

Conversations With Patients

A recipe for providing better, more personalized care

Julie R. Beck, RN, MSN, MPH, APRN-BC

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

told me that they started smoking while in the military when cigarettes were provided in their rations. Many of them were young, scared, and bored during their time in the service. Smoking cigarettes was a

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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,