Our Guest

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ABSTRACT

An atypical encounter with a homeless man affects a physician's practice.

A SURPRISE ENCOUNTER

"I was looking for a pizza joint."

Initially, it seemed a normal sort of request—directions to a restaurant serving one of America's favorite meals. However, the gentleman in front of me repeated that same sentence 3 times, despite my beginning to answer him each time. He did not smell of alcohol, but he was wearing paper scrubs and a hospital identification bracelet. Feeling unsure how to help, I gave him directions, and my wife and I continued to walk our dog toward home. By the time we arrived, we had decided to bring him some water and a granola bar. A poor salve, admittedly, for this man's needs.

We found him again and attempted further conversation, but we were met with similar perseverative statements. I finally surrendered nonclinical conversation and asked directed orientation questions. His eyes darted with effort, and he confirmed that he was in the city of Charleston, SC, though when asked about the year, he again answered, "Charleston."

After attempting for several minutes to gain a hint of an address, contact information for a relative, or anything by which we could help him, he offered his discharge paperwork from a local Emergency Department (ED) It was from a different ED than the one his wrist bracelet identified. The discharge diagnosis listed was "homeless."

After some coaxing, he agreed to let me drive him back to the ED. However, while driving, I realized that he had been discharged from 2 different EDs that same day. The discharge paperwork from the second ED revealed he had been seen within the hour. I discussed with him a course change, thinking he may be better served by a homeless shelter. We drove to several of the shelters offered by this beautiful city, but at every stop we received the same answer: There was no room.

AN UNCOMFORTABLE OFFER

Although it felt uncomfortable, we could not come up with a solution other than offering to take him home as our guest. The next 20 hours involved sharing meals, observing his textbook right-sided neglect (he ate only the left half of his plate until we turned it), and a great deal of laughter on all our parts. He laughed after nearly every fifth sentence he said. His laugh was so contagious (and of his aphasic remarks were, admittedly, so off the wall) that we found ourselves all laughing together a good portion of the evening. We also had many challenges, such as finding a way to assist in a sponge bath on the neglected side of his body while maintaining his sense of privacy and dignity. One of the first things we learned about him was how much he liked coffee, because that seemed to be one of the few sentences his aphasia did not affect.

After hours of conversation, our guest tried valiantly to provide a friend's phone number at our request. After I made a couple of calls to phone numbers that were apparently just 1 digit off, he managed to give me the right number. His friend confirmed many of the details of his life we had gleaned through long efforts at communication: Our guest had been a scientist, but a stroke a few years ago had rendered communication remarkably difficult for him. Thereafter, he had been in and out of various facilities and hospitals, often assumed to be inebriated in EDs. Because he had no cell phone, family and friends had lost touch with him. His friend was unable to assist in his care but said he would check with any other contacts he could find.

Unfortunately, the next morning, our guest had a partial seizure, and we called emergency medical services. The cycle seemed to continue as he was returned to the ED from which he had just been discharged.

I realize how much I left undone for our guest. Could I have identified and supplied his needed medications? Could I have triggered the turning of the wheel of social services on a Saturday evening? How can we begin to consider the scope of caring for the US homeless population, with the Department of Housing and Urban Development's estimate that more than 550,000 people experienced homelessness on a single night in January 2018?[1] I do not pretend my experience with our guest is easily replicable. However, I do think we all have opportunities to take a small step further than feels comfortable in an effort to help a fellow human being.

RENEWED CONNECTIONS

Before my experience with our guest, burnout had removed much of my desire to connect with patients beyond what was clinically necessary. At times, my list of patients began to feel like just a list of diagnoses. However, my small steps for our guest renewed my sense of meaning at work. The next day, conversation with my suddenly human patients took on new color with 1 or 2 more questions that I previously considered irrelevant. Those few minutes of personal interaction became what I appreciated the most.

Regarding our guest, I have some good news. He was admitted to the hospital for treatment of his seizure. A few days

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later, I received a call from his brother, who had been given my number by the friend I had managed to contact. He had flown to Charleston to ensure his brother received the care he needed. He answered the call for 1 of the 550,000.

Now, whenever I go to visit our guest at his nursing facility, he is easy to find.

I just follow the laughter.❖

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References

1. Henry M, Mahathey A, Morrill T, Robinson A, Shivji A, Watt R. The 2018 annual homeless assessment report to Congress [Internet]. Washington, DC: US Department of Housing and Urban Development; 2018 Dec:1 [cited 2020 Jan 2]. Available from: https://files.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf.