"My Mother Was 67…"

Oftentimes physicians hear stories about others' patients just because we are physicians. As the physician author of the present medical article (E.B.L.), I share just such a story, from the medical perspective, as told to me by my good friend and coauthor (J.K.), a nonphysician. It is a story about her mother, a sturdy independent-minded rancher from Eastern Oregon:

My mother was 67 when her doctor told her she needed a double bypass at once or she probably wouldn't make it another 72 hours. She called me in New York to tell me she would call after the operation if she needed me. When the staff went to prep Mom for her operation, they discovered she had left the hospital. Her doctor told me to ask where she was and to tell me they were not responsible for her probable death. I started to grieve.

Mom called about 20 hours after she had made good her escape and said, “Well, they were wrong.” She had purchased a pint of vodka and a lawn chair and then drove to her favorite spot in the mountains to wait. “They tell me if I don’t have this operation that when I go I will go like that [and snapped her fingers]. That sounds fine with me.”

Thirteen years later she called her friend to say, “Karen, I am dying. Come hold my hand.”

And that is how she went.

It is easy to focus on the physician’s stark prediction about the urgent need for surgery. Making predictions like this is perilous and often humbling. This narrative especially speaks to the value of time and how we need to communicate with patients, find out about their preferences and values, find out how they interpret what we say. This is important for major surgery, of course, as in this example, but nowhere is this more important than for our older patients and their preferences for late life care.

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