Conversations With Patients

A recipe for providing better, more personalized care

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The best gift a patient ever gave me was a recipe. It was handwritten on a small piece of lined paper, all in capital letters.

The recipe was for zucchini bread and was given to me by Mr. S, a lung cancer survivor in his early 80s who I had been following in the cancer survivorship clinic that I started at the VA where I work in New England. He came to see me every three to six months for clinic visits and computed tomography (CT) scans to monitor for recurrence of his lung cancer.

I love that my survivorship clinic gives me the opportunity to get to know my patients. By taking the time to talk with my patients about their lives, I find that we establish a rapport over time that is personally rewarding for both of us and helps me provide better care. The insights and information I get from these conversations help me better understand my patients’ baselines and goals and to be proactive in their treatment.

Mr. S was a thin, quiet, well-groomed man with a dry sense of humor. He appeared well, but, like many veterans I have come to know, he often was stoic in the face of pain and physical challenges, which can make medical issues a little harder to spot. To look at him, you would not know that Mr. S was a lung cancer survivor with cardiac issues, or even that he was legally blind. He did not use oxygen, did not get short of breath walking down the hall, and seemed to get around OK. However, his cardiac issues were severe enough to make him a poor candidate for surgery. So, even though his lung cancer had been diagnosed at an early stage, he had been treated with the second-best option: radiation therapy.

During our visits, I would do my review of symptoms and asked Mr. S about his breathing, his appetite and energy, and how he was sleeping. Then he would tell me about his life. He worried about his wife and son. His wife was forgetful, and his son also had been in the military and had post-traumatic stress disorder and was having trouble finding a job. He talked about the high point of his week: going to the senior center on Fridays for weekly chess matches. He told me that he used special home magnifying equipment provided by the VA to read the newspaper. I also learned that he had worked as a roofer before he retired and had chronic back and spine pain related to a fall from a roof many years ago.

Mr. S had smoked a lot of cigarettes during his life, starting in his teen years. He had quit many years before, but the damage to his lungs and heart had remained. Before I started working at the VA, I did not appreciate how challenging smoking cessation is for my patients. I since have learned how complicated tobacco addiction can be. My patients have way to soothe their anxiety or just pass the time. When they got out of the service, it had become a habit. Many of my patients have ongoing depression or anxiety related to their time in the service. Take away smoking as a coping mechanism for them, and they need something to replace it with.

Mr. S could not drive because of his poor eyesight and relied on his son to drive him to appointments and then on his wife after his son moved away. He lived several towns away, and I always worried about them driving on the highway. I worry about all of my older adult patients, but this was a special case because of his wife’s dementia. “How does she know where to go?” I asked. “She drives, and I tell her where to turn,” Mr. S said. I tried to balance my need to stay on top of his symptoms and my fear of making them drive to the VA.

Over the years, Mr. S became increasingly worried about his wife. She began to make more errors—leaving the stove on,
leaving the door unlocked. He worried for her safety and that he soon would not be able to leave her alone for a couple of hours for his weekly chess game. I was worried for them both.

Most of my older adult patients are men, and many of my older adult patients care for their wives, cook, and do laundry in their 80s. A surprising number of my older adult patients also love to garden. Mr. S had a large garden in his backyard where he loved to grow his own vegetables.

Another patient I followed in my survivorship clinic was Mr. M, an 82-year-old veteran with a history of chronic kidney disease, heart failure, and severe osteoarthritis of his knees, hips, and spine. Mr. M was also a lung cancer survivor who was referred to my clinic after he had a stage I lung cancer surgically removed. His chronic pain and complicated heart and lung issues made the repeated action of bending down difficult for him, and his lung cancer surgery caused him to be more short of breath with activity. Mr. M’s son built him a raised wooden garden bed three feet off the ground so he could continue to garden, and he would update me on what he was planting and where he got the best bargains on seeds for the vegetables he grew.

I also followed Mr. R in my clinic. Mr. R was an 83-year-old who had been followed in the oncology clinic for a history of early-stage prostate cancer. During the time I cared for him, his prostate cancer became more aggressive and spread to his bones. This happened in the spring. We recommended that he get treatment with chemotherapy, but Mr. R was reluctant and kept putting off treatment, saying to me, “I have too much to do, dear.” Much of what he was referring to was his vegetable garden, which took up a lot of his backyard. Mr. R often came to clinic visits excited about his summer planting, describing the many rows of vegetables he would plant. Against our advice, he postponed his chemotherapy treatment for several months so that he would not miss the planting season. When Mr. R brought me a gift of seeds, I felt I should rise to the challenge, even though I had not gardened in many years and had previously only grown flowers. My husband and I had recently moved to a new house with a big backyard. He helped by clearing out a garden plot, and I planted Mr. R’s seeds along with some sweet corn seeds that my brother, another wonderful gardener, had sent.

I am sure my garden never approached my patients’ serious undertakings, but we weeded and watered all summer, and by sometime in August, we had beans we could pick and the corn was almost ripe. My husband went away for a night to pick up the kids from summer camp, and I picked a small ear to check. The kernels were perfect. I texted him: “Corn for dinner when you guys get back tomorrow!”

Sadly, furry critters had a feast that night. When I got home from work, I found every single ear of corn gnawed. Not one was missed. I felt so bad for my husband, who had watered for weeks and now would not even get a taste.

The next time I saw Mr. S, I told him about our corn. “That happens to me almost every year, too,” he said. “It’s like they know. The raccoons can guess the perfect day.” We had a long laugh.

My patients have taught me a lot about gardening. Mr. S told me to use Styrofoam™ cups or small cans to plant the seeds indoors in the spring. He saved tuna fish cans to reuse. Our generation may think we invented recycling, but we have nothing on World War II veterans. Mr. R told me how string beans keep producing over and over again all summer. Mr. M told me the best place to buy seeds in bulk for cheap.

After two years of visits, a surveillance CT scan showed that Mr. S’s lung cancer was coming back. He already had been treated with radiation therapy, so more was not possible and he did not want to be treated with chemotherapy. So I continued to see him regularly—first every eight weeks, then every four weeks, and then jointly with our palliative care team to manage his symptoms and help him to live as many days as he had as comfortably as he could. Some of the things I would help treat him for were not even related to his cancer. His sciatica acted up and made it difficult for him to sleep. Our physical therapist helped him with exercises and a transcutaneous electrical nerve stimulation unit, which relieved his pain. Over time, pain became his biggest issue, and our palliative care team helped manage his pain medications. He kept living in his home and was able to do most of the things he enjoyed, only coming into the hospital for hospice care at the very end.

During his visits, we talked about his symptoms but so many other things, too. He mostly would share his gardening stories. One year, it was “no corn and too many cucumbers.” He made a lot of zucchini bread and gave a loaf to me. I was touched and asked him what recipe he used. The next time he came to visit, he brought me the recipe, written neatly and painstakingly by hand. “How were you able to write this?” I asked. “I used the magnifier,” he said. The recipe includes everything you need: the list of ingredients, the utensils, clear directions, and a final tip: “Be generous with your measurements. A little more always makes it better!”

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