was many of those things (especially chaotic) for me, it was also the year I started medical school. The year I moved from LA to Austin, driving across California, Utah and Texas in the process. The year I read fifty-four fiction books to escape the monotony of lockdown.

And it was the year my dad died.

In August of that year, I passed my first medical-school exam. Because of COVID, my classes were all online. I watched Zoom lecture after Zoom lecture from my tiny desk (or occasionally my bed). I spent my class breaks doing YouTube workouts or braving the 100º heat for serotonin-boosting walks.

My mom called during one of these walks. I knew immediately that something was wrong, as she always texts first. She told me my dad was in the hospital—and that it didn’t look good.

At this point, fifteen years into our family’s journey with Alzheimer’s, we didn’t get into a tizzy about little health things. But this was different. He was suffering from an infection and was found unarousable in the memory-care facility. I don’t remember who first said that this was probably the end, but everyone in the family was thinking it.

I made the three-hour drive to Houston amid a classic Texas storm, my tears falling in rhythm with the raindrops down I-70. I was surprised to find myself emotional. After having watched dementia steal Dad slowly, I thought I’d already come to view his death as the end of suffering, not a tragedy. I thought about the things he loved: Blue Bell Homemade Vanilla Ice Cream, the Houston Astros, my mom. I thought about all the things he had lost: independence, memories, everyday choices.

He’d started showing symptoms when I was just three years old. By the time I was in high school, daily tasks were a challenge. In my lifetime, I’d seen glimpses of the intelligent, stubborn man others described—as in his reluctance to give up driving to my eighth-grade basketball games, even after the time he’d gotten lost for six hours on the way there. But in many ways, he was a stranger now.

How do you grieve someone who is already gone? I kept thinking.

When my mom, brother and I arrived at the hospital, it was the first time I’d seen Dad since Christmas. Even my mom, who tried to visit him twice a week, hadn’t been allowed into his facility for months. I laughed. His hair, cut every six weeks, religiously, for his entire adult life, was now a long gray curtain hanging to below his shoulders.

“He looks like a rocker,” my mom remarked. We laughed again—surprising the nurses. But, as my Aunt Jo says, sometimes you have to laugh to keep from crying.

When the resident came to talk to us, he glanced at the copy of *First Aid* in my lap and sat down to discuss our patient, now on hospital day three.

“You know, when he came in, we detected the infection and started treating it. However, his kidney function has not improved,” he said. My dad’s organs were failing, he went on. We had a few options: wait and see, start dialysis, or stop treatment and transition to comfort care.

He paused and looked from my mother to the floor and back again. Her eyes flickered between my brother and me.

“No, no dialysis,” she said. “We’ll let him go.” Her voice broke.

The physician nodded. “Do you want time to discuss it?”

“No,” my brother said. “We’ve already talked about it.”

The resident left to get the paperwork.

Returning, he saw my mother’s comically large manila envelope of documents and said, “It’s great that you’re so prepared. So often, patients’ families just don’t know what to do—or the kids want something different than the spouse. So thank you.”

We nodded. We’re an analytical bunch, drawn to math and engineering. We’d decided long ago that there would be no extreme measures.

We sat vigil for six days until Dad finally, mercifully, passed.

Those days were confusing. I thought it would happen faster, more dramatically. In all the time I’d spent imagining this moment over the last decade, I hadn’t accounted for all the *waiting.* Dad died as I sat in his old home office, listening to a Zoom lecture. I turned my camera off and wept as the professor taught a mnemonic about the Circle of Willis.

Fast forward nearly a year—to the day, during my internal-medicine rotation, when I met Ms. Davy. Well into her nineties, she’d been admitted with recurrent infections and was not getting better. We were at a crossroads.

After a particularly rough morning, we met her family in the conference room to talk. After my resident explained the situation—presenting options eerily similar to those offered for my father—there was a heavy pause.

Ms. Davy’s grown children began to cry—a room full of formidable men who looked at us, helpless.

The eldest spoke up: “Well, we don’t *want* her to go, we don’t want you to think that—”

“But she wouldn’t want more of this. We talked about it,” the youngest finished. They chose to pursue comfort measures.

As our team filed out, I paused to say, “I want to thank you for what you’re doing. These are difficult decisions, and when it comes to this moment, it can be hard to honor people’s wishes. So thank you for doing that for her.”

They looked at me for a beat, then engulfed me in a group hug.

“There might be a lot of waiting ahead,” I said. Then, before hurrying after the team, I promised, “I’ll check on you.”

In the hallway, my resident touched my shoulder and said, “Good job.”

I breathed deeply, holding back tears that I felt desperate to hide. As we continued our rounds, Ms. Davy’s family began that weird waiting period.

Each day, I sat with them and learned about her life, and the life she’d provided for them. I stole lime Jell-O packets and chocolate milk for them from the nutrition room. I said goodbye each day before I left, just as I had to my own father the year before.

I didn’t talk about my own family—afraid of putting the focus too much on myself—but on the last day of Ms. Davy’s life, her oldest held my gaze and said, “I don’t know who you have lost, but she will say hi to them for you. I know it.” This time, I was less desperate to hide the tears.

The art of medicine is delicate, and I am still mastering how to balance showing empathy with expressing my own emotions. Going forward, I think I will learn when to share personal experiences and when to listen. Ms. Davy would’ve liked to hear about my dad, I think.

Only later did I realize that I was doing and saying many of the things I’d wished for during my own experience of witnessing this slow, agonizing yet peaceful death.

I spent most of that clinical year acutely aware of how little I had to offer patients. I couldn’t even prescribe Tylenol, let alone answer complex questions or perform surgery. But my experience with Ms. Davy and her family, which was only possible because I’d been there myself not a year before, was different. I felt empowered, connected, part of something.

2020 was the year I lost my father, but 2021 was the year I found a little more meaning in his loss. I will not reduce the tragedy of my father’s Alzheimer’s to a silver lining by saying it will make me a better doctor, but I will say that these experiences helped me find my voice as a budding clinician. I learned that connecting with patients, sitting with them in their pain or grief or celebration, will be my life’s fuel as I continue to residency and beyond.

I hope that as my “toolbox” of ways to help patients keeps expanding with new knowledge and surgical skills, I will also remember the power of *just being* with people.

Perhaps that tool, my very first, will prove to be the most versatile of all.