



Patient of steel

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He was one of my first patients after I started practising. He was in his mid-50s and had recently moved to the area. He needed a family doctor to see monthly to “Keep me in check, Doc.”

He didn’t have cancer but he seemed to have every other disease: diabetes (for which he used insulin), hypertension, coronary artery disease, chronic obstructive pulmonary disease, asthma, chronic low back pain, and depression. He was morbidly obese and used a wheelchair. He was taking a host of daily medications that could help residents review most classes of drugs for a certification examination. He smoked heavily. He was married. His wife was less medically complex.

Over the years, I got to know him well. He would wheel into my office with a huge smile on his face and ask me, “Tell me, Doc, how am I doing today?”

Month after month, he surprised me. Year after year.

He had another acute myocardial infarction and his fourth stent was inserted.

He had a gastrointestinal bleed.

He fell and broke his hip. I had thought that was *it* for him, but “Doc, I’m still here.”

He developed leg ulcers. Bilateral.

He developed atrial fibrillation.

He came back every month.

He wanted to ensure his immunizations were up to date.

He asked me which medications were safe for his low libido, given all the medications he was taking.

He needed dialysis.

He still came back every month.

He had many specialists following him, but always told me, “You are my go-to doctor.”

While counseling other patients on risks, I’d always think of him, defying the odds.

Our administrative staff asked me if I thought he had 9 lives. I thought he had more.

At his last visit, which was after a hospital stay, he said, “They forgot about my B12 in hospital” and he wanted his blood level checked.

Two weeks later, I saw a result in my EMR from his chart.

I assumed it was his B12 levels. It wasn’t.

It was a notification from the emergency department indicating that he had gone into cardiac arrest and died. But how could he? He was my patient of steel.

During a visit with his wife several weeks later, I asked how she was coping. “He just didn’t want any of it anymore,” she said.

“Excuse me? Please explain,” I said, incredulously.

“He said it was all too much. Too many appointments, too many hours at dialysis, too many specialists. I’ve seen him depressed. He wasn’t depressed then. He was just fed up. He stopped going to his dialysis appointments that week. Then he collapsed at home. I called 911. He was dead by the time we got to the hospital. I should have called 911 earlier.”

I have reflected on my patient of steel many times: his complexities medically and psychosocially, his outwardly buoyant personality, his intense medical care. He had many modifiable risk factors. He didn’t like me discussing them. Should I have pushed him harder? Should I have continued to discuss resources for smoking cessation and weight loss at every visit, or would this have pushed him away from the medical care that I and others were providing him? He was well aware of what he wanted for his medical care, and clear about what he was willing (and not willing) to do himself.

Sometimes one of the family medicine residents would see him with me. They would read through his chart before he came, overwhelmed, not knowing where to start. We would discuss prioritizing, focusing on active issues, trying our best to keep with his and our agenda for the visit. We would discuss our role in managing and advocating for complex patients, patients who have multiple needs and many specialists involved in their care. We would discuss engaging community resources to help these patients manage at home. We would discuss patient responsibilities for their own health, as well as our shared responsibilities.

Seeing his wife during follow-up that day, I learned of his decision not to attend dialysis appointments that week before his death. Again, he knew what he wanted. What would I have done if I had known this as it was happening? Many unanswered questions remain.

I now support his wife. I frequently remind her that he had the quality of life he did because of her.

We all have patients whose experiences hit us harder than others. This is one of mine.

Competing interests

None declared

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