

They Have a Story

By Emilly Munguía Marshall, SPT

I was in the second week of my very first clinical rotation

in general medicine rehabilitation while in physical therapy school. My clinical rotation was in a facility that cares for patients with acute medical conditions, including, but not limited to stroke, heart attack, and spinal surgery. During my first week, I had seen some very sick patients with prognoses ranging from poor to excellent. I was trying to slowly immerse myself into this learning experience in order to absorb and learn as much as possible even though some moments had been a little bit harder than others. The day I met Mrs. B. had to have been one of the most eye-opening moments I had experienced in this hospital.

Mrs. B. was an 89-year-old cute white-haired lady who was diagnosed with dementia and bipolar disorder many years ago. She was on anti-psychotic medications that had to be strictly monitored to work in her benefit. She lived in an assisted living facility (ALF) in a city close-by, and the nurses there helped her monitor her dosage of medication. Her family stated that she was very calm and stable, until recently. Mrs. B. hadn't been staying at her ALF consistently due to visiting and staying overnight at the hospital with her husband of many years, who was diagnosed with pancreatic cancer

too late into the disease to save his life. Because her husband had been hospitalized with different complications in the last several weeks, Mrs. B. had tried to be very supportive and accompanied him to the hospital. A few nights she even stayed at the hospital with him. Unfortunately, this "in-and-out" from their stable home called for a change in her care: for one thing, she had to take her medications herself since she wasn't always at the ALF. Nobody objected to this because Mrs. B. had a great attitude and had been mentally stable enough to make appropriate and safe decisions for her health for a really long time. Yet, despite the confidence of her family and medical staff that she could safely monitor her own medication, Mrs. B. accidentally overdosed her medications by forgetting she had already taken them that day.

As a result of her overdose, Mrs. B. had been admitted into the hospital from her ALF with altered mental status, and paralysis of her extremities that fortunately resolved within 24 hours but left extreme weakness. My clinical instructor (CI) and I were seeing her to try to get her out of bed and go for a walk to help her regain some strength. When we walked in the room, I was unsure of my own feelings. I had read her chart and knew about her husband. Did I mention that he was across the hall from her?

My CI prompted me to begin our evaluation, so I did. With a voice of experience, my CI recommended that I avoid asking her about the ALF or about her husband until we were able to gauge her mood and observe her efforts walking. To my surprise, she was oriented and calm, cooperative and motivated, but teary eyed, which is never a good sign. I did a gross evaluation and we made small talk about where she was from and where she got her hair done, but all the small talk in the world couldn't keep her from mentioning that her husband was across the hall and she had just seen him. She told us how he said "I love you," but then she said, "I think he's mad at me." We somehow managed to get back on track with our session and went for a walk down the hall and back. She glanced over at his room every once in a while, but otherwise just looked down at her feet while she walked.

After we returned to her room and while I was wrapping up treatment by taking off her red non-slip socks, a physician in a white coat walked in. Her husband's oncologist was a tall and white-haired man. He opened with the following words:

"Your boyfriend over there is not doing so well, Mrs. B. We have done what we can do and all we can do now is make him comfortable. He was complaining of pain this morning but I have given him a little more medication so that should help him."

Mrs. B. sat in the chair looking up at him with the same teary eyes that had been looking at me for the last half hour. She asked, "Do you think he's mad at me today? He wasn't really talking to me very much." To which the oncologist replied, "I think he's just feeling really sick, and may be needing some rest this morning." It took her all but 2 seconds to let the words roll off her tongue and she asked a question I have never heard

asked other than in the movies. She said: "Is he going to die?"

At this moment I questioned where I was and the reality of everything going on around me. The emotions rushed through me and I could feel my throat tightening up so I glanced out the door and took a really deep breath to calm my thoughts. I then turned around to see how an experienced physician would handle this moment. The oncologist answered her question just how I imagined the best doctors would: direct, comforting, and honest. He said:

"I think he's going to die, yes. He has been through a lot, so I think it will happen this week or the beginning of next week. He is very sick, and yes, I think it's almost his time to rest from being so sick."

Years of answering that question must've made his skin as thick as armor, yet his heart full of empathy. Mrs. B. nodded her head and said "Thank you. I just hope he's not mad at me." To which the doctor said he was sure Mr. B. was only mad at how sick he has been for so long, not being able to do the things he likes to do. He then told us all goodbye and that he would be back later to check on them and whatever they needed. My CI and I then had to tell her our own goodbyes and instructed her about her call button for the nurse and that we would see her again if she hadn't gone home in the next day or two. We stuck to our routine. She was thankful, and we left the room.

As we looked at our paper schedule and decided what patient to go check on next, we began to walk and I asked my CI, "How do you handle tough situations like that? What is the best way to do it?" I was calm and collected, but I was trying to figure out how we can walk out of the room of a patient, a wife – who faced the loss of her husband of many years, and keep

moving on. She was kind enough to tell me that years of experience and seeing many patients so sick had given her the strength to witness situations like that. Her honesty was so real that the moment finally caught up to me, and I teared up. I asked my CI for just a minute to “get back together” and take a breath, and she ever so kindly gave me my minute. When I walked back to her, she patted me on the back and asked how I felt. I said, “It was overwhelming. It was new, and I hadn’t expected my morning to start like that. But now, how does one relax at the end of the day? How do you disconnect?” She told me her personal secrets to unplugging at the end of the day, along with the truth that sometimes patients will stay on your mind and will affect your life a little bit. I took this as a learning experience, and with my CI’s feedback, I felt

comfortable asking more questions and discussing the difficulty of people’s lives.

This experience reminded me that a patient is not just a diagnosis or a treatment. They are human beings that come with a life and a story – in my case, Mrs. B. had 89 years worth of stories, and even though I was faced with probably the worst one in her life, I am thankful to have met her. She gave me the opportunity to learn with her, and I will now take her with me to every patient I meet and I will remember that they have a story.

About the Author



Emily Munguía Marshall, SPT

Emily Munguía Marshall, SPT, born and raised in Honduras, graduated from Austin Peay State University in Clarksville, TN with a Bachelor of Science in Biology in August of 2012. She then left Tennessee to pursue her Doctor of Physical Therapy at Emory University in Atlanta, Georgia. During her time at Emory, Emily has found a profound passion in the humanities in rehabilitation, seeing physical therapy as it touches the physical and emotional components of a patient's life.

Emily is thankful to her loved ones in the US and abroad, as the examples set by her family and friends have been the spark to ignite the interest in spending her career and life giving back. She hopes to pursue this goal following her graduation in May, 2017.