

The House Call

Arthur Kleinman, MD

On a slate-gray and bone-numbingly cold New England winter day in the late 1980s, I hustled down the street with one of my medical students to the hospital's outdoor parking lot. He stamped his feet to warm himself while I fumbled in my overloaded coat pocket to find the car keys. We thawed out as I drove to a patient's apartment in a working-class neighborhood. Mrs. Wilson, a large seventy-nine-year-old Irish American widow, had adult-onset diabetes that her doctors regarded as under good control. However, her physicians believed that her physical complaints were out of proportion to the modest degree of pathology they had carefully documented. I had been asked to consult on the case because of the large discrepancy between the physicians' notes, which described minimal medical problems, and the patient's own severe complaints ... Mrs. Wilson complained that her condition was "terrible" and that she couldn't go on. The doctors labeled her a "difficult patient." The fact that she fairly frequently missed her appointments with them made matters that much worse.

After the case was presented this way to me, I had phoned Mrs. Wilson, and since she couldn't come to the clinic, I asked her permission to make a home visit together with the medical student on her case. She readily agreed. ...

We arrived at her old, run-down triple-decker apartment building ... but the nearest parking spot we could find was three city blocks away. The student and I ran back to the building, arriving so numbed by the frozen air that we spent several minutes in the closed entryway trying to warm up before taking the two flights of stairs to her small apartment. Inside, we found Mrs. Wilson dressed in a heavy white wool sweater with mittens on her hands, seated in a large, heavy armchair, almost on top of a small electric heater, whose warmth did not reach us. [The] cold seemed to penetrate right through the walls.

Mrs. Wilson explained that something was wrong with the boiler, which she suspected was the original in this century-old house. Apparently, the problem with the boiler also affected the water heater. No matter, her apartment was still warmer than the bitter cold outside. We learned that Mrs. Wilson got so cold when she went outside that she simply couldn't face up to walking the six blocks to the nearest food store. Hence, she informed us, her antique refrigerator was almost bare. She had called the grocer, whom she knew slightly, a week before, in order to have food delivered. But the heavy bags were left in the downstairs hallway, and she got short of breath carrying the bags up the two flights of stairs. She didn't believe she had the strength and stamina to do that again.

She was the widow of a Boston policeman whose family lived in Ireland. Mrs. Wilson's own family lived in the Midwest. She and her husband had no children, and her two best friends had died several years before. She had moved to her current apartment a

year ago, because on her limited Social Security income and the small pension her husband had left her, she could no longer afford the rising rent in her former apartment in a gentrifying neighborhood miles away. The move, she lamented, had been a mistake. She knew no one in her building or on her street. She was cut off from her church and from the hospital, the two critical institutions in her life. She was, as I remember her saying, “Alone. All alone.”

The student and I stayed for half an hour or so. When we left, we decided to drive to the nearest store to buy her bread, peanut butter, and jam (which she told us was her favorite food), soup, vegetables, and fruit. The student ran up the stairs to deliver the bags of food, refusing the money she offered.

Back at the hospital, I asked [the student] to write up the home visit in a medical-style note in Mrs. Wilson’s chart. That report, I told him, should include our diagnosis of the social problems of isolation and intolerable living conditions. It should make concrete recommendations about what urgently needed to be done for her, such as assistance from a social worker, an arrangement for getting delivery of Meals on Wheels, help getting to the hospital, alternative housing with attention to her functional limitations, contact with community groups, transportation to get her to church, consultation with her family and Mrs. Wilson about the future, and so on.

Almost nothing that we reported had been known by her medical team.

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