Home Visits

Carla Jardim, MD

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I forgot the Vicks Vapor Rub—just a dab under my nose to block the smell—though I was warned by a nurse in my office familiar with the family and this house. I should have thought of it myself from the encounters I had in the office with this elderly, incontinent patient living with her son—and from the concerns of the residents during her only admission to our hospital. They spoke with me then about her stained shirt, unwashed hair, and potato chip diet, worried that these were signs of abuse or neglect. But I have known her son, a "mama's boy" and only child, for more than 20 years. As his mother's health failed, he moved back in with her, he helped her bathe, brought her meals when she could no longer make it down the stairs, went home every day over his lunch break to check on her, paid relatives from his limited salary to help with her care, and did his best to limit her favorite potato chips, something she asked for even at the very end of her life.

My few office visits with this patient, who had always avoided doctors, occurred at the insistence of her son. But now this woman was dying, and her son honored her wish to die at home. So it is 6:30 on a hot, sticky, summer Friday evening as I pulled into the driveway of their house in the country, miles away from our office and even further from the hospital housing where the young female resident following me in her own car, lives.

I glanced at the resident as she politely greeted the son waiting outside, admired his new dog, and followed him inside. I should have anticipated the sights and smells of too many cats, windows obscured by stacks of papers and layers of time, and the smell of an old, dying woman with a stage 4 decubitus on a hospital bed in the living room. The resident examined the patient and listened to my conversation with the son as if she did not notice the unpleasant surroundings.

We took the woman's vital signs, auscultated heart and lungs, checked her wounds, reviewed her medications, and tried to make some practical suggestions. But mostly what we did was listen to the son: how his grandparents lived in this house, his long trek to Ohio to get his new dog because he connected with the owner on-line, a recent falling out with a woman friend who he was hoping to be more, and to the story of how his last dog died in his arms.

I studied the resident's face as she seemed to admire the engraved wooden box of the dog's ashes, sympathy card from the vet, and a picture of the dog. There was no hint that this young, single resident would have rather been anywhere else on a Friday night—of a weekend she is scheduled to be on call—than on this home visit.

I assumed the resident found the visit uncomfortable and burdensome, but weeks later she shared with me that she found the encounter enlightening because "It gave a much better insight into daily life outside of the limited, removed encounter in the office." Most strikingly, she described the experience as "pleasant" and the interaction more comfortable because we were away from the distractions of the office and the reminders of illness."

I should have asked her to join me at a nearly empty funeral home on a Sunday night. When I complimented the patient's son on the lovely pink sweater he had chosen for his mother, he told me he had found it in his mother's closet months before and decided then she should wear it at her viewing. He remembered her wearing this sweater—her favorite color—when she was young and dressed nicely every day for work. I think the resident would have enjoyed hearing that story.

My next home visit with a resident was again on a Friday evening. The 92-year-old home-bound man, with worsening dementia, only recently became our patient because the family found out we were willing to make home visits. The resident

From the Family Medicine Residency, Hunterdon Medical Center, Flemington, NJ.

volunteered to become his doctor, arranged the home visit on an "elective" afternoon, contacted me to request I accompany him, had the nurses teach him how to use the automated finger stick PT/INR testing machine, gathered records, reviewed the chart, and printed out a summary. This time I arrive late to the home after precepting in the office, so the visit is well underway.

I recently moved to a home down the street from this patient and met his wife several times as she walked to the grocery store. Though she knew I was a physician, she was not expecting me at this visit. When I knocked on the door, I was greeted by my first name like a friend and neighbor there for a social call. It's a familiarity I am used to, having lived and practiced in the same small town for many years. As a family doctor, I have been present at the most intimate times in my patients' lives. Many of these patients have sat next to me in church, stood with me on line at the grocery store or sports event, and watched my children grow. It felt like a privilege to be invited into the home of one of my new neighborhood acquaintances.

The patient's wife treated my resident with all the respect due a serious, thoughtful young physician. In that dusty old house, frozen in time, he meticulously went over the patient's medical problems, reviewed the medications, gave instructions to the granddaughter, made a couple of attempts at a difficult blood draw, and scheduled a follow-up home visit.

I worried that the resident would think that the time and effort put into a home visit that felt more like a social call than complex disease management would not feel worthwhile. Yet, in addition to finding the visits "enjoyable," the resident described a feeling of pride at being able to care for a patient who otherwise would be cut off from health care. He also noted that through this home visit he learned more about the needs and obstacles of so many of our elderly patients.

And so, he has continued to make home visits to this patient, usually alone at the end of a long day in the office and often on a Friday evening. I stop at the house occasionally to draw blood since the patient is a difficult "stick," and the family can't afford a phlebotomy service. I am always happily greeted and offered a Horehound Lozenger from an old candy dish but asked if the "young doctor is coming today?"

As the medical director of a busy residency clinical site, I spend much of my time worrying about availability of appointments, staffing needs, productivity goals, quality performance indicators, Pres-Ganey scores, staff morale, ACOs, problems with the EHR, and budgets. Making the time for home visits can feel like a hassle. They are often done on my own time—squeezed in over lunch, on the way to the office, during an afternoon off, or added to the end of an already long and busy day. When my children were young, they often accompanied me. This was done out of necessity because of complicated schedules but was a welcome distraction for patients and their caretakers. It still gives me pleasure to remember the applause of my patient with advanced Alzheimer's dementia after my girls played beginner John Thompson songs on an old upright piano.

The benefits of these visits can't be measured with clinical outcomes or quality metrics. And the social history goes far beyond what is captured in my EHR. Like many practicing physicians, I have long been nourished by my relationships and encounters with patients—at the bedsides of dying patients, holding newborns in my arms, comforting a grieving patient or family member, or attending a memorial.

At a home visit, removed from bright fluorescent lights, fancy medical equipment, and fast-paced technology, I am able to truly connect with patients, my profession, myself.

That a new generation of family physicians is willing to make this commitment and see the value in these visits inspires me. Despite all of the increasing demands of our current practice of medicine, it is the idealism, empathy, and compassion of our residents willing to go into homes, listen to our patients' stories, and experience healing that gives me hope for the future of family medicine.

It's a good reason to be late for dinner on a Friday night.

CORRESPONDENCE: Address correspondence to Dr Jardim, Delaware Valley Family Health Center Family Medicine Residency, Hunterdon Medical Center, 200 Frenchtown Road, Milford, NJ 08848. 908-995-2251. Fax: 908-995-2036. jardim.carla@hunterdonhealthcare.org.