

## ON THE BRAIN

## Walking Home

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**A new patient** recently came to see me for his first medical clinic visit, and he brought his wife with him. I began my evaluation by welcoming and watching them as they entered my office. They sat next to each other. I sat before a computer, but I did not look at the screen; I did not have to. He was thin but not gaunt and dressed casually. His face was expressionless and he had flawless skin. His wife held his right hand in both of her hands, and she answered my questions about her husband. "He seems to lose his way in the home," she said, but quickly added that he is very good at putting away the dishes from the dishwasher and never misplaced a single item. She told me that he is not eating much but she added that he was always a fussy eater. "He does not complain of anything, but he does not express himself too much either, and he faithfully walks the dog around the block twice a day." He chuckled when he heard this information as if she was sharing a private and embarrassing detail of their relationship. "I know where I am walking to when I walk the dog," he said with a wry smile. "I am walking home." I looked at her and she looked at him. He was looking straight ahead, but I am not sure what he was looking at.

It is difficult to be family members watching their loved one in the role of a patient. They can sense their loved one's emotional and physical exposure, and it is unsettling for them to see this vulnerability. First, there are the questions, sometimes personal, that make family members fidget. The answers to questions such as, "How much weight have you lost?" or, "What makes you short of breath?" are important and lead to a correct diagnosis. I express empathy, aware of the vulnerability of the patient and appreciative that they trust me with their health's secrets, but the questions are prying and add to feeling exposed. I explain why I am asking these questions, what I am thinking, and what may come next, and I am careful to use language they understand because a family's understanding and subsequent engagement is often the difference between successful convalescence and deteriorating health. I hope I am connecting with the patient and their family members; however, each couple or family is different, with their own unique rhythm, their own cadence, and a distinct nuance to their voice and body language. I try to evaluate the patient and their family during their medical evaluation; however, I wonder if I missed something in their unspoken and spoken communication. Do they understand the implications of what they are revealing to me, its seriousness? Do they recognize my concerns? How will they process this information; will they work together or separately? I wonder if it is easier to be present at a physician's visit alone or to include a loved one.

There was more. He was relatively young, and his wife was nearly a decade older. I asked a few more questions, and then I asked him to disrobe so I could examine him. I asked his wife if she wanted to step out of the

room, but she wanted to stay, and he smiled and said he wanted her to stay too. He undressed slowly and put on an examining robe, and his wife helped him tie the robe in the back. I examined him, and except for his low Mini-Mental State Examination results, he seemed to be in great physical health. We planned to obtain some laboratory and radiographic test results. I asked them to return in 2 weeks; by then, we would have all the information, and together we would develop a treatment plan. We agreed that he would not drive their car until we met. I offered reassurance, telling them we would get to the bottom of this and that I was on their side. I felt her apprehension. They left and he was smiling, softly humming a tune I did not recognize. They held hands, and she looked over her shoulder at me, silently communicating her own heartfelt pleadings. In that moment, I saw her fears.

Is it easier or more difficult to bring a family member to a medical visit? Persons who come alone to their medical visits don't have to worry about the reactions of others to the information that is discussed. They can process the information at their own pace. They can listen attentively or not, and most importantly, they can explain the medical visit and the resulting plans as they see fit. No one will correct them if they misinterpreted our conversation. They can deceive themselves and others, especially when the deception is a misguided attempt to shield their loved ones from the real problems and future health challenges. And no one will umpire his or her interpretation. "The doctor said they will need to perform a few more tests, and I need some new medicine" is very different than, "The doctor is worried about my failing memory, we need to do an MRI and some lab tests, and I need to stop driving my car until they can complete the evaluation." No one will judge a patient's reactions to the information either. Were they sad, angry, dismissive, pensive, or humorous? Alternatively, when a patient brings a loved one to a visit, then there is someone present to share the experience, to be sympathetic and kind and a check on the accuracy of the process and the information. The patient and loved one can work as a team, listening to the information, asking questions, and helping to understand the information and plan for what they are likely to face—even when the diagnosis was suspected before our visit. But the listener cannot unhear what is spoken, and there is little room for deception or to protect the family member from worry.

Over the next few days, the man's study results returned. Results of his laboratory tests were normal. Results of his radiographic studies were normal, except the magnetic resonance imaging revealed significant cortical atrophy consistent with the clinical picture of dementia. When they returned to clinic, I noticed that he sniffed the air, scratched his ears, and looked out the window. He sat down in a chair next to me, and his wife sat next to him,

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cradling his hands in her lap. I asked how they felt and they smiled, but it was obvious that they wanted some answers. I suspect that they already knew what I was about to say. We went through the laboratory values, and they were pleased that the studies revealed his robust physical health. We reviewed the magnetic resonance imaging, and I let them know that he had dementia that was not reversible. His wife squeezed his hands, turning his fingers red. He smiled and asked a few questions, and so did his wife. They were not surprised. We discussed treatment options, home support, and a few other items. His wife looked at me and said that her husband was a wonderful husband. She added that she was in fine health, and her family lived close to them and would provide some help and support to her. I looked at her and admired her and understood that she was telling me that she planned to honor their commitment, and yet I did wonder if she would be able to sustain this dedication. It was heartwarming and heart-breaking. We created a treatment plan and identified needed resources for them and their home. He would begin taking a medication, and we discussed ways the health enterprise would support them. They left, and she did not look over her shoulder. There was no need to look back. She and I understood one another.

I was reminded of the toll that illness places on a loved one. The toll is high, especially with a diagnosis of dementia, but the challenges associated with other illnesses, such as heart failure, cancer, and cirrhosis, are equally difficult for a loved one. The patient's wife would need support, and I hoped that her love and devotion would help her overcome the hardships she would face. It was the caring way that she held his hands that gave me hope for them. They illuminated some of the greatest attributes of humanity: caring, hope, and courage. I wish that every patient had the benefit of this kind of relationship; however, many do not share these blessings or that depth of love and devotion. What happens to them? How do they manage? What would be my own experience and choice, and how would I cope in a similar situation? I don't know the answers, but I hope that asking these questions helps me be a better physician, a better person, and a better husband. I don't normally project my personal connections into my clinical practice, but their love and devotion was so genuine and gentle, and it did remind me of my own relationship. I felt privileged to witness their tenderness and grateful to see their interactions. And on that day in that encounter, I was lucky to witness the miracle of their tender mercies.

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