My Dad

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I knew the phone call would come one day; I just could not imagine processing the news and hanging up the phone. Of course, like most physicians, I had delivered news about the death of a loved one and I have been at the bedside when patients died and families were holding a vigil. Many years ago, as a house officer, I participated in the prolonged care of persons who I knew would die and whose care was hopeless from the start. None of this prepared me for the phone call about my own dad’s death last winter.

I am more motivated today than ever before as we continue to build our Jefferson School of Population Health and launch the four Master’s degrees that make up our new curriculum, which I described in an editorial in P&T last October. My motivation is coming, in part, from the passing of my dad, and my thoughts about his death have prompted this column.

The literature is replete with articles written by physicians about the death of their parents, and these commentaries seem to be especially focused on the death of the father. I had been collecting some of these essays and even shared them with my dad over the years, hoping that he would understand the role of a son as physician and the trying decisions that families sometimes face as elderly loved ones become frail, demented, or severely ill.

I’d like to tell you a bit about my dad and why his death serves as an additional motivation for the work that lies ahead. He was the middle son of three brothers, born just before the Great Depression to immigrant, non–English-speaking parents in the Lower East Side of Manhattan. He entered kindergarten speaking only Yiddish and had to quickly learn English, although my grandmother, a widow most of her life, did not read or write English. It must have been incredibly difficult for him growing up in a single-parent household on welfare. Yet in his adult life he was relentlessly up-beat, possibly even to a fault.

Other aspects of my dad’s childhood sound eerily familiar to sons and daughters of first-generation Americans—the rapid road toward assimilation, education as the escape route from the ghetto, and eventual success in business or a related field. My father was a well-educated man, having been graduated from the Cooper Union in New York City. He eventually attended the first class of the Sloan School of Management at the Massachusetts Institute of Technology. He became an entrepreneur and created a business from scratch that eventually went public and was moderately successful. His entrepreneurial skill was focused not so much on his grasp of high finance but rather on his uncanny ability to make friends with everyone; his business acumen was mostly based on personal relationships. It was a face-to-face, handshake kind of business practice, probably never to be seen again in the modern marketplace.

My brother and I grew up in an environment in which my father never lost his temper; he was always encouraging of our pursuits, especially those relating to school. My main memory was my father’s ability to instill in us a sense of pride in our accomplishments, patriotism for our country, and a belief that the future held limitless possibilities. His most cherished role was that of grandparent to his five grandchildren. Nothing brought him more pleasure than extended family vacations and other life-cycle events like bat mitzvahs, weddings, and the like. He truly reveled in the company of his grandchildren, and despite protestations from my mother, tried hard to spoil all of them mercilessly.

Nearly two years before his death, I encouraged Dad to write his memoirs. Having read about a series of such memoir-writing services, I contracted with Mary O’Brien Tyrell in Minneapolis, Minnesota. It is an interesting project whereby writers such as Ms. Tyrell visit with the “authors” to listen carefully to the story of their lives.

I had some trepidation in creating this contractual relationship between my dad and Ms. Tyrell because elderly men in particular seem to focus more on their wartime service and business escapades and then almost forget to mention their wives and children! Even though the project took nearly two years, I was pleased that my father eventually saw it through to its conclusion. Ironically, the package containing the 40 hardcover copies of his memoirs arrived on the evening of the day he died. He never lived to actually hold the memoir in his hands, yet it became an instant, sought-after family heirloom.

So how does this account relate to our readers and to my hopes for our new Jefferson school?

Two weeks before he died, my father experienced a small cerebral hemorrhage and was admitted to a local community hospital near his home in southeastern Florida. I had an opportunity to visit him in the hospital, where he recovered quickly. He had no long-term motor sequelae but was clearly left with some cognitive deficits.

While our dad was in the hospital, my physician brother and I attempted to communicate with the myriad consultants who were caring for him. I’m sure that our readers can understand the difficulties involved in pinning down a physician, especially those relating to school. My main memory was my father’s ability to instill in us a sense of pride in our accomplishments, patriotism for our country, and a belief that the future held limitless possibilities. His most cherished role was that of grandparent to his five grandchildren. Nothing brought him more pleasure than extended family vacations and other life-cycle events like bat mitzvahs, weddings, and the like. He truly reveled in the company of his grandchildren, and despite protestations from my mother, tried hard to spoil all of them mercilessly.

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He had the opportunity to visit with all of his grandchildren, but the very next day, I received the dreaded phone call—he had died in bed at home.

As a physician and a policy wonk, this is why I am grateful for some of the blessings of the time period surrounding his death. First and foremost, my dad had a chance to see all of his grandchildren while still retaining most of his cognitive functioning. He was able to carry on a conversation without slurred speech, drooling, or an inability to sit at the table and have a family meal. Second, he avoided a rehospitalization, during which my brother and I would have undoubtedly had to make difficult decisions about withdrawing intubation, life support, or another medical intervention, something my father would never have wanted to endure. Third, the arrival of his box of memoir books within hours of his death was just so typical of my dad, waiting until the last minute to complete a project. Regrettably, he didn’t get to hold the book in his hands.

I’m also glad that we avoided what many families are increasingly facing. Winakur describes a familiar scenario:

Once this sad but increasingly common American narrative of aging, disability, and dementia is played out in your family, in your home, when the numbers, the data, the statistics become your loved ones, your spouse, your parents—and then yourself—you will finally understand how wrong-headed so much of current public health care policy is today.

Indeed, in my eulogy at the funeral, I noted that my brother and I, as well as our wives, are all physicians. I explained how grateful our family was that my father did not need to endure a prolonged hospitalization with all sorts of unnecessary testing, consultation, and the like. I could see many of the white-haired heads all nodding in vigorous agreement as I expounded upon how thankful we were that a final bedside vigil had not become necessary. My heart ached for all of the families whom I know have had to endure just such a vigil, and I felt a wave of relief for my dad. It just seemed to me that he was smiling down on all of us, knowing what could have been.

So there you have it. I’m saddened and feel a big hole in my heart, but paradoxically, I am also energized, motivated, and excited about the Jefferson School of Population Health. More than ever before, I feel recommitted to the work of fixing the health care mess so that other families who might not be as lucky as mine will get a sense of patient-centered care, better coordination of care, and improved communication from their doctors and other caregivers. As Bobrow has noted, “parents must die before their children, and so my father passed in accordance with his wishes without ever having used a cane or a walker or ever having to rely on anyone other than close friends or family.”

Although my dad’s death was certainly unexpected, his passing was quick enough to burden no one. Sure, after 60 years of marriage, my mom is lonely, but even she is thankful for his lack of suffering. The enduring lessons of my dad’s life remain as an important guidepost for me. His advice was always sought as the highest level of family counsel. His intellect and his understanding of relationships allowed him to grasp the key facts and mollify stakeholders in any situation. Clearly, I will need to call upon these skills too as we move forward with some possible solutions to fix our broken health care system.

As always, I’m interested in your views. You can reach me at my e-mail address, david.nash@jefferson.edu. Please also visit our school’s Web site (www.jefferson.edu/population_health). My blog is http://nashhealthpolicy.blogspot.com.

REFERENCES


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