

# MIND TO MIND

*Creative writing that explores the abstract side  
of our profession and our lives*

*Carol Wiley Cassella, M.D., Editor*

## To Live a Story

Thomas J. Papadimos, M.D., M.P.H., F.C.C.M.\*

He sat right there in his wheelchair, an aging warrior of 94 years. Emaciated, eyes dim, unshaven, with bloated legs, and a wet cough. He was the owner of a worsening dementia, a gouty left foot, bowels and bladder that had a mind of their own, and a failing right heart who lease was just about up — with no chance of renewal. He was nearly deaf, and he seemed to fade in and out of sleep as his glasses sat askew on his nose. His left nostril was dripping and he could not quite get his hanky up high enough to catch the discharge. And he would occasionally smile with his eyes closed, as if he heard a clever comment of a friend from a time now long passed. He would receive no new therapies, be party to no efforts to stave off his demise, and would see the end of his days in this 12-by-12-foot room. His family was very attentive and spent many hours of the day with him, but for now it was just me and him.

This diminutive person, this little-known man (except to friends and family, but what else really counts?), had lived a life larger than any one of us younger folks could hope for, and if the truth be known, a life that we probably would not have cared to participate in, probably out of sheer fear and cowardice. He was truly part of the Greatest Generation, a cohort of citizens who seemed to place the welfare of family, friends, and country above their own. A generation of people who saw bad economic times, horrendous global conflicts, overcame adversity, experienced the first telephones, televisions, talking movies, saw dirt road become freeways, witnessed horses give way to travel by car, bus, train, and then plane. Party lines to cell phones, Jules Verne's fiction to Buzz Aldrin's facts, they saw the first disabled person get elected to the

\*Ohio State University Medical Center, Columbus, Ohio. thomas.papadimos@osumc.edu

Accepted for publication July 27, 2011.

Copyright © 2012, the American Society of Anesthesiologists, Inc. Lippincott Williams & Wilkins. Anesthesiology 2012; 116:1388-90

Presidency of the United States, as well as the first Catholic and the first African American; quite a legacy.

I was privy to many of his family stories as his relatives bantered back and forth during visits with him. This particular gentleman had been orphaned at the age of 13, left for the big city on his own at that tender young age, and worked in restaurants and odd jobs until WWII where he saw lots of action and close calls. A Stuka fighter aircraft put a bullet through his canteen while he was drinking from it, he and two friends, during an air raid, each dived into three separate fox holes and only he survived. As supplies dwindled he occasionally resorted to eating dead animals to stem his hunger. He became flea infested, had two surgeries without an anesthetic, and he walked over a hundred miles after he had to surrender to the enemy. When the war ended he sold insurance, proposed to a girl who he had only written to, but never met, and then married her. She gave him three sons; all became highly educated through the hard work and toil of both parents. He then bought a restaurant that he ran successfully for years, and finally retired. He eventually lost his wife after 53 yr of marriage, and had lived pretty much on his own until recently when his progressive dementia, hypertension, heart failure, renal failure, and two gastrointestinal bleeds put an end to his physical independence, and his mental acuity.

This is just one story, and there are many other elders with similar stories. This specific recent experience, though, has led me to ponder the topic of “ethics in an aging world,” and who I am, who I was, and who I may be in the future. Which, in turn, has made me engage my older patients in a vastly different manner. It is not that I have been unkindly to my elders, or “looked through them” as I cared for them. It was just that at one particular moment I saw me as him, and that whatever is in store for me, may not be so very far down the road. I then asked myself the question, what will my colleagues’ attitude be toward me, if I become as he is? What will they be thinking? As I stood silently in reflection, my story suddenly mattered more to me now than it did yesterday, or for that matter, more than any time, ever. It was not just my story that I was worried about, but also the appreciation of my story in the eyes of others. I asked myself, “As I age will my younger colleagues understand that I once stood where they now stand, and with a little bit of luck, when I am gone they will stand where I once stood?” We all will have lived a different story, and our respect for one another ought to be based on this fact, an acknowledgment that should be evident in our perceptions, attitudes, and treatment of the each other.

As I live, work, and age I would like my story to have been full and meaningful, as it has been for many elders before me. If and when I become truly aged, I would hope the physicians caring for me would understand that what they see is only a snapshot of age and

infirmity, and that I am more than the contracted shell of wrinkled flesh that presents to them on an examination table. I would like those caring for me to realize that I too may have lived a life where I met adversity head on and prevailed, that I could run ten kilometers quickly with nary an ache, that I enjoyed evening walks while holding the soft, gentle hand of my wife, that I appreciated the warmth of the April sun upon my face after a hard winter, and that at one time, many seasons past, I enjoyed a medical practice where my once keen mind helped others. I want them to remember, above all, that I too lived a story, and lived it well.