



Final Touches

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One of the great gifts given to us as family doctors is the opportunity to learn: about the lives of our patients, about the nature of health and illness, and—one can hope—about ourselves. If one knows where to look and how to listen, lessons come our way every day. This is the true continuing medical education. The life-long learner can hope to elevate practice to a high art form as well as a deep science.

The most skillful practitioner of the craft of medicine, the artisan of the form, brings the whole package of skills and knowledge and applies it with wisdom earned at many bedsides and at every hour. Not only can family physicians integrate a broad view and deep understanding into patient care, they can also carry that vision over the times and across the places patients need our care. From office to hospital to care facility—sometimes even to home—we can work the thread and sometimes even weave a tapestry of care, if not cure.

Sometimes it is the final touches that are the marks of professionalism and artistry. The master craftsman attends with great care to the final touches he puts on each piece before it leaves his workshop.

In family medicine, sometimes that final touch is asking for the fourth time, while suturing a woman's eyebrow laceration, "How safe do you feel at home?" Sometimes, it is assuring the patient with a new cancer diagnosis that, whatever course the illness and treatment may take, you will hang in there with them. Often, it is sitting silently for another 45 seconds.

Practice doesn't need to be perfect to be art. The Navajo master weaver purposefully drops a few stitches at the very end of an otherwise perfect blanket. She hopes not to offend the spirits by coming too close to their perfection.

We learn our most valuable lessons from our patients and their families, particularly in working with them over time and through the transitions in their lives.

I remember Mrs. Mistry and her family. She was an Indian woman in her 70's, with a husband at home and

two grown sons living across the country. She always wore her traditional sari and a few bangles of gold. They were Parsis, she told me, the living remnants of ancient Zoroastrians, followers of the world's first monotheistic religion, founded over 1,500 years before Christ. Their faith involved lives of good works, worship in Fire Temples and a tradition of leaving their dead out in trees for their bones to be picked clean by carrion birds. She explained to me how her people had fled from their historic home in Persia to western India in the 10th century.

I noted on exams that both husband and wife wore a special tunic under their clothes, a ritual garment made of white muslin and a finely woven woolen cord wrapped three times around the waist and tied with a special knot at the back. I asked about its significance and Mrs. Mistry explained that they wore the *sudrah* and *kushiti* at all times as an essential part of their spiritual practice. She showed me on hers the little pocket where the believer keeps good deeds to offer to God at the end of each day.

She saw me frequently over the years for high blood pressure, diabetes, arthritis and probably loneliness. Doctor-patient relationships are built from bits and pieces over time. I asked about her life in India, her faith and about the experience of being a religious refugee for over 3,500 years. One day a cancelled appointment gave me the opportunity to hear more of her story. She told me about her fearful night in August 1947, with Calcutta ablaze with the riots of Indian independence and partition, when she had to make her way alone and in active labor across the city in a rickshaw to deliver her first baby at the English hospital. Her husband was trapped on the other side of the city in a murderous melee. The son she gave birth to that night was now a professor of engineering. Her second son was an architect.

I saw Mr. Mistry occasionally. He was stoic and

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quiet, retired from a career in the civil service. At one routine visit I thought I saw a new worry in his face. I asked about symptoms, with no useful result at first. He denied pain but the scales testified to 7 pounds of recent weight loss. I followed the thread and only after further coaxing, did he describe a gnawing pain across his back. Pushing his *sudreh* gently aside, I examined his scaphoid abdomen. I palpated deeply to confirm my worst worry. A hard, non-tender mass lay deep in his epigastrium.

Abdominal imaging confirmed a mass in the head of the pancreas. Exploratory surgery documented carcinoma of the pancreas. Decades of history now turned into months of future.

Mrs. Mistry had a difficult time accepting her husband's terminal illness. Consultation with the oncologist confirmed my suggestion that treatment held little prospect of cure. The surgeon had nothing more to offer.

All physicians fear this particular cancer because of its late diagnosis, aggressive spread and intractable pain. I was even more familiar with the enemy, after having devoted my Masters degree research to cancer of the pancreas as the archetype of terminal cancer pain. But it was what I had learned from the family over the years that helped me add my final touch of care to his final illness.

As expected, Mr. Mistry lost more weight and got more pain. As he neared death, his wife was unable to do much for him at home. We three doctors—oncologist, surgeon and family physician—could do little more for him in the hospital. The oncologist was managing his orders and I wondered what more I could possibly add. The patient's pain was controlled, his fluids balanced, his nursing care attentive. As with many such cancer patients, his pain deserved doses of narcotics that pushed him toward twilight.

I came every day, twice a day, mostly to help talk Mrs. Mistry through her husband's decline and to hear her through her distress. At the end of each visit, I touched his shoulder and promised to be back soon. Mr. Mistry was mostly unresponsive, but the gesture of comfort was not just for him. I could see the end coming very soon.

But something didn't seem quite right; something was missing. I noted that, in the process of his x-rays and IV's and skin care, the familiar tunic had been removed.

The garment that I had come to regard as a part of him was no longer there.

I asked his wife, "I see that he's not wearing his *sudreh*. Is it important that he has it on when the end comes?"

Apparently, lost in her own dissolving world, she had not noticed his nakedness, but responded urgently, "Yes it is very important. He would want to be wearing it."

I directed her to go home and get it, now: "The end is coming soon. Nothing is more important. I will watch over him here."

She scurried off and returned in under an hour. I watched quietly while she dressed her husband of over 50 years in the garment that he had worn every day of his life since his *Navjote* ceremony at age 9. She dutifully followed the prescribed ritual of prayers, the winding of the belt and the tying of the knots. Finally, the ancient linen fabric lay in place, embracing his failing but faithful body.

When the sacramental work was done, we waited. I went back to the office and returned later in the day, just after Mr. Mistry had expired. I pronounced him dead and shared with his wife my sorrow in her loss. I rested my hand on his shoulder, as I did on hers. This was the end that we expected and that she was beginning to accept.

Trying to offer something positive, I said to her, "I am glad you were able to get him dressed in his *sudreh*."

"Oh, yes, indeed, Doctor," she replied, through a weak smile and a few tears. "Without it, he could not be reunited in heaven with his *Fravashi*, his guardian spirit."

We had touched each other's lives in an eternal way. The privilege of caring for the Mistry family—through her life and his death—helped me learn again the importance of time, the art of the question and the power of details.

As family doctors, we cannot overestimate the impact our patients have on our learning and our lives. We should not underestimate impact we can have on theirs.

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