We do not know ahead of time the impact of a particular encounter with a patient—for the patient or for ourselves. When I worked with families in hospice, I learned that sometimes my encounters began a meaningful conversation, which the patient then finished internally or with someone else. Sometimes I walked into the middle of a process begun by a colleague or someone else. And sometimes, I had the opportunity to be present for the end of the conversation—perhaps near the end of life or at the moment of death. I learned to not take encounters with patients for granted. Unfortunately, this lesson was also ignored or minimized when I felt the challenge to rush towards the next encounter demanding my attention. And so we are challenged to be attentive to where we enter the conversations with patients and challenged to be flexible in the course of our encounters with patients—a process of guiding and following the patients’ journey in their illness.

The following story describes an encounter with a patient very early in my career as a hospice social worker. Afterwards, when I had self-doubt or wondered what to do next, I began to rely on respect, compassion and empathy along with my knowledge, skills and resources in the community. Later, one cancer survivor offered gratitude this way:

You, like Lou Whittaker,¹ are a guide up a big, scary, treacherous mountain. You can’t hike it for your charges but you can sure point out the crevasses and avalanches, and remind just how far we have come. And, like Lou, you seem to always be willing to go back up the mountain again and again.

Now, as a counselor and teacher of medical students, I find the principles of being a mountain guide just as valuable in my relationship with the students. And each day, whether with patients or students, I accept the task of going up the mountain again. Let me tell you a story about my brief friendship with Hal.

No one answered the door. The son had told me he might need to leave for his second job before I could get there. I forgot to ask about pets but I could not hear a dog. Three more knocks on the door, each one louder. As promised, the door was unlocked. The knob turned easily, almost too easily. Hi Hal, it is Mark from hospice. What was the door keeping out? I probably could have bumped it with my shoulder and it would have opened for me.

No lights on. The late afternoon sun was coming in the south windows. Some light but not enough to completely distinguish items under my feet as I stepped carefully towards the hallway. Follow the hallway to the end, door on the right. My left foot steps on soft clothing, my right foot slips as a glass rolls from underneath a blue rayon shirt. It continues rolling across the worn linoleum until it rests against the floorboard. I catch my balance by using the wall to steady me. The

¹From the University of Washington School of Medicine.
clipboard shifts in my hand but stays. Hal. No answer. Gingerly, I continue, not wanting to disturb, not sure what I will find.

The hall gets darker. All doors are closed except a sliver of shaded light coming from a crack in the last door on the right. Hal. I step around the pile of laundry. Soiled sheets, dried bowel movement. Who knows how long they have been lying there.

Hal. I push open the door, which creaks, on its hinges. The room is cast in filtered sunlight through faded yellow shades pulled all the way down over closed windows. My brow begins to perspire. A small amount of light peaks through old holes in the shade. Cigarette smoke lingers. The walls and ceiling have been stained. Hal. No movement from the form lying under wool blankets on this hot summer day. The twin mattress is pushed against the wall in the far corner level with the floor. I smell the urine soaked sheets before I see them. Strong, like ammonia. Cigarette butts and ashes fill the ashtray next to the open bottle of gin.

I follow the clearing—a path from mattress and door and bathroom and back.

I hear the wheeze with each in and out breath, as he lies flat with one small pillow under his head. As I turn my foot towards the door, he coughs. A weak, unsatisfying cough. Deeper breath now, coughing to push something up and out. I hate phlegm. I can tolerate many bodily fluids but I hate phlegm. His eyes open, and with a few preliminary cuss words, a deeper breath, hacking-up something that wants to be expelled but settles in his mouth. Reflexively, I bend and grab two tissues from the box, encourage him to lift his head and spit it out. After a quick check, white, I toss the filled tissues to join the others in the paper bag. Grab two more. Spit Hal. Tinge of blood this time. Another tissue to wipe his lips. Is that everything? He nods slowly. As his head falls back onto the pillow, exhausted, he smiles. With his warm eyes he greets me, and our brief friendship begins.

With a raspy whisper, he tells me his story. In his colorful language, he describes his gratitude for his son. He believes his son is loyal and committed to keeping him out of the hospital. He wants to stay at home to die. Although the word is never used, he describes their love through various acts of doing for one another. Hal raised his son, alone, after his wife ran off with his best friend. Now the son works two jobs to make ends meet and help with the expenses for medications and supplies that are not covered by his Social Security check and Medicare. Do not send me back to the hospital, he pleads.

After he agrees, I call the nurse to come to the house so we can solve the problem together. I find a couple more pillows, which ease his discomfort breathing, when placed behind his back. He promises to hire me, if I let him stay at home. We exchange smiles while I pull up the blankets for him, sit down on the floor, and rest my hand on his arm.

My thoughts are scattered as we sit in silence. I listen to his breathing. He rests his eyes again. Occasionally, the wheezing recedes but then I realize there are gaps in his breathing. Perhaps, he will make his own decision about the timing of his care. No more coughing—no more phlegm.

I could override his independence and say it is unsafe here. That he needs to be somewhere he can receive the proper care. That his son cannot keep pace with what he needs. That he is being neglected. I sit. We keep silence. A comfortable silence.

Ten seconds now. Another shallow breath. A deeper, heavy breath. Another gap—20 seconds this time.

I thank God for my work. I wonder what is right. I somehow trust the waiting though inside I begin to feel anxious. I give his arm a few strokes. Tell him I am not going anywhere. I glance at his face that now reveals contentment. No stress. No pain. Another shallow, very shallow breath. And then, silence. Just silence.

Another knock at the front door.

1 Lou Whittaker is a world renowned mountain climber and guide from the Pacific Northwest of the United States.

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