

Choices

ROSEMARIE HAD been a patient at the family health center for many years. At 68 years of age, she lived alone, but had a few friends and a brother who provided company from time to time. Most of all, she loved her dog.

Her pleasant, independent life changed with a sudden decrease in vision in her right eye, leading to the diagnosis of temporal arteritis and treatment with high doses of prednisone. Because her erythrocyte sedimentation rate was 10 mm/h and results of bilateral temporal artery biopsies were negative, long discussions with the ophthalmologist and Rosemarie led to a decision to taper her steroids over 6 months. I saw Rosemarie often. We chatted about her house and her dog and developed a close and warm relationship. I looked forward to her visits and told her so.

Within a few weeks she developed complications from the steroids, including a hospital admission for pneumonia and diabetes mellitus. She hated being in the hospital and she hated the diabetes. Following discharge, she recurrently delayed the diabetic diet for one last piece of pie or one more quart of ice cream in her freezer that had to be finished. Both she and I couldn't wait to get her off this medicine!

Several months after she finished her last dose of prednisone, and her blood sugar normalized, it happened again, this time in the other

eye. Again, results of biopsies were negative but now her sedimentation rate was 55 mm/h. The choices were limited and painful; should we risk losing her eyesight, or suffer the inevitable consequences of prolonged high-dose steroids? In light of her worsening vision, I approached the subject of supervised living situations, but this was intolerable to her since it would mean giving up her dog. Fortunately, her blood sugars were controlled with an oral hypoglycemic and Meals-On-Wheels.

Unexpectedly, a few weeks later, Rosemarie walked into the office, supported by her brother, frightened, blindly groping for doors and walls. She had fallen the night before and, unable to find the telephone, had crawled on her hands and knees for 3 hours until she got the attention of a neighbor. Her bloodied elbows and knees painfully confirmed the events. Suddenly, I realized how well she had compensated for her visual disability all these months. She was legally blind but had not seemed so during all those visits to the office and in the hospital. Proud and self-reliant, she had never asked for help. Now she was scared: scared of not seeing and scared of being alone. After an agonizing discussion, she agreed to investigate supervised living situations. She left in tears and I was saddened. Had I been wrong not to push for a change in living situation before now? Could I have prevented the humiliation that she was surely feeling if I had been more insistent?

Two weeks later I visited her at her new residence, a personal care home that she shared with eight other elderly residents under the watchful eyes of two caretakers. Her lifeless greeting proved to be a harbinger of things to come.

My second visit came too soon. She was "not doing well." The steroids were taking their toll: her blood sugar was very high and once again, Rosemarie was back in the hospital. While both her sugars and new atrial flutter responded to treatment, her eyesight dimmed despite intravenous high-dose steroids. Her mood remained bleak and she was angry. This dignified, independent woman now had to depend on others completely to eat, to bathe, and to move. She became more and more withdrawn and, before our eyes, her will to live vanished.

"I'm useless, I'm blind and no good to anyone," she said with finality and determination at the beginning of our last, long, sad, but touching visit.

She died the next morning. A family member opined, "You know, she did not have much of a life." Perhaps by others' standards she hadn't but, for Rosemarie, living in her own home with her dog and being able to see and care for herself was just fine. When independence became impossible, the alternative was not worth further struggle. Rosemarie made her final choice.

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