

Up on the Hill

M. Tandy Sutton

At the top of a large hill sits a faded blue one-story house and a small shed with a dented white Cadillac parked inside. A muddy path leads up to the gate of the front porch. Five dogs play in the road. Without a doorbell to ring, I slowly open the rusty screen door and call out for someone inside. A friendly female voice calls back, and I step inside. Years of clutter surround me, boxes stacked from floor to ceiling, leaving only a small winding path from the front door into the television room and beyond to the kitchen. I find Mrs M in the television room sitting in her recliner with her feet propped up against her cat's scratching post. Mrs M is a study in contrast: a strong-willed woman full of fire and spirit who is at the same time gentle and kind. She refers to me as "Honey" and welcomes my intrusion.

Over several visits during the next 3 weeks, I learn about Mrs M and how her health impacts her daily life. She tells me about the way she would like to clean things up around her home, but that would require walking, lifting, and physical exertion—impossible tasks with her failing heart. She is trapped inside both her home and body. She cannot leave and cannot do much of anything.

With each visit I try to focus the conversation on her past medical history, medications, and care

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plan, but we always manage to get off topic. Instead, Mrs M tells me stories. By the end of our visits, we both had come to the agreement that she had enough material for at least two full-length novels. Stories about how she would fire her gun outside her house in the evenings to quiet her neighbors or how she had threatened to tear up the cemetery if they didn't move a recently added bench away from her grave plot. Although we shared many laughs, our conversations were not always comical.

Mrs M used to be an active, beautiful woman. "When I would walk into a room," she said, "I would turn heads." The sparkle in her eyes as she reflects leaves little doubt of the accuracy of her description. But time has passed.

Now her companions are diabetes, chronic obstructive pulmonary disease, and heart failure. Her heart failure began following a heart attack and a quadruple bypass surgery in 1995. With time she developed diabetic neuropathy and lost the ability to feel the gas pedals of her car. After several wrecks, Mrs M's white Cadillac remains parked in the shed, never to be driven by her again. As her heart fails, fluid continues to build up in her legs and around her lungs. She wears special boots to compress the edema and sleeps upright in a recliner. Simply walking across the room to shut the door or use the restroom is exhausting and requires her to use supplemental oxygen. She cannot stand long enough to boil an egg, fold her laundry, or take a shower. Her limited mobility leaves her sitting in her recliner for hours on end, getting up only to scramble to the restroom. Most times, her poor

mobility prevents her from making it to the toilet before her bladder is released.

It is December and she says her Christmas tree is somewhere among the stacks of clothes and boxes, but she wouldn't know where to start looking.

As lonely and frustrating being homebound must surely be, my residual impressions center on her ability to remain optimistic in the face of her daily challenges. The joys of her life were always at the forefront of our conversations, and we seldom concentrated on the serious reality of the situation. When I leave I don't think about the moldy smell and the dusty furniture of her house. I don't think about her swollen legs or how weak and helpless she appeared lying in her recliner.

For Mrs M, being healthy means "being able to do the things you need to do." Mrs M longs to be self sufficient, so that she may "do for [her]self."

How simple it is. Getting into my car, simply pressing on the pedals and being able to drive through the country. Both independent and mobile.

Thanks, Mrs M, for helping me understand the value of even the seemingly little things I do every day.

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