



My Friend, My Patient

Austin Krohn, MD

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It was cold and dreary that first Wednesday night as a light drizzle pattered on the weathered roof of First Lutheran Church in Aitkin, MN. The October leaves blown down by the brisk wind and rain littered the tiny parking lot, but as we entered the back door of the old brick church our chilled bodies were greeted with a gentle flush of warm air and a barrage of smiling faces. One after another choir members extended their hands to welcome my wife and me as we were made to feel at home in the way that only traditional Scandinavian farmers can welcome newcomers. I was in town for a 9-month rural medicine rotation, and my wife, Colleen, had taken a job at the local elementary school. During service one Sunday, we had heard there was a choir, so we decided to show up at rehearsal and see if they had room for us.

Colleen sat down with the sopranos, and I was ushered toward the tenor section. There I first laid eyes on Kay, a pleasant looking, elderly woman, neatly dressed in a woven blue sweater and warm wool pants, with her music resting peacefully in her lap. Her four-pronged cane, complete with metal spikes for the winter walkways, was propped against the back of her chair ready to assist her when called upon. As I sat down next to Kay, her smile stretched from ear to ear, wrinkling her aged skin. She exclaimed, “Alright! A

new tenor!” Apparently there was a shortage, and she was pleased to have a young male voice to fill out the section.

The vibrant quality of Kay’s full tenor voice amazed me the first time we sang together, and I was grateful to have someone like her sitting next to me. On our late night drives home through the winding back country roads of Aitkin County, I talked with my wife about how easy it was to learn my tenor part because Kay’s experienced voice never missed a note. It was as if the entire register was locked away pitch-by-pitch deep in the recesses of her mind, and she could produce the perfect note at a moment’s notice. I also heard many wonderful tales during those Wednesday night rehearsals with Kay. She’d been singing tenor for 30 years—the Messiah with the community choir was a thrill. And of course (now that she had such easy access to a “doctor”), she joked about her aches and pains and how things didn’t work quite as well as they used to. “Who was it that decided getting old was the golden years?” she’d joke. Kay’s anecdotes and quick questions were of no real surprise to me as I had begun to get used to them from other friends and family as I worked my way through medical school; it was always difficult, however, to strike the balance between giving medical advice and just being the friend who

was there to listen. I didn’t know if I always got it right with Kay or if we ever parted ways with her wanting more answers from me, but I think she understood and accepted the fact that I didn’t know everything.

I was on my orthopedic surgery rotation when I first saw Kay in a hospital setting. Her ear-to-ear grin still greeted me, but this time from a pre-op chair. She’d mentioned she was going to have some surgery on her toes, but it hadn’t crossed my mind that the surgery might be in town and that I might be involved. “Uh oh, here comes trouble,” she teased. “No, actually this is great, now you can take care of me and make sure these old toes get fixed up right.”

As she was wheeled into the operating room and the anesthetist prepared her for surgery, Kay started to transform before my eyes. As lines were inserted, medications given, areas disinfected, and tools prepped, Kay slowly became a patient. I scrubbed in thinking about how this gentle woman, 50-plus years older than myself, had become my choir companion and my friend, and now this very same woman was lying motionless on the operating table as my patient. Granted, her operation was not one calling her life into question, but every movement I made had a

From the University of Minnesota Physicians, Minneapolis.

different character to it as I found myself more invested in the outcome of this particular surgery.

With the expertise of the orthopedic surgeon and the aid of my own two hands, we straightened the hammer-head shape of her toes to resemble the feet of her younger years. Despite the operation being fairly straightforward, however, Kay did not return to the choir after that. I assumed she was taking some time off from rehearsal to heal.

It was 2 months before I finally saw Kay again. I had just rounded on a patient in the ICU, and as I turned the corner I saw Kay being pushed in a wheelchair. "What are you doing here?" I blurted out.

Her eyes had that familiar sparkle, but her face and stature were weathered and beaten down. "Lung cancer," she sighed.

My stomach leaped into my throat and squeezed my airway, momentarily halting the flow. Her beautiful lungs that produced such a brilliant tenor tone were being destroyed by cancerous cells.

Kay, recognizing the look of shock and fear that spread across my face, quickly seized my hand and said, "I'm okay. I'm ready for whatever God has in mind." But already cancer had spread to her rib cage, spine, and pelvis. "You know me, I'll go out smiling."

I never imagined that during my 9 months, I'd watch one of my newfound friends struggle through the final weeks of life. Kay received palliative radiation treatments at one of our local nursing homes until she died peacefully with her husband at her side.

As I reflect on this I often wonder how long Kay had known she had cancer. Did she withhold this from me, not wanting to worry me? She knew I would only be in Aitkin for a brief time; maybe she was trying to spare me added grief. Regardless, Kay reminded me of life's fragility and how gifts often arrive in unexpected ways. I anticipated connecting with community members during the rural rotation, but I was not prepared to have the

friendship-patient border crossed so easily. My experience with Kay has not discouraged me from practicing in a rural community. On the contrary, the relationship that we built as friends allowed me to see Kay as a more complete person, creating a doctor-patient bond that stretched beyond her medical chart.

I have since decided to return to this community when I complete my training in 2014. Even though Kay will not be there when I return, the impression she left on me will serve as a pleasant reminder of the special position we are sometimes put in as physicians. Friends can become patients and patients may very well become friends; the two are not always mutually exclusive nor do they need to be.

CORRESPONDING AUTHOR: Address correspondence to Dr Krohn, University of Minnesota Physicians, Broadway Family Medicine, 1020 West Broadway, Minneapolis, MN 55411. 612-302-8200. Fax: 612-302-8275. kroh0046@umn.edu.