*What We Have Learned From Our Patients*

“Bologna Sandwiches”

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I very rarely interacted with patients as a second-year medical student. Most of my time was spent in lectures, in the library studying, and taking examinations. However, once a month, I headed to the hospital to observe a neurologist, practice taking a patient history, or perform a few physical exam techniques. The monthly visit was the only “real medicine” I was involved in at this point in my young medical career.

As I met with the attending physician that morning of my monthly clinic visit, she explained that we would be consulting on patients in the Intensive Care Unit (ICU). One of these patients, Mrs. Jones, had a massive left-sided hemorrhagic stroke the day prior. Her brain was herniating, a deadly process that occurs due to increased pressure within the skull which compresses the brain. The attending physician explained that the only treatment option was emergency surgery to relieve the pressure in her skull; however, this would not reverse the devasting consequences of the stroke. The stroke had likely produced a loss of most motor and sensory functions on her right side including the ability to speak and possibly comprehend language. Many families feel this is not a life their loved ones would have wanted to live. The other option was to withdrawal care and allow the patient to pass without intervention. I had only been a part of a conversation like this in practice, invented scenarios in my clinical education classes, which prepared me for the anger, shock, and sorrow experienced by the families of these patients. I had never seen a dying patient with a distraught family surrounding the bed.

“Do you have any pixie dust?” Mr. Jones, the patient’s husband, asked the attending physician and me as we entered the room. The physician responded that we, unfortunately, did not. “Well, I guess I don’t need much else,” he replied disappointingly.

After explaining the options to Mr. Jones and his daughter, they ultimately decided to withdrawal ventilatory support and allow Mrs. Jones to die. Mr. Jones then explained to us his own complicated medical history. He had been in a coma for some undescribed medical reason and near the brink of death. After this scare, he spent a lot more time with his wife.

“I guess it’s her time. The day of her the stroke was going so great; right before she was stricken, she was eating her favorite meal, a bologna sandwich. Not that fancy stuff, but Oscar Meyer Bologna. That’s her favorite.” Mr. Jones directed most of this conversation to his wife on the hospital bed while the attending and I stood by in the room. I was shocked by his remarkable poise and clarity during this horrible moment. He asked if they could play her favorite Pearl Jam song while her life support was withdrawn to which his daughter agreed Mrs. Jones would have loved. Mr. Jones then looked at the attending and me and said, “But seriously, unless you can bring her back, we’re ready.”

Afterwards, the attending physician asked me if I needed to debrief. I expressed my amazement regarding Mr. Jones’ response to the impending and unexpected death of his wife. The attending agreed that his response was not typical of most spouses during a situation such as this. I understand that many physicians who frequently see death acquire an ability to emotionally detach themselves from conversations such as these. Yet, this was my first conversation about death with a patient and the family. I could not help but see myself as Mr. Jones, in my late 50s, at the side of my wife. How would I compare to Mr. Jones?

The attending and I discussed how Mr. Jones’ own personal experience with facing death probably explained, in part, his composure during our conversation. He clearly cherished the mundane and ordinary moments like eating bologna sandwiches on a Sunday after church with his wife. He remembered that nothing would comfort his wife more than her favorite Pearl Jam songs. He already seemed to be transitioning to a stage of acceptance and peace with this devasting situation as he recounted Mrs. Jones’ happiness with her bologna sandwich. I have wondered if Mr. Jones’ uncommon response to withdrawing care was related to his ability to live in each present moment, allowing him to deeply appreciate the ordinary moments of life.

I do not know my wife’s favorite sandwich. I am not quite sure I could find a favorite song that she would want played if she suffered a hemorrhagic stroke. I don’t know these things even though I have eaten lunch with her countless times, and she controls the radio on most road trips. I suspect these shortcomings of mine are because I do not live in the moment. I find myself constantly thinking and preparing for the future, asking myself, “*What should I do next?*”.

This approach in life has undoubtedly contributed to my current success in medical school and will likely prepare me well for residency and a future career in medicine. I believe this mindset is a common personality trait among many trainees in medicine as we have long, difficult roads ahead of us with many important milestones along the way for which to prepare. However, reflecting on my conversation with Mr. Jones, I wonder if there is a cost to my own “forward” thinking. Am I missing out on the opportunity to cherish the delightful mundane and ordinary present moments of life in exchange for a more competitive and successful career trajectory?

I imagine if I was in Mr. Jones’ position, I would also want to trade places with my wife. But, unlike Mr. Jones, I would voice some regrets. I now realize I would be willing to trade any future career successes for those ‘bologna sandwich’ moments I often neglect to experience. This is an issue I will likely need to confront throughout my medical career, and the conversation with the Jones family challenged me to experience the present moment I am so often overlooking.

*Mr. Grecco grew up in Akron, Ohio and received his bachelor’s degree in Neuroscience at Bowling Green State University. He and his wife, Katherine, currently live in Indianapolis with their dog, Charlie. Mr. Grecco wrote this essay while a M.D.-Ph.D. student at Indiana University School of Medicine. His Ph.D. will be in medical neuroscience in the field of addiction neurobiology. He wishes to continue in a medical career that will allow him the opportunity to interact patients, mentor students, and write.*