

Afternoon Tea with Lady Fern

"You will never be the best physician you are meant to be, unless you become comfortable talking to your patients about death. It is our death...not your death."

Pat Bomba, M.D.

After four years in academic medicine, I launched a private practice in Internal Medicine and Geriatrics in 1983. I worked as a medical director in a local nursing home where I also served as the primary physician for approximately 90% of the nearly 250 patients. It was there that I met Lady Fern, a woman who changed the course of my professional life.

Shortly after I started at the long term care facility, Lady Fern invited me to have tea and conversation. She spoke on behalf of the ladies in the health related facility and told me, "You will never be the best physician you are meant to be, unless you become comfortable talking to your patients about death. It is our death...not your death." While initially shocked, I also realized I had not fully dealt with my own father's death three weeks before my medical school graduation. Further, in my eyes "death was failure" and my job was to cure and save lives.

She indicated that she never wanted to go to the hospital...another foreign concept. She wanted to die at her "home", meaning the health care facility where she resided. Through our lengthy conversation, she taught me that a patient's goals for care guide the choice of interventions as well the skill of negotiating her own goals for care.

A few weeks later, she sustained a heart attack. In the midst of our conversation, I recommended hospitalization. She chided me, "Did we not have this conversation? Did I not teach you anything?" I contacted her family who came in promptly. After briefing them, their first question was, "What does mom want?" They taught me the value of having an antecedent conversation. After informed, patient-centered, goal-based, shared decision-making, Lady Fern was transferred to the skilled nursing floor. She did well and returned to her regular room after she stabilized.

Based on this encounter, we developed the first set of Treatment Guideline forms in Rochester, a pre-MOLST form in 1983, and developed a process of regular discussions with patients and families, ahead of time before the crisis when people can think more clearly about what is important to them.