

On house calls, healthcare, and hope: one student's perspective

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Abstract

Healthcare providers spend years studying pathophysiology and therapeutics, often neglecting to consider the whole picture of influences on a person's health. House calls are a beneficial tool in that they provide the opportunity for trainees to experience these concepts firsthand, often opening student eyes to suffering, poverty, and unexpectedly, hope. Exposure to this broader perspective may empower health care providers to see beyond the limitations of disease and medication, into deeper issues that affect patient health.

"I'm sorry – I didn't use to live this way." I finally met the man I had traveled eighty miles to see. The lovely drive through rural Tennessee left me unprepared for the dilapidated manner of living I now encountered. His ancient trailer seemed a permanent part of a clearing near the woods, clutched to the earth by an overgrowth of vegetation. Nearby, the gutted remnants of the patient's jeep were tangled in weeds.

I was unsure what to expect from this encounter. This home visit – on my first clinical rotation – was an entirely new experience for me. Surely the pertinent clinical information was available in the patient's chart; would seeing how he lives be important? If I discovered any problems beyond the purview of medicine, would I be able to offer any aid? I quieted my questions and turned my focus to the patient. He maintained his appearance surprisingly well without running water or electricity, but the weight of stress and dread shone in his eyes. Every time a vehicle approached, he stopped speaking and grew tense, fearing that the temperamental landowner had arrived to evict him. Dressed in a faded shirt and jeans, he had a solid build and a firm handshake but moved with the halting care of tender joints.

As the patient spoke and showed me the important aspects of his life, I began to understand his situation with more clarity than a medical record could ever convey. I was reminded of how easily one's sense of meaning can be lost.

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Physical impairments made it difficult for the patient to hold down a job, yet did not meet qualifications for social security benefits. Attempting to salvage parts from the crashed jeep was now his only occupation. Without money or transportation, he subsists on this small plot without basic utilities. Only a friend's kind assistance allows access to food and transportation for his clinic appointments. Enduring this situation was especially distressing for someone who had previously lived a full and varied life. It quickly became clear from the patient's stories that his years working as a film stuntman had been both exciting and fulfilling. He also found a great deal of satisfaction from helping others as a counselor, his second career. It is easy to see how living with very little human contact would be unbearable for such a man. His present piece of land was a gift for personally nursing a friend through drug addiction and back to health. Now that the landowner has fallen back into substance abuse, my patient is at the mercy of his whims and fears for the security of his own living situation, meager as it is.

When a man is no longer able to work, he invariably struggles with feelings of worthlessness. Someone without a family or a recognized role in society is especially vulnerable to this struggle. "Faith," my patient said softly, "is the only thing that keeps me going when I feel this way." His eyes glistened with sorrow when he admitted these dark moments. A man in this state holds many parallels to the crashed jeep my patient possesses; he still holds a lot of value if we are willing to dig through the rubble and help him salvage it.

Salvation, for many, can be found by providing meaningful service to others. My patient has found great joy in a number of spiritual-music recordings over the years. He was very enthusiastic about sharing this music and bringing peace to

other patients who need a measure of harmony in their lives. At his next visit, he plans to bring some recordings to make available to other struggling patients.

Through this experience, I witnessed how much we can learn from a patient simply by taking the time to visit and listen. I learned that house calls are not always about making medical interventions, and that hope can be found in unexpected places. As a healthcare professional, it can be challenging to realize our own impotence in the face of patients' struggles, but the ability to simply listen when the situation calls for it is extremely valuable. My clinic puts great emphasis on caring for the whole person. This home visit provided a firsthand view of how a person's overall well-being can be influenced by more than just quantitative disease. Just as a human life is worth more than the sum of its physical parts, there is much more to health than the conditions and treatments we spend so many years mastering.

When I left the clinic in Nashville, this patient was merely a medical record. Now that he was standing before me, fully human, I knew that I had to do whatever I could to help him realize the possibility that lingered, hopefully, in his face. It is powerful to see sorrow glisten or dread shine in someone's eyes. Learning about my patient's life in a face-to-face context dissolved some of the impersonality that exists in lab values and progress notes. As I familiarized myself with the man through his memories and photographs, I recognized an opportunity for change within the strain of his suffering. My home visit provided this patient with an emotional outlet and a chance to help others, while at the same time reinforcing my feelings of personal responsibility in patient care.

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