



What we leave behind

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ASSOCIATE EDITOR

"I need to get home."

These were his first words to me when I walked into his room to evaluate him. He had been admitted to the inpatient hospice the previous evening in a much more sedated and somnolent state, but overnight he had not required any additional doses of his pain or dyspnea medication, and he was now much more awake and able to communicate. Given his recent medical history, I was somewhat surprised.

"Doctor. You have to help me get home."

I didn't know how much he knew about what had happened to him over the last 10 days. He had become acutely ill at work, and when he suddenly lost consciousness, he required ambulance transportation to the hospital emergency room. He had then suffered a seizure on the way to the hospital. It took the hospital less than a day to make the tragic discovery of an aggressive and metastatic lung cancer which had already spread to the brain and bone. This explained the seizures. He had lost consciousness from the hypotension due to sepsis from an obstructive pneumonia due to the size of the lung tumor.

He was 52 years old. He was divorced from his wife and lived alone. He had two adult children.

The aggressive hospital care treated his seizures, his sepsis and his pneumonia with intravenous medications and antibiotics. He improved enough to understand there was nothing to be done about the widely metastatic cancer. His hepatic and renal function declined rapidly. He had agreed to inpatient hospice care to help manage his pain and shortness of breath, and the hospital had transferred him to our facility the last evening.

In less than two weeks, he had gone from working at his desk to dying from his disease. At best, he had another two weeks. But I knew he could not go home as there was no one there to care for him and manage his medications.

"I don't think there is any way we can provide all the care you need at home, I'm sorry to say," I told him.

And he seemed to understand this. "No, Doc, you don't understand. I don't want to go home."

Now, I didn't understand. But I would shortly.

"I don't want to go home and STAY home. You just need to get me home. As soon as possible. I only need an hour or two to take care of some things, and then you can bring me back here." He was visibly less anxious at being able to clarify this to me.

In general, this is not a very common end-of-life request. Most patients have someone to take care of things at home, like recent bills, or pets, to name a few. Other patients have had all the time they need to get all their affairs in order by the time they require inpatient hospice care. And the last and smallest group are just way too sick to even make the request.

But, to my surprise, his day-to-day condition had improved overnight. His symptoms of pain and shortness of breath had required much smaller and less frequent doses of medication overnight, and as a result, he was much more alert and functional that morning. The strength of his determination was clearly high. And he explained why.

"There are things in my apartment that I don't want anyone to stumble across after I've died. Things I'd like to stay private and confidential and wind up buried with me. Things that might be misunderstood. I don't think I can rest in peace otherwise. ..." The urgency in his voice was clear.

We managed to get him to his apartment that afternoon. An LPN from the hospice stayed with the ambulance crew while the patient took care of the last thing he still had some control over. The exact items he would, and wouldn't, leave behind.

Miller Time

He returned that evening, and of course he appeared extremely relieved. And tremendously grateful. I never asked, and he never said, exactly what it was that needed never to be discovered. But I've always had a gut feeling that, whatever he did, it made a huge difference to his family.

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