

Nil Per Os

Lisa A. Cunningham, MD

“Well, aren't you a pretty young thing,” Thad exclaimed as I walked into his room that morning. Having been lost in my thoughts, I was startled and pleased by this greeting. The last four patient rooms had been quite somber, so this was a happy departure from my mind's path.

I greeted Thad warmly, explaining that I was there to get his story from the beginning. His reply, “I'm having a hard time eating and I can't swallow too good.” To which I responded, “We'll get to that, but I know your story started long before”.

Thad was born in a sleepy town outside Baltimore, Maryland in 1929. He grew up the son of a builder who had deep roots in the community. His mother stayed at home with Thad and his younger brother and sister. They didn't have much, but nobody did during the Depression. They made it work though, because they had each other.

In high school, Thad worked with his father on construction sites learning the trade, but never felt that construction was his calling. After graduation, Thad chose to enroll in the Army with the hopes of having big adventures outside his small town. Instead, he found himself in post-war occupied Germany, a bitter place for a small town boy with big dreams. He found solace in the company of his American comrades while consuming heavy German food and pints of strong beer.

After returning to the states he began working as a police office for Baltimore County, where he continued to eat and drink to his content. Thad described himself as a “true meat and potatoes guy, light on the starch.” During his time on the force he reconnected with and married a girl from his hometown. After a few happy years of marriage they decided to start a family. They thought they had met with success when she began to feel that her belly was getting full. What they thought was the beginning of a new life turned out to be the end of hers—that heaviness was advanced ovarian cancer.

Thad remained single for many years, eschewing romantic love for the comfort and routine of work. He lived the life of a true bachelor, going to the bar with the guys after work every day for his standard two gin and tonics, and ordering take out nearly every

evening. He also started to smoke, initially just socially at the bar, but then regularly one pack per day. He didn't care much about his health and the effects were starting to show. His blood pressure and cholesterol started to creep. During this time, in a cruel twist of fate, Thad's mother was also diagnosed and died from ovarian cancer. Many years later his sister would be taken by it, too.

As Thad reached retirement age he longed for companionship. He was lucky to meet and marry a woman who had lost her husband to cancer, sharing a story similar to his. They were a happy pair as she loved to cook as much as he loved to eat. After Thad's retirement, they moved to

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Southern Ground Hornbill

Katy Wood

Florida to take advantage of the warm sunshine that permitted year-round backyard barbecues. Neither worried about the health consequences of their culinary actions even as Thad developed diabetes, underwent open heart surgery for three vessel disease, and developed CHF. These bodily abuses continued until Thad realized he was having progressive difficulty swallowing. Now, no longer able to enjoy his most favorite activity, he sought the help of his doctor.

Over the next few years as Thad's ability to swallow further declined, his doctors performed many tests. An esophagram showed frank aspiration and a speech pathology exam showed severe pharyngeal phase dysphagia. No specific cause could be found for Thad's problem, so it was classified under the fall back catch-all term "idiopathic." Although the cause was undefined, Thad's history of smoking and drinking, as well as his other comorbidities, were frequently mentioned as likely contributors. Thad, however, preferred to focus on the unknown causes, not the probable suspects.

Eventually, Thad's condition declined enough that he began to lose weight and develop deficiencies from lack of eating. He was no longer able to enjoy his steak and (some) potato diet; instead his meals were reduced to purees, applesauce and puddings. Although food presented a problem to Thad, he was still able to enjoy his daily cocktails. Ultimately, these too were taken from him.

Over a few days, I saw a progressive decline in Thad's health at the hospice care center. That first day we met, he still had vague hopes of miraculously "pulling through," despite having opted for palliative care. Those hopes were soon lost as he continued to deteriorate and began to understand the reality of our conversations. Within three days, Thad was reduced to a diet of fortified shakes and thickened orange juice because

everything else caused him to gag and aspirate. After another four days, he was reduced to nil per os, which should have been a hard blow to someone who loved food. However, Thad realized death had come knocking, so the loss was inconsequential.

Thad died on a Wednesday a few days later. I was at my chronic care preceptor's office when he passed away. My preceptor and I were trying our hardest to intervene in other's lives so they could live many long and happy years free of debilitating disease. After a couple of hours, I felt like a broken record counseling people on the benefits of smoking cessation, alcohol reduction, exercise and weight loss. I felt like my pleas for better blood sugar and blood pressure control were falling on deaf ears. Then, the last patient of the morning came in ready to

commit to smoking cessation after numerous frustrating counseling visits. I left the office feeling invigorated knowing that I changed the course of this person's future.

I learned of Thad's passing the next morning when I saw his death certificate on the desk ready for

signature. Although I knew what Thad's outcome was going to be the first day we met, I was still saddened by his death. He was a good man who had made it through some tough times. I only wish there had been someone there years earlier, a nagging, broken record who could have tried to alter the course of his life. Someone who tried, tried, and tried again.

■ **Dr. Cunningham** graduated from the Florida State University College of Medicine in 2013. She is currently a general surgery resident at Halifax Health Medical Center in Daytona Beach, FL.



Spain Collage
Gayle Ann Bone

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