

This is a story and illustration from the upcoming book *100 Little Stories of Big Moments* published by The Permanente Press.

The stories were written by physicians in 15 minutes in writing workshops about meaningful moments in their work and life of practicing medicine. Professional artists were asked to create a visual representation of the story.

To Die at Home

Russ David Granich, MD

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She was an elderly lady who came to the Emergency Department septic. I was on call for palliative care the 22nd day of her hospitalization. The intensivist said she had become ventilator dependent. One of her sons visited every day—we arranged a meeting to coincide with his presence.

She was alert and understood her predicament. We talked as best we could, her writing things, the son filling in info, answering yes and no questions. Her husband of 57 years had died about 10 years ago. She lived in her own house, but it was divided up so her other son could live there. He paid rent, enabling her to keep her home. She had no desire to live on a ventilator. She had a full and meaningful life. Her son agreed and was willing to honor her wishes for terminal extubation. However, she had one wish: To die at home. Usually patients who want their ventilator turned off do so in the hospital. However, I felt I needed to make that wish come true. The intensivist did not think she would make it home if we extubated her in the ICU. There was only one solution—send her home on the ventilator and remove her endotracheal tube there. I had never done that before but I couldn't see why not. The

hospice manager listed many objections and concerns. I worked with my colleague, a skilled palliative care nurse specialist, as well as the nurse manager of the ICU, and we dealt with each objection.

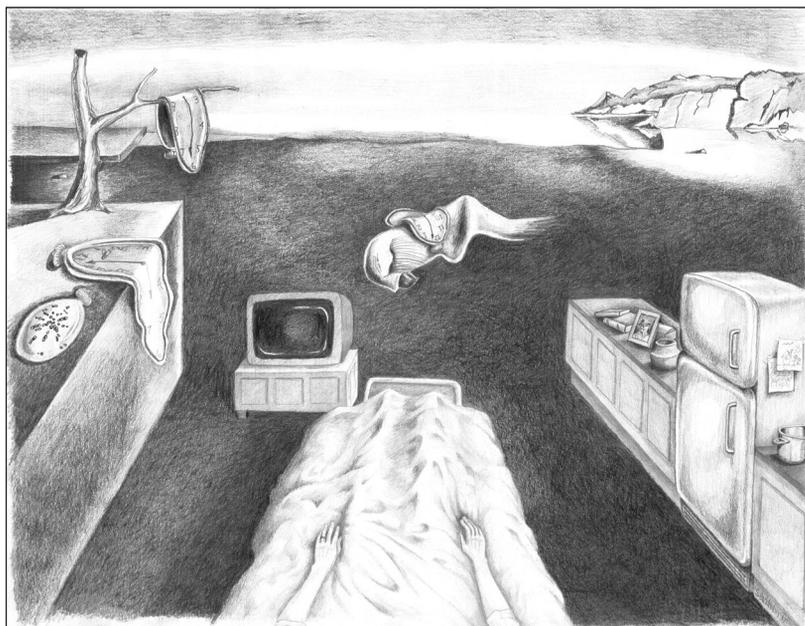
Three days later we were ready. The patient was picked up by critical care transport (CCT) at 9 am while I waited at her house. She arrived, on a portable ventilator, but her medicine had not arrived. There were issues with pharmacy about dispensing IV morphine (MS) that we had already addressed, but apparently our arrangements fell through. I quickly called my team, and the ICU manager showed up with the MS 30 minutes later. While we waited, we got her settled in her bed. The CCT nurse stayed and helped. We put her favorite movie on her TV. Her son held her hand. The hospice nurse arrived and started doing her evaluation. I looked around her home. Why was it important for her to be there? It was obvious. Her home was filled with love and memories. All her shelves were filled with knick-knacks. She had very old appliances, all well maintained. You could tell that everything had some meaning. When her medicine arrived, I removed her tube and gave her IV medication. We made her comfortable. She was awake and could talk a little. She enjoyed her movie. I stayed for a couple of hours to make sure she was stable. While I sat and waited, I was looking around and observing everything I saw. One item was a Salvador Dali-style melting clock. I never learned what that meant to her.

She died later that night, comfortable, at home with her family. The next day I bought the same clock online. It sits over my desk and every day I look at it and think of her. ❖

How to Cite this Article

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Accompanying artwork: *The Persistence of Memory of Home* by Stephen Bachhuber, MD