HEALING ARTS

Materia Medica

Backwards and Forwards

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Early one Sunday morning I stepped off the elevator and turned towards the double doors that would take me in to the rehabilitation unit. The smell of freshly cooked eggs wafted through the hallway; several patients were already seated in the dining area enjoying breakfast.

"You have three new admissions today," the charge nurse said. She handed me a stack of hospital discharge summaries, along with pages of lab results to be reviewed, and medication orders to be renewed. It would be a busy morning.

I looked down at the list of names of patients to be seen, and one immediately stood out—and caught me off guard. It was the name of a beloved mentor. I felt a wave of nervousness wash over my usual calm self.

"He had a difficult night," his nurse warned, joining us as we reviewed the list of patients to be seen. "He has been up since 3 a.m., looking for the small children. We were afraid he would fall and put him on 1:1 supervision."

I stood in the doorway of the professor's room, thinking of the time-honored ritual of the history and physical exam that we begin to practice from our first days in medical school. How would I go about examining his cognition? Probing for delirium? I worried that I would make a mistake, miss a key clinical clue, or even insult him by asking sensitive questions. How, after all, does one tactfully take a detailed social history?

"Did you ask about substance use?" an attending had once asked me on rounds one early morning during my intern year. I had not; the patient had been in her late 80s, and I had skimmed over that part of the history, assuming it was not relevant.

"No, I didn't. I wasn't sure that was important," I had answered, looking to my resident for support.

"I think she's demented and lives in a nursing home; you're right, it doesn't matter," my resident had nodded in agreement.

"We can make no assumptions at any age," our attending had gently admonished. "It is our duty to respectfully inquire."

These memories were fresh in my mind as I knocked and entered the single-occupant room, provided out of respect for his stature. It was dim; the curtains had not yet been drawn open. The bed was low to the ground, with pads placed on the floor. I noted that next to a vase of bright yellow tulips on his side table lay his breakfast, a foot from his bed, still covered, untouched. He was in bed, wearing his own plaid pajamas, though incorrectly buttoned.

Introducing myself, I put out my hand to shake his. He looked into my eyes and said, searchingly, "I've met you before. How do I know you?" I jogged his memory with a few details.

"Ah, yes," he smiled, "when I was still teaching. Now here you are, and it's your turn," he said with nostalgia. At his recognition, I breathed a sigh of relief, hoping the nurses had been wrong about his delirium.

"How are you feeling today?"

"No complaints," was his brief answer.

I began the physical exam with a test of attention. "Can you tell me the months of the year backwards?"

"Are you being silly?" he responded.

"Please bear with me," I tried to explain. "As part of the usual physical exam, I always check the mind along with the rest of the body." I could hear my voice lose its confidence.

With reluctance he began, "December, November, October, September, October ... I can't do this."

"Let's try the days of the week backwards, but let's start from Wednesday," I encouraged.

"Wednesday, Tuesday, December, November ... that's not right."

“Why don’t we try the days of the week forwards?”

And so we continued. Me questioning, he answering as best he could. We got through it. Working through the routine of the physical exam I felt my composure return as I slipped back into my role as a geriatrician.

As I prepared to leave his room and move on to admit the next patient, I paused for a moment. Awash in memories of my teachers there was so much I wanted to express.

“Thank you,” I said, “for allowing me to care for you today.”

“Teach the next generation,” was his reply. “Pay it forward.”

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