

Health Policy

NEWSLETTER

FROM THE EDITOR

Losing My Dad

I always knew that one day the phone call would come. I just could not imagine processing the news and hanging up the phone. Like most physicians, I have delivered news of the death of a loved one and have been at the bedside when families were holding vigil. Many years ago, as a house officer, I participated in the prolonged care of persons whose case was hopeless from the start. None of this prepared me for the call about my dad's death this past winter.

My dad's passing, and my thoughts about his death, have given new meaning and motivation to my new role as Dean. I am more motivated today than ever to ensure that health care professionals are trained to work together to provide the most appropriate care and support to their patients.

There is a robust literature by physicians writing about the death of their parents and it seems to be especially focused on the death of the father.^{1,2,3} I had been collecting some of these essays and even shared them with my dad over the years, hoping he would understand the role of a physician son and the difficult decisions that families face as elderly loved ones become frail, cognitively impaired, and severely ill.

My father was the middle son of three brothers, born just before the Great Depression to immigrant, non-English speaking parents on the Lower East Side of Manhattan. He went to kindergarten speaking only Yiddish and had to quickly learn the language. My grandmother, a widow most of her life, did not read or write English. Although he was raised in a single parent household on welfare, as an adult he was relentlessly upbeat.

Other aspects of my dad's childhood may sound familiar to children of first-generation Americans: the rapid road toward assimilation, with education as the escape valve from the ghetto. My father was a well educated man. He graduated from the Cooper Union in New York City and eventually attended the first class of the Sloan School of Management at the Massachusetts Institute of Technology. He became an entrepreneur, creating a successful business from scratch that eventually went public. His business

acumen was all "relationship based," flowing from his uncanny ability to make friends.

My father never lost his temper and always encouraged my brother and me in our various pursuits, especially those related to school. He instilled in us a sense of pride in our accomplishments, patriotism for our country, and a belief that the future held limitless possibilities. His most cherished role was that of grandparent. Nothing brought him more pleasure than extended family vacations and other life events like bat mitzvahs, weddings, and the like. He truly reveled in the company of his five grandchildren and, despite protestations from my mother, tried hard to spoil all of them mercilessly.

Before his death, I encouraged Dad to undertake a project to write his memoirs and contracted with Mary O'Brien Tyrell, a writer in Minneapolis, to help him with the task. Ms. Tyrell visited with him, listened carefully to the story of his life, and helped him to document it for posterity.

I had some trepidation in creating this contractual relationship between my dad and Ms. Tyrell. Stories abound whereby elderly men, in particular, focus so much on their war-time service and business escapades and conveniently nearly forget about their wives and children! The project took nearly two years of work, but I was grateful that my father eventually saw it through. Ironically, the package containing the forty hardcover copies of his memoirs arrived on the evening of the day he died. It became a prized – and instant – family heirloom.

How does all of this relate to my motivation for our new school? Here's the medical side of the story. Two weeks prior to his death, my dad suffered a small cerebral hemorrhage and was hospitalized in a local community hospital near his home in southeast Florida. I had an opportunity to visit him in the hospital, where he recovered quickly. Although he suffered no long-term motor problems, he clearly was left with some cognitive deficits.

During his stay in the hospital, my physician brother and I attempted to communicate with

the multiple consultants who were caring for our father. As the number of consultants increased, the communication became more fractionated. Our non-system is so fragmented and poorly designed that I can only imagine the frustration encountered by family members without a clinical background during the hospitalization of a loved one. My dad suffered a hospital-acquired infection that derailed his overall care plan until he was finally discharged after a nearly two-week stay in the hospital. His discharge coincided with our family December holiday vacation to Florida, so he had the opportunity to visit with all of his grandchildren. The very next day, I got the dreaded phone call that he had died in bed at home.

As a son and physician, I am grateful for some of the blessings of the brief time period between his illness and his death.

First and foremost, my dad had an opportunity to see all of his grandchildren while he was still able to carry on a conversation and to sit at the table for a family meal. He avoided a re-hospitalization, whereby my brother and I would have undoubtedly had to make difficult decisions regarding ceasing intubation, life support and related medical intervention, something he never would have wanted to endure.

The arrival of his memoirs, within hours of his death, was just like my dad – waiting till the last minute to complete a project. Regrettably, he never got to actually hold the book in his hands.

I am also grateful that we avoided what many families increasingly face – that is, according to Winakur², the American narrative "of aging, disability and dementia that is played out in your family, in your home, when the numbers, the data, the statistics become your loved ones, your spouse, your parents and then yourself, you will finally understand how wrong-headed so much of current public healthcare policy is today?"

Delivering the eulogy at his funeral, I noted that my brother and I and our wives – all physicians – were grateful that my father did not endure a prolonged

hospitalization with all sorts of unnecessary testing, consultation, and the like. I could see many of the white-haired heads all nodding in vigorous agreement as I expounded upon our gratitude that a final bedside vigil never became necessary. My heart ached for all of the families whom I know have had to endure just such a vigil, and I felt a wave of relief knowing what could have been.

So there you have it. I'm grateful, saddened, and feel a big hole in my heart. Paradoxically, I am also energized, motivated and excited about my work and our new school. More than ever before, I am committed to helping to fix this mess so

that other families will get a sense of patient-centeredness, better coordination of care, and better communication from their doctors and other caregivers. As Bobrow³ has noted, "parents must die before their children and so my father passed in accordance with his wishes without ever having used a cane or a walker or ever having to rely on anyone other than close friends or family."

While my dad's death was unexpected, his passing was quick enough to burden no one. After sixty years of marriage my mom is lonely, but she is grateful for his lack of suffering. The enduring lessons of my dad's life remain as an important

guidepost for me. His advice was always sought as the highest level of family counsel. His intellect and his understanding of relationships allowed him to grasp the key facts and mollify stakeholders in any situation. Clearly, I will need to call upon these skills too, as we move forward with some of the possible solutions to fix our broken system. ■

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As always, I am very interested in your views. You can reach me by email at david.nash@jefferson.edu.

REFERENCES

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3. Bobrow RS. My father. *JAMA*. 2008;229(11):1235-1236.