

I Need a Hug . . . Please

Chadi Nabhan, MD, FACP¹

American Journal of Hospice
& Palliative Medicine®
27(7) 500-501
© The Author(s) 2010
Reprints and permission:
sagepub.com/journalsPermissions.nav
DOI: 10.1177/1049909110368961
<http://ajhpm.sagepub.com>



My pager goes off. I am in between patients and with a usual time crunch making every attempt to stay on schedule. I answer my page to hear our oncology social worker on the other line asking me if I would order a psychology consult on my 50-year-old patient whom I admitted that same morning to receive chemotherapy for her metastatic cancer. I had seen my patient last week and delivered great news of her cancer responding to chemotherapy and of her disease burden subsiding. We had decided to continue chemotherapy for few more months before she receives a chemo holiday so that she can enjoy a planned vacation with her beloved husband and family. The visit was delightful and upbeat without a hint that my patient would require any type of psychology evaluation anytime soon.

“Why? Is something wrong?” I inquired. I was shocked when the social worker informed me that my patient found her husband shot dead in their own garage. I was speechless. Seconds passed by without me knowing what to say. Finally, I answered with a tone that she could barely hear, “of course, go ahead and call the consult.” I hang up the phone as I collapsed on the nearest chair I found available. I recalled watching something on the news few days prior about a man found dead in his garage and that detectives concluded that the homicide took place as my patient’s husband was trying to protect his family’s fortune.

Thoughts were racing through my mind. How could this be? How could anyone deserve so many misfortunes in life? Not only did she get diagnosed with incurable metastatic malignancy at the age of 50, but now she lost her support, her love, her friend, her soul mate, her husband. I had grown attached to this patient as her demeanor was charming; she was always delightful with a smile that attempted to defeat the damage that cancer and chemotherapy have caused. She rarely complained and when she did, she would apologize first thinking that I was bothered by her questions. She was grateful to everything I was doing to help but in my mind I was hoping I could do more. How can God be that unfair, I wondered? Why take away from this woman what she needs the most in a battle that she would ultimately lose. My wandering thoughts were interrupted as my nurse told me that I am running behind schedule as few patients are waiting for me and that I should get back to work.

My day went by but was not the same. I was trying to prepare myself to my visit with her the following morning. I thought about calling her room to express my condolences

but felt that a phone call in this situation would be impersonal and that talking to her face to face is more appropriate. I wanted to make sure I give her all the time she needs. My job now was more than just discussing scans, prescribing chemotherapy regimens, and addressing prognosis. I felt that I need to be by my patient’s side in the most difficult time of her life. I made sure I went to work the following morning very early so I can finish my morning rounds before spending the rest of my time with her.

That following morning came. I finished rounding on my other patients and started reviewing her chart before entering her room. The resident wrote a quick note in the social history of her being a recently widowed woman. Amazing how 1 week can change lives. Her last admission note stated that she was a happily married woman and now she is a mourning widow. There was a note from the psychologist that saw her the night before stating that my patient was grieving her loss and seems to be coping appropriately and that additional follow-up is recommended. I closed the chart, made sure that her laboratory studies were normal, took a deep breath, and entered her room.

She was sitting on the couch by the window gazing into the space. I walked in, sat by her side, looked her in the eye, and whispered, “I am sorry.” Her tears started flowing the minute she saw me. She looked at me appearing as puzzled as a human being can be. She declared “I am not sure what happened. He was a great man. He defended us. I am very proud of him.” She went on to say: “I will be OK. Don’t worry”. It was difficult for me to believe how well she will be as she continued to cry and her words became interrupted. “Where is your family?” I asked. She answered me that they are at school and that they will be back that evening to meet with the counselor. I told her that I have no words that could ever replace what has been lost and I acknowledged that I am at a loss for words. I even affirmed to her, “This is not fair.” She looked at me and said, “Don’t say that doctor. There is a lesson from every event. God may have wanted to test my strength. I am sure he has an agenda and I am going to go along with that.” I was surprised

¹ Advocate Lutheran General Hospital, Park Ridge, IL, USA

Corresponding Author:

Chadi Nabhan, Advocate Lutheran General Hospital, 1700 Luther Lane, Park Ridge, IL 60068, USA
Email: cnabhan@oncmed.net

by how strong my patient was only 5 days after her husband's murder. My emotions were mixed. I knew that no matter how successful her battle against her metastatic cancer is, she will ultimately lose. I knew that even when she recovers from her grief, the cancer battle remains on, and she has no time to rethink everything. I knew that the promised chemo holiday for her family vacation might be a time filled with tears, fears, and uncertainties. I wanted whatever months or years she has left to be filled with joy and happiness, but my wishes were shattered by reality.

Our silence was interrupted by my patient saying, "I know you are busy and you have many patients to see. You should see your other patients. I am fine and will be OK." It is how considerate this woman has been that earned her the love of all members of her medical team. It is how kind, sensitive, and attentive to her family she has been; and now it is how unfortunate she was.

I looked at her and said, "I have all the time you need to talk and vent. This is why I am here for." She smiled and said, "I know. Thank you. All I need is a hug." I stretched my arms and we hugged for few seconds. Throughout our career, we all encounter situations and circumstances where a patient or a family member wants to hug the oncologist who saved a life, who was there when no one else was, who went the extra mile, or who showed a compassion that others have not This, however, was a different hug It was from someone who has been beaten by life, cancer, and chemotherapy. It was someone who needed a friend more than a doctor at that point.

I was reminded once again why I chose oncology and that my job is much more than what it sounds like. I exited her room thinking that life cannot be fair As I left her sight, I sat on the nearest chair by the nurses' station feeling that now *I need a hug.*