

## House Calls and Health

S. Scott Paist, MD



**“Falling ill typically involves for the patient a disruption in that unique continuity of knowing and understanding that ordinarily characterizes health and well-being.”**

— George Engel, MD

At one time, I had occasion to make a lot of house calls. These were sometimes the stuff of home visit legend – doily-covered chairs in a small living room crowded with family heirloom furniture, my patient serving me tea on a wood-inlaid tray. More often, however, they were visits to urine-tainted row homes with a back room that contained someone unable to get out of that room, let alone to get out of the house.

Seeing these people was a weekly highlight for me, not only because it got me outside, away from the fluorescent lights and scything clock hands of the office, but because house calls also allowed me to study people under the gun, to see how they were handling their extreme losses, to rehearse a role mentally that most of us will have to play eventually.

Among the people on my home visit list was Esther. She was in her 70s, a large woman who continued to flaunt Big Platinum Hair long after the bouffant style had languished, and who wore blue-frame glasses with upper corners that drew to points armed with four small diamonds. These glasses were rarely seen on Esther’s nose, though; she preferred to hang them from a gold chain around her neck.

She was big in a grand style, growing up in an era when such females were called “large boned.” She had wide shoulders and long arms, and her hair pushed her height to nearly six feet. Her face was worthy of all this, large and oval with a prominent nose, wide lips – always coated with fire-engine lipstick – and huge eyes made to look even larger with

many carefully placed layers of mascara. At one time, she must have been heavy, but by the time I knew her, her magnificent frame supported only the loose flesh that her metastatic ovarian cancer continued to allow her.

If one were making a TV sitcom that needed an archetype of “The Brassy, Opinionated Older Woman,” Esther was it. She started an argument even when there was nothing to argue about, and she was loud, interrupted constantly, and had to have the last word. I very much enjoyed arguing with her, shouting back and forth about some local politician, the price of handbags, or how what I had told her to do for some medical problem was clearly stupid (according to Esther).

Her main attendant was a woman who had been living with her as a hired hand since before I came on the scene. Her name was Ophelia, and she was married to a man who still lived overseas and whom she saw twice a year when she was allowed a week off. She appeared to prefer their relationship that way, two weeks a year apparently just right to maintain matrimonial happiness. Ophelia made the meals and attended to Esther’s bodily needs, including bathing and dressing her.

As Esther declined, Ophelia’s role increased, and proud Esther resented it. She berated Ophelia constantly, abusing her for everything she did. Esther’s tongue was sharp and pierced poor Ophelia over the food she served, her choices of jewelry, and her alleged lack of speed to service. When I attempted to intervene on Ophelia’s behalf, both women looked at me in surprise – I had interrupted a complicated

*Regarding the names used in this article, Dr. Paist states: “They are, in every sense of the word, fictitious.”*

game that only the two of them understood. I learned this dance that they shared had little or nothing to do with the words spoken and everything to do with the love they shared.

Esther always received me sitting on a gold sofa in her bright living room with French Provincial furniture placed artfully in front of gold-flocked wallpaper. The sofa held a dark-green pillow beautifully embroidered with the words, “The Golden Years Suck.” She lived in the penthouse of a 20-story apartment building and owned a powder-blue Cadillac of the large-fin persuasion that, since she could no longer walk, she never drove. Esther had the garage attendant drive the car around every day so she could look at it from her 20th-floor perch. I never saw it less than perfectly washed and waxed.

Here, obviously, was a woman used to having things her way, someone for whom wealth had allowed her to do pretty much as she pleased. These circumstances may produce small-thinking people pinched in their interpersonal dealings, but, in Esther, they had produced a wit as expansive as her eye makeup, a love of laughter, and storytelling produced in the most grandiose style. When she was rolling, one was bathed in the glow, laughing and laughing. Even when she was in great pain, she maintained at least a bemused reserve, taking it all in, her eyes doing the laughing.

I always saved my visit to Esther for last, the way one might save the tastiest bit of a meal. I felt a little guilty: was I getting more from Esther than I was giving? This was relatively early in my career before I

knew that, when interactions with patients were going well, I would always get more than they got from me. If things were unfolding well, my health would be improving just as theirs would.

This is no small thing, but rather the single essential part of any patient interaction. The joining of doctor and sick person is exhilarating and provides the opportunity for energy to flow from patient to physician and back. That exchange can allow real healing to occur.

One day, as Esther and I were laughing at something or other, I said in my best Seinfeld delivery, “Esther, we can’t be sitting laughing like this, don’t you know you’re dying of cancer here?” She turned to look at me. “Cancer Schmancer,” she said, “at least I’ve got my health.”

Esther died a few weeks later. Ophelia called me, crying into the phone that “The Mistress is dead.”

I continued to make home visits for many years after that, despite the mounting barriers and the obvious loss of income as a result of time spent in the car. Now, in a retirement forced at least in part by the electronic health record — checking computer boxes directly inhibits healthy energy flow — it is clear to me that I sought out house calls because the energy moving from patient to physician can be greater in the patient home than can ever be achieved in the clinic.

With her steady laugh and sharp wit, Esther had been teaching me how to join, how to be with my patients, how to stay healthy in the face of life’s catastrophes.

At least I’ve got my health.

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